

**TYBA**



Hindi Vidya Prachar Samiti's  
**Ramniranjan Jhunjhunwala College**  
of Arts, Science & Commerce  
(Empowered Autonomous)

Affiliated to  
UNIVERSITY OF MUMBAI TYBA -  
SEM VI  
COURSE: OJT (ON JOB TRAINING)  
COURSE CODE: RJOJTPHI361

CBCS  
Multidisciplinary Degree Program with Multiple Entry and Exit (NEP - 2020)  
2025-26

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**Semester VI OJT (4 Credits) (120 Hours) (100 Marks)**

Bifurcation of working and non-working Students,  
Engagement with Schools and Junior Colleges to lead stress-free life and give stress free exams,  
Community Centers, Libraries, Logbooks will be provided to the students so their everyday  
attendance will be maintained and monitored by service providers and mentors, everyday Geo Tag  
photos will be compulsory.  
Evaluation pattern: 100 Marks  
(40+40+20 -OJT Provider, Mentor and Presentation]

**Evaluation Rubrics:**

| Parameters                                                     | Marks | (80 to 100%)<br>Excellent | (60 to 80%)<br>Good | (40 to 60%)<br>Satisfactory | (20 to 40%)<br>Average |
|----------------------------------------------------------------|-------|---------------------------|---------------------|-----------------------------|------------------------|
| Actual Work Done (to<br>be assessed by<br>Employer/Supervisor) | 40    | 32-40                     | 24-32               | 16-24                       | 8-16                   |
| Activity Log and<br>Attendance                                 | 20    | 16-20                     | 12-16               | 8-12                        | 4-8                    |
| OJT Report Written                                             | 20    | 16-20                     | 12-16               | 8-12                        | 4-8                    |
| Presentation and<br>Communication Skills                       | 20    | 16-20                     | 12-16               | 8-12                        | 4-8                    |

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**Title of the Project**

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**OJT PROJECT REPORT SUBMITTED**

**BY**

**NAME:** \_\_\_\_\_

**CLASS:** \_\_\_\_\_ **DIV:** \_\_\_\_\_ **ROLL NO:** \_\_\_\_\_

**ACADEMIC YEAR: 20      - 20**

|                                               |
|-----------------------------------------------|
| <hr/> <p><b>MARKS OBTAINED OUT OF 100</b></p> |
|-----------------------------------------------|

**SIGNATURE & DATE OF THE STUDENT**

**SIGNATURE & DATE OF TEACHER-IN-CHARGE**

## **TYBA**

### **ON JOB TRAINING**

The National Education Policy focuses on the holistic development of students. Under the National Education Policy, academic institutions must adopt an educational structure that helps develop professional skills along with theoretical knowledge. With this in mind, credit-based (CC), field-based (FP), and community-based (CEP) education components have been incorporated into the curriculum. Among them, On-Job Training (OJT) has special importance. Subject-specific skills are to be developed through actual fieldwork. By participating in internships, students can acquire knowledge and skills which help them become self-reliant and apply this knowledge to real-life situations. Students are expected to research and find solutions to organizational problems during their internships. This training prepares students with hands-on experience. On-Job Training (OJT) is very beneficial for making students ready for employment and entrepreneurship.

#### **Objectives of Business On-Job Training (OJT):**

1. To provide practical experience to students related to actual job roles, work methods, and essential professional skills within an organizational culture environment.
2. To develop a comprehensive understanding of the nature, organizational behaviour, and organizational culture of real-world problems.
3. To equip students with essential soft skills such as communication, rational decision-making, problem-solving, leadership, ethical business, teamwork, contentment, honesty, time management, empathy and self-assessment, which are vital for success in the real world.
4. To familiarize students with modern technological systems and tools commonly used in contemporary businesses or organizations.
5. To foster an entrepreneurial mindset among students and encourage them to explore self-employment, value-based relations and ethical business creation opportunities.
6. To prepare students for post-graduation opportunities by enhancing their employability, potentiality, credibility and enabling them to either take up suitable jobs or confidently start their own ventures.

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**On Job Training (OJT) (RJOJTPHI361) - Evaluation Plan**

**Evaluation Plan:**

1. Every student should be given an On-Job Training (OJT) Notebook (OJT Book).
2. This notebook should include a daily Activity Log/Diary, Attendance, and Report (OJT Report) related to the job/self-employment activities. The student must maintain a daily record of the work done during the training. Attendance must be filled in and verified by the authorized person from the training institute. Along with this, the student must write about their experiences, knowledge, information, and skills gained during the training, including how it benefited them. The report must include at least two photographs of the student engaged in the activity, properly pasted and captioned.
3. Students will be evaluated by internship Supervisor/ Employer or concern authority based on rubric. **(40 Marks)**
4. Students involved in business/small project or self-employment (Entrepreneurship) activities must fill out the daily log of the work performed. Additionally, at least five photos of the product/service, place of activity, or work being done must be attached along with customer feedback and a detailed report of the product/service.
5. On the day of examination, the student must bring the notebook, feedback, photos of the activity, sample product (if any), OJT report, and must remain present with all of these items.

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**Attendance Sheet**

Name of the Organization/ Institute/Company:

Name of the student :

Class :

Roll No :

Date of commencement of OJT :

Date of Completion of OJT :

| Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------|--------|---------|-----------|----------|--------|----------|--------|
| 1    |        |         |           |          |        |          |        |
| 2    |        |         |           |          |        |          |        |
| 3    |        |         |           |          |        |          |        |
| 4    |        |         |           |          |        |          |        |
| 5    |        |         |           |          |        |          |        |
| 6    |        |         |           |          |        |          |        |
| 7    |        |         |           |          |        |          |        |
| 8    |        |         |           |          |        |          |        |
| 9    |        |         |           |          |        |          |        |
| 10   |        |         |           |          |        |          |        |

Signature of Internship Employer :

Name of Internship supervisor Employer :

Stamp of the Organization/ Institute/Company :

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**Letter of OJT Completion from Employer:**

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**Student Work diary (Log) Record**

|                                                                                     |  |
|-------------------------------------------------------------------------------------|--|
| <b>Week 1 :</b> _____ <b>No. of Hours :</b> _____ <b>Sign of Supervisor :</b> _____ |  |
| <b>Task Assigned</b>                                                                |  |
| <b>Details of Activities performed</b>                                              |  |
| <b>Key Learnings</b>                                                                |  |
| <b>Additional Remarks from supervisor</b>                                           |  |

|                                                                                     |  |
|-------------------------------------------------------------------------------------|--|
| <b>Week 2 :</b> _____ <b>No. of Hours :</b> _____ <b>Sign of Supervisor :</b> _____ |  |
| <b>Task Assigned</b>                                                                |  |
| <b>Details of Activities performed</b>                                              |  |
| <b>Key Learnings</b>                                                                |  |
| <b>Additional Remarks from supervisor</b>                                           |  |



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|-------------------------------------------------------------------------------------|--|
| <b>Week 3 :</b> _____ <b>No. of Hours :</b> _____ <b>Sign of Supervisor :</b> _____ |  |
| <b>Task Assigned</b>                                                                |  |
| <b>Details of Activities performed</b>                                              |  |
| <b>Key Learnings</b>                                                                |  |
| <b>Additional Remarks from supervisor</b>                                           |  |

|                                                                                     |  |
|-------------------------------------------------------------------------------------|--|
| <b>Week 4 :</b> _____ <b>No. of Hours :</b> _____ <b>Sign of Supervisor :</b> _____ |  |
| <b>Task Assigned</b>                                                                |  |
| <b>Details of Activities performed</b>                                              |  |
| <b>Key Learnings</b>                                                                |  |
| <b>Additional Remarks from supervisor</b>                                           |  |

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|-------------------------------------------------------------------------------------|--|
| <b>Week 5 :</b> _____ <b>No. of Hours :</b> _____ <b>Sign of Supervisor :</b> _____ |  |
| <b>Task Assigned</b>                                                                |  |
| <b>Details of Activities performed</b>                                              |  |
| <b>Key Learnings</b>                                                                |  |
| <b>Additional Remarks from supervisor</b>                                           |  |

|                                                                                     |  |
|-------------------------------------------------------------------------------------|--|
| <b>Week 6 :</b> _____ <b>No. of Hours :</b> _____ <b>Sign of Supervisor :</b> _____ |  |
| <b>Task Assigned</b>                                                                |  |
| <b>Details of Activities performed</b>                                              |  |
| <b>Key Learnings</b>                                                                |  |
| <b>Additional Remarks from supervisor</b>                                           |  |

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|-------------------------------------------------------------------------------------|--|
| <b>Week 7 :</b> _____ <b>No. of Hours :</b> _____ <b>Sign of Supervisor :</b> _____ |  |
| <b>Task Assigned</b>                                                                |  |
| <b>Details of Activities performed</b>                                              |  |
| <b>Key Learnings</b>                                                                |  |
| <b>Additional Remarks from supervisor</b>                                           |  |

|                                                                                     |  |
|-------------------------------------------------------------------------------------|--|
| <b>Week 8 :</b> _____ <b>No. of Hours :</b> _____ <b>Sign of Supervisor :</b> _____ |  |
| <b>Task Assigned</b>                                                                |  |
| <b>Details of Activities performed</b>                                              |  |
| <b>Key Learnings</b>                                                                |  |
| <b>Additional Remarks from supervisor</b>                                           |  |

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|-------------------------------------------------------------------------------------|--|
| <b>Week 9 :</b> _____ <b>No. of Hours :</b> _____ <b>Sign of Supervisor :</b> _____ |  |
| <b>Task Assigned</b>                                                                |  |
| <b>Details of Activities performed</b>                                              |  |
| <b>Key Learnings</b>                                                                |  |
| <b>Additional Remarks from supervisor</b>                                           |  |

|                                                                                      |  |
|--------------------------------------------------------------------------------------|--|
| <b>Week 10 :</b> _____ <b>No. of Hours :</b> _____ <b>Sign of Supervisor :</b> _____ |  |
| <b>Task Assigned</b>                                                                 |  |
| <b>Details of Activities performed</b>                                               |  |
| <b>Key Learnings</b>                                                                 |  |
| <b>Additional Remarks from supervisor</b>                                            |  |

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### **Challenges faced during OJT**

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**Skills Developed during OJT**