



SRINIVASA EDUCATIONAL SOCIETY'S

PACE INSTITUTE OF TECHNOLOGY & SCIENCES (AUTONOMOUS)

Approved by AICTE and Govt. of Andhra Pradesh, Accredited by NAAC(A Grade) | Recognized under 2(f) & 12(B) of UGC
Permanently Affiliated to JNTUK, Kakinada. A.P. | ISO 9001:2015, ISO 14001:2015 and ISO 50001:2018 Certified Institution
NH-16, Near Valluramma Temple, ONGOLE - 523 272, A.P., India, Ph.: 08592 278315, 9581456310 | www.pace.ac.in

Lr No: PACE(A)/ECS/2026-27/EE/28

29-10-2026

CIRCULAR

All HoDs are requested to constitute a Departmental Committee comprising of the Head of the Department, the Internship Supervisor, and a Senior faculty member of the department, for conducting the Oral Presentations for III B.Tech I Semester Summer Internship (R23 and R21) and IV B.Tech I Semester Evaluation of Industry Internship (R23 and R21).

In this continuation, you are instructed to thoroughly verify the certificates submitted by the students, ensuring their authenticity and the relevance of the internships completed as per the regulations.

After the verification process, the following documents are to be submitted on or before 10-11-2026.

- Details of the Department Committee
- Consolidated report on Internship along with Attested Copy of the Internship Certificate
- Attendance Statement
- Marks Award Statement


CONTROLLER OF EXAMINATIONS
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PACE INSTITUTE OF TECHNOLOGY & SCIENCES
(AUTONOMOUS)
VALLUR, ONGOLE-523 272, ANDHRA PRADESH


PRINCIPAL
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PACE INSTITUTE OF TECHNOLOGY & SCIENCES
(AUTONOMOUS)
VALLUR, ONGOLE-523 272, ANDHRA PRADESH

Copy to :

- | | |
|---|---|
| : All HoD's for circulation to the Students | : Coordinator, IQAC – for information |
| : Dean Academics - for information | : Administrative Officer- for information |
| : Notice board at Exam Cell & System | : Office File |

Encl (Templates):

- Details of the Department Committee.
- Consolidated Report On Internship.
- Attendance statement.
- Marks award statement

i) Details of the Department Committee:

Sl. No	Branch	Supervisor of the Internship	Senior Faculty	Head of the department

HoD

ii) Consolidated Report on Internship:

Sl. No	Branch	Roll Number	Internship Organization Name	Duration of Internship

Department Committee

1. Name & Signature:

2. Name & Signature:

HoD

Encl:

-All Attested Copies of the Internship Certificates(Total No:)

iii) Attendance Statement:

Sl. No	Roll Number	Name of the Student	Signature of the Student

Department Committee

1. Name & Signature:

2. Name & Signature:

HoD

iv) Marks Award Statement (R23) of IV B.Tech I Sem:

Sl. No	Roll Number	Name of the Student	Report (25 Marks)	Oral Presentation (25 Marks)	Total Marks (50 Marks)

Department Committee

1. Name & Signature:

2. Name & Signature:

HoD