

**Annexure 1: Log Form**

**Ministry of Labour and Human Resources  
Department of Employment  
University Graduate Internship Program & Pre-Employment Engagement Program**

Name of Intern:..... Name of Organization: .....

Start Date:..... End Date:.....PEEP/UGIP Registration No:.....

Sl. No	Date (Weekly)	Activities	Immediate Supervisor Signature	Seal & Signature of Manager
1				
2				
3				
4				
5				

*Additional sheets may be used if required.*

