

Letter of Confirmation for Internship

Date:

To:

Internship is an essential component of learning for Senior Secondary students pursuing vocational education across Himachal Pradesh Government Senior Secondary Schools. The primary objective of Internship is to enable students to acquire hands-on skills by getting exposure to the real work environment. As per guidelines from vocational department, the students are expected to engage in focused Internship for a minimum of 80 hours.

We acknowledge your support in providing Internship to the following class (mention class) students:

School Name:

Trade-Job Role:

Internship:

(Start — End)

Student Names:

Name and Signature

Vocational Trainer:	Principal/In charge:
Employer/Head of the Institution:	

For Information of Employers/Head of the Institution while facilitating Internship:

1. To engage students in their trade-specific work and provide required guidance or support to ensure their learning and growth.
2. To monitor attendance and work completed by students on a daily basis. To provide experience letter/certificate of Internship to students at the end of the Internship training (if applicable).
3. In case students need to extend beyond agreed hours, prior intimation needs to be given to students, vocational trainer and School Principals.
4. To abide by Prevention of Sexual Harassment Act (POSH) for students undergoing Internship.

As per the POCSO Act, ‘sexual harassment’ includes unwelcome sexually tinted behavior, whether directly or by implication, such as

- (i) physical contact and advances,**
- (ii) demand or request for sexual favors**
- (iii) making sexually colored remarks**
- (iv) showing pornography**
- (v) any other unwelcome physical, verbal or non-verbal conduct of a sexual nature.**

Where any of these acts are committed in circumstances under which the victim of such conduct has a reasonable apprehension that in relation to the victim’s employment or work (whether she is drawing salary or honorarium or voluntary service, whether in government, public or private enterprise), such conduct can be humiliating and may constitute a health and safety problem, it amounts to sexual harassment in the workplace. It is the duty of the employer to provide safe environment and take sexual harassment as serious misconducts and liable to punishments.

Consent Form for Internship

(Student and Parents)

Name of Student
Name of School
Name of Trade
Date of Birth (dd/mm/yyyy)
Permanent Residential Address
.....
.....

Present Residential Address:
(If different from permanent address)

Contact Number (Mobile number):

Student Consent:

I Mr./Ms. _____ Do/So of _____
have signed up for Internship as a part of vocational subject. This is to declare that the school and industrial authority shall not be in any way responsible or liable for any damage/expense in case of any loss/injury which may be sustained by me during the course of the Internship. I will fully abide by the rules and regulations of the workplace.

Signature of Student

Parent/Local Guardian Consent:

Mr./Ms. _____ father/mother/guardian of _____
have no objection in sending my ward for Internship at workplace to enhance his/her practical skills. The school and industrial authority shall not be in any way responsible or liable for any damage/expense in case of any loss/ injury which may be sustained by my ward at any time in the workplace or while commuting to and fro from the workplace.

Signature of Parent/Local Guardian:

Student Attendance Sheet for Internship

Student Name: _____ Trade: _____ School: _____

Workplace Name & Address: _____

Type of work assigned: _____

Date:	Total Works Hours	Sign of Employer/Head of Institution	Sign of Trainer	Vocational Coordinator Visit	School Principals Visit
Details of Work Done					
Date:	Total Works Hours	Sign of Employer/Head of Institution	Sign of Trainer		
Details of Work Done					
Date:	Total Works Hours	Sign of Employer/Head of Institution	Sign of Trainer		
Details of Work Done					
Date:	Total Works Hours	Sign of Employer/Head of Institution	Sign of Trainer		
Details of Work Done					
Date:	Total Works Hours	Sign of Employer/Head of Institution	Sign of Trainer		
Details of Work Done					
Date:	Total Works Hours	Sign of Employer/Head of Institution	Sign of Trainer		
Details of Work Done					
Date:	Total Works Hours	Sign of Employer/Head of Institution	Sign of Trainer		
Details of Work Done					
Date:	Total Works Hours	Sign of Employer/Head of Institution	Sign of Trainer		
Details of Work Done					

Date:

School Principal's Signature:

Student Daily Work Register

Student Name: _____ Trade: _____ School: _____

Work place Name: _____ Address: _____

Type of work assigned: _____

Date: _____

1. I observed / worked on the following activities today:

2. I learnt the following things today:

3. I faced the following challenges today (if any):

Signature of Vocational Trainer