



#### DIRECTORATE OF DISTANCE EDUCATION

# INDUSTRIAL EXPOSURE TRAINING & DEVELOPMENT/ INSTITUTIONAL TEACHING EXPOSURE & DEVELOPMENT REPORT

# TRAINING AND DEVELOPMENT GUIDELINES & ASSESSMENT SHEET



3<sup>rd</sup> Main Road, Mahavir Nagar, Karuvadikuppam, Pondicherry-8

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#### The Industrial Training Programme guidelines

#### 1.0 OBJECTIVES

The objectives of the industrial training are:

- (a) To expose students to the various aspects of industrial practices and ethics.
- (b) To apply the Training knowledge for the preparation of their final year project.

#### 2.0 TRAINING DURATION

The minimum duration of the training tenure is given below

Course Code	Programme	Duration		
Code				
463	M.B.A Hotel Management and Tourism	8 Weeks		
461	M.Sc Hotel Management	8 Weeks		
371 (DO)	B.Sc Hotel Management And Tourism	20 Weeks		
EA (464)	BBA Hospitality and Tourism Management	20 Weeks		
373 (DP)	Diploma In Hotel Management And Catering Technology	20 Weeks		
673	Front Office Management,	12 Weeks		
674	House Keeping,	12 Weeks		
675	12 Weeks			
<u>Lateral Entry Programs</u>				
662	M.Sc. Hotel Management	8 Weeks		
661 (EM)	B.Sc Hotel Management And Tourism	20 Weeks		
672 (EN)	20 Weeks			

#### 3.0 Selection of Training venue

Each student has to undergo Compulsory Industrial Exposure Training & development programme for preparing the report for stipulated duration as mentioned duration in the all major departments by choosing suitable & classified star rated Hotel/Resort/Motel/ Food Chains/Club of National or Global Reputation.

For Institutional Teaching Exposure And Development Programme the student has to select a suitable University reputed Hotel Management colleges or Government recognized or affiliated Arts & Science Colleges (in the departments of -

Hotel Management /tourism/ Food Science & Nutrition / Food Science colleges) for preparing the report for stipulated duration as mentioned duration.

#### 4.0 REQUIREMENTS

- (a) The student is required to submit *Form A- Industrial Training Notification/Institutional Teaching Exposure Notification* in the Appendix to Soorya Institute of Management Studies Administration Office to confirm his / her eligibility to undergo the industrial training.
- (b) The student is required to register the industrial training Programme as a subject which will be taken in special semester on the pre-registration day(s) scheduled. (Note: each registered student will be assigned an internal visiting supervisor)
- (c) The student is required to inform Soorya Institute of Management Studies Administration Office upon receiving an accepted offering letter from the company applied by submitting *Form B- Final Placement Confirmation* Form in the Appendix to Soorya Institute of Management Studies Administration office not later than one week before the industrial training starts.
- (d) Upon reporting for the industrial training at the organization, the student is required to send or email to <a href="mailtosims.hmct@hotmail.com">sims.hmct@hotmail.com</a> the complete and certified Form C Industrial Training Notification/Institutional Teaching Exposure Notification in the Appendix to the respective department's industrial training coordinator within 7 (seven) days.

Co-coordinator of Industrial Training Soorya Institute of Management Studies 3<sup>rd</sup>, Main Road, Mahavir Nagar Karuvadikuppam, Puducherry - 605 008 E-MAIL: shiva\_sims @ hotmail.com TEL: 0413 - 2250610, 2250611

FAX: 0413 4209014

(e) During the training, the student's conduct must be in accordance with the organization working schemes, rules and regulations. The organization will appoint a host supervisor.

- (f) The student is required to submit **Form D Student's Report** in the Appendix during training supervisor visitation
- (g) The student is required to have a logbook and all the training activities should be recorded either on daily or weekly basis. The student is also required to write a complete industrial training report and it should be submitted together with the certified logbook (duly signed from the Company / Hotel's department HOD) to the assigned supervisor on or before 31st January. The student is required to submit **Department HOD**Bio-Data in the Appendix while submitting the report to SIMS. Please refer to the Industrial Training Programme Student's Report Guidelines.

#### 5.0 EVALUATION

Evaluation of the training will be based as follows:

- a. HOD / Supervisor's assessment report (30%) Form E2 (Host)
- b. Industrial Training log book (50%)
- c. Student's Training report Presentation Evaluation by sims

#### 6.0 METHODS OF EVALUATION

#### 6.1 Assessment report by the host Supervisor

The host supervisor is responsible to assess the student's performance using Form E2 (Host) – HOD / Supervisor's Report in the Appendix.

# 6.2 Assessment of the logbook and Industrial Training Report prepared by the Student

The assigned visiting supervisor is responsible to assess the student's performance based on the logbook and the industrial training full report submitted.

#### 7.0 Result

PASS or FAIL grade will be based on marks acquired (accumulated) from all four-evaluation methods above and the minimum-passing percentage is 35%. <u>FAIL</u> grade will also be given to those who fail to submit the industrial training full report.

## Industrial Training Notification/Institutional Teaching Exposure Notification Name: \_\_\_\_\_\_ Student's ID No.: \_\_\_\_\_ Sponsored by: \_\_\_\_\_ No. Of Credit Hours Completed: \_\_\_\_\_ Permanent Address: Tel: \_\_\_\_\_Mobile No.\_\_\_\_ Postal Address: 1. Name(s) and Address(s) of Company Applied (if any): Tel: 1. \_\_\_\_\_ Fax: 1. 2. 2. 3. 3. Student's Signature: Date:

For	Office	Use	onl	V
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Form No.

	FINAL PLACEMENT CON	FIRMATION FORM
Student's Name:		
	d Address: (Door number and	
Contact Person		
		F-Mail
		E-Mail
Designation:		
Designation: Tel. No.: Any allowance given' Student's signature: _	? Yes/No If yes, state	Fax No.: how much: Rs
Designation: Tel. No.: Any allowance given' Student's signature: _	? Yes/No If yes, state	Fax No.: how much: Rs
Designation: Tel. No.:  Any allowance given'  Student's signature: _  Date:	? Yes/No If yes, state	Fax No.: how much: Rs
Designation: Tel. No.: Any allowance given' Student's signature: _ Date:	? Yes/No If yes, state	Fax No.: how much: Rs  minder:  otel/institution offer letter
Designation: Tel. No.: Any allowance given' Student's signature: _ Date:	? Yes/No If yes, state  Important Re	Fax No.: e how much: Rs  minder:  otel/institution offer letter  no change is allowed

Industrial Training Notifi	ication/Institutional Teaching Exposure Notification
Student's Name:	Student's ID No.:
Tel:	Mobile No:
Company's Name and Address	
Tel:	Fax:
Student's Signature:	Date:
I certify that the above named student from:	To be filled by host supervisor:  thas registered for the industrial training at our organization commencing  to
Tel:	E-mail Mobile No:
Host Supervisor's Signature and Date:  Please send (post or fax) to:	

	STUDENT'S REPORT		
Student's Name:			
Student's Enroll No:			
Course :			
Industry / Institution's Nam	e and Address:		
		-	
		_	
Does the company plan the t	raining modules in advance?	□ Y€	es
Types of exposure given:			
Department	Exposure		Estimated Duration (hours)

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### Head of the department Report (To be filled by the head of the department or equivalent designators)

Student's Name:					
Student's ID No.:	_				
Training Duration: From	to _				
Name and Address of the Training Organia	zation:				
Overall training evaluation. Please circle t	he appropriate	range* (	1 to 5)		
* Range: 5- Excellent, 4- Good, 3-S			•	1-Weak	
(i) Attendance	1	2	3	4	5
(ii) Co-operation	1	2	3	4	5
(iii) Communication Ability	1	2	3	4	5
(iv) Association	1	2	3	4	5
(v) Adaptation	1	2	3	4	5
(vi) Knowledge	1	2	3	4	5
(vii) Industrial Skills/subject knowledge	1	2	3	4	5
(viii) Quality of Work/teaching	1	2	3	4	5
TOTAL (i+ll++ viii)					
Please list three major activities of trair	ning which th	e studen	t have beer	exposed	to
(a)				(	%)
(b)				(	%)
(c)				(	%)
	Total			(100	(%)

Comments or suggestions:	
HOD / Supervisor's signature and stamp	
Date:	
Please send by Fax on Post to: <i>The Co-ordinator</i> Soorya Institute of Management Studies 3 <sup>rd</sup> , Main Road, Mahavir Nagar	
KaruvadiKuppam, Puducherry- 605008	

### STUDENT'S PERFORMANCE EVALUATION FORM (to be filled by Sims)

	(10 10	o illiou by clillo,		
Academic Session	: <u>20 to 2</u>	0 Seme	ester:	
Course	: Industrial Tra	ining Code	e:	
Program	:			
Name	:			
Enrollment No	:			
Form E (Host) (40%)	Form G (Internal) (30%)	Report logbook (30%)	Total (100%)	Grade Status*
*Pass (P)	Fail (F)			
Date:		Sign	ature:	

#### **DEPARTMENT HOD / SUPERVISOR PARTICULARS**

Name of the HOD/ Supervisor:	
Qualification:	Passport size Photograph of the HOD/
Designation:	Supervisor
Name & Address with Phone No of Organization with Seal	
(Note: Please enclose the Bio-data of the HOD/ Supervisor From your Training	ng Venue)

Date:				
Department:_				
			AM / PM	
Work Dans / Wo	erk Analysis / N	lotos.		
Work Done / Wo	TK Allalysis / I	votes:		
 			•••••	
 			•••••	

Signature of the Supervisor

Note: Enclose additional Sheets for respective working days