

ON THE JOB TRAINING LOGBOOK

FOR

UNDER GRADUATE PROGRAMME

(B.A./B.COM)



Academic Year 2025-2026

STUDENT OJT REPORT

Name of the Intern (Student):
Roll no:
Seat no:
Semester:
Program [B. Com/B. A(Specialization)]:
Name of the Internship Supervisor (Head of the Department):
Name of the Internal Mentor (From College):
Name of the External Mentor (From organization/Company):
Vertical Selected:
Name of the Organization/Company where OJT undertaken:
Address of the Organization/Company:
Contact Details of the Organization/Company:
Period of OJT: From: To:
Total number of Hours Completed:

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APPENDIX 1 CERTIFICATE OF COMPLETION OF OJT

(From the College)

This is to certify that [Full Name of the					
Intern] has successfully completed 60 hours of OJT during Semester with					
[Company Name]					
[Company Address], in the [Department/Team] from					
[Start Date] to[End Date].					
During the OJT [he/she] demonstrated exceptional dedication and enthusiasm in					
[his/her] role, contributing significantly to					
[mention specific projects or tasks][His/Her] ability to					
[another key skill] has been commendable.					
Internal Mentor's Comments:					
[Internal mentor Name], [Mentor's Position],					
notes that [the intern] exhibited a strong work ethic and adaptability.					
[Additional positive feedback or comments.]					
This OJT certificate is issued as a formal recognition of					
[Full Name] valuable contributions to					
[Company Name]. We wish [him/her] success					
in all [his/her] future endeavors.					
Date:					
Place:					
Certified by(signature):					
Internal Mentor:					
Name:					
Designation:					

APPENDIX 2 ON THE JOB TRAINING(OJT) CERTIFICATE [From organization/company duly signed and sealed]

Date:

Subject: OJT Certificate

TO WHOM IT MAY CONCERN

This is to certify that [Intern Name] bearing Roll no:					
& Seat No: has successfully completed 60 hours of OJT during the					
Semesterwith [Company Name] as an					
[Name of the Department]					
Department from [Date of Joining] to [Date of Completion].					
[Project Name] Project under the supervision and					
guidance of [External mentor Name].					
During the OJT, he/she has gained several learnings such					
as[Learnings/ OJT Take Away] and					
developed considerable skills, including					
Competencies Acquired].					
Besides showing high comprehension capacity, managing assignments with the utmost					
expertise, and exhibiting maximal efficiency, he/she has also maintained an outstanding					
professional demeanour and showcased excellent moral character throughout the OJT period.					
I hereby certify his / her overall work as[excellent/good / satisfactory] to the best of my knowledge.					
satisfactory to the best of my knowledge.					
Wishing him/ her the best of luck in his future endeavours.					
For [Company Name]					

Authorized Signatory with company seal

ACKNOWLEDGEMENT

I am grateful to [Your Company Name] for providing me with
an opportunity to complete my \ensuremath{OJT} at their organization. The organization support and
guidance helped me to understand the [nature of Internship]and gain valuable
experience in my field.
I am deeply grateful to, my External Mentor for his/her
mentorship and encouragement throughout this journey. His/her expertise and
$dedication \ have \ been \ instrumental \ in \ shaping \ my \ professional \ growth \ and \ instilling \ in$
me a deeper understanding of [specific skills or knowledge gained]. I am truly thankful
for the time and effort he/she invested in my development.
I would like to thank, Internal Mentor for his/her support and
guidance that enabled me to successfully complete the internship.
I wish to express my sincere gratitude to my family members for continuous
encouragement and support.
Lastly, I want to express my gratitude to Symbiosis College of Arts and Commerce as a
whole for providing me with this opportunity to apply my classroom knowledge in a real-
world setting. The commitment to experiential learning and the emphasis on practical
skills have been fundamental in shaping my professional identity and preparing me for
the challenges ahead.
Name of the Student:
Signature of the Student:

APPENDIX 3 OJT ACCEPTANCE CUM UNDERTAKING LETTER

	Date:
То	
The Principal, Symbiosis College of Arts and Commerce, Pune	
Subject: Undertaking for OJT	
No, studying in Specialization] Semester have the	(Name in Full), bearing Roll [B. Com/B. A got an opportunity to pursue OJT in [Name of the company] located at s). I am very much interested in utilizing this all take the entire responsibility to maintain the code by during my tenure of OJT.
I further agree and undertake that:	
• To pursue OJT after Semester IV and	before Semester VI of my UG Programme.
 I will strictly abide by the rules and reconduct during the period of OJT. 	regulations of the company and adhere to their code of
 Any act of indiscipline, if brought to with seriously, which may include ca 	the notice of the college by the company, will be dealt ncellation of the OJT.
 I will strictly adhere to the attended organization. I will maintain professional behave considerations specified by the organization. 	od / traveling / accommodation etc., during the OJT. ance policy and complete 60 hours of OJT in the said ior and appearance and abide by ethical and legal nization and college ompletion issued by the company & OJT report, within
Date:	Name & Signature of Student:
DECLARATIO	ON BY PARENT/ GUARDIAN
hereby fully endorse the above undertal	(Mother / Father / Guardian) king/declaration given by my child/ward. I will ensure best to observe the above stated undertaking in words
Date:	
Place:	
Signature of Mother / Father / Local (Quardian:

APPENDIX 4

NO-OBJECTION CERTIFICATE

Format for NOC to be obtained from college/institution

(to be given on letter head & signed by internal mentor)

Dated: -

Subject: - No Objection Certificate for OJT

This is to certify that
He/she is currently studying in the Second/Third year
The college has no objection for the student to participate in the On the Job Training during the period from[dd/mm/yyyy]to[dd/mm/yyyy] in the
The conduct of the student as recorded by the College has been found
The OJT should be undertaken before or after college hours to ensure that it does not interfere with the academic schedule.
We are also thankful to you for providing our student with OJT opportunity.
Thank You.
Name:
Position:
Signature of the Internal mentor:

COMPANY PROFILE OJT OBJECTIVES

DETAILED REPORT ON OJT

LEARNING OUTCOMES SKILLS AND COMPETENCIES ACQUIRED

Mentor Details :
Mentor Name :
Designation:
Email ID:
Phone No.:
OJT Details :
Start Date :
End Date :
Duration:

OJT WORKFLOW RECORD							
Sr. no.	Date	Time From	Time To	Hours Completed	Nature of Work	Signature of the External Mentor	Signature of the Internal Mentor
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
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18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							

Sr. no.	Date	Time From	Time To	Hours Completed	Nature of Work	Signature of the External Mentor	Signature of the Internal Mentor
28.							
29.							
30.							

Name of the Internal Mentor:	Signature:
Name of the External Mentor:	Signature:
Name of the Internship Supervisor	Signature:
Date of Submission:	
Total number of Hours completed:	