



Mula Education Society's  
**ARTS, COMMERCE AND SCIENCE COLLEGE, SONAI**

Tal. Newasa, Dist- Ahmednagar – 414105





Ph.: 02427-299384 Email: sonaicollege@yahoo.co.in, mesacsccollege@gmail.com Web.: www.acscollegesonai.edu.in  
Affiliated to Savitribai Phule Pune University, Pune (I.D.PU/AN/ASC/031/1989)  
NAAC Re-accredited with 'A' Grade, DBT Star College Scheme, ISO 9001: 2015, ISO 14001:2015 Certified, AISHE Code – C-42096

This is certified that Mr./Ms Shinde Prasad Shankar the  
Student of Third Year Bachelor of Business Administration  
(T.Y.B.B.A.) of Academic Year 2023-2024 (Sem.-VI) Roll No./Seat No.  
4108 has been successfully completed their internship program in the  
Organization/ Firm Bhagyalakshmi Multiscate, sonai  
From 15/02/2024 to 05/03/2024 in the subject Marketing  
Management / Financial Management as laid down by SPPU, Pune for  
the academic Year 2023-24.

~~She~~/ He displayed high level of inter personal skill during the Internship.

  
Project Guide

  
Internal Examiner

  
External Examiner

  
Principal  
Mula Education Society's  
Arts, Commerce & Science College  
Sonai, Tal. Newasa, Dist. Ahmednagar (MH), Pin-414105

# A Internship Project Report

ON

Submitted to



Art's Commerce and Science College ,Sonai of

**SAVITRIBAI PHULE PUNE UNIVRSITY, PUNE**

For the Awarded of the Degree of

**Bachelor of Business Administration**

Under the Faculty of Commerce and Management

Submitted by

**Mr.Shinde Prasad Shankar**

Under GuidanceOf

**Mr. Yogesh Tambe**

Academic Year 2023-24

UNDERTAKING FROM STUDENT

To,  
The Manager (HR),  
Bhagyalakshmi Multistate,  
Sonai

Subject : Undertaking .....

Respected Madam / Sir,

I am a student of Arts, Commerce And Science College, Sonai I am studying in semester VI of T.Y.B.B.A I am going to join your esteemed organisation for my sixty hours internship programme during 15/10/2023 to 23/11/2023.

I assure that I will follow all the rules and instruction issued by you. I will be solely responsible for my behaviour and performance during the internship period.

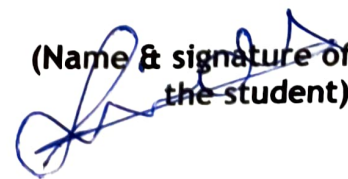
I will not disclose any information that is made available to me to anyone during or after the internship period.

I assure you that I will do my best and the internship opportunity provided to me will be a mutually rewarding experience.

Thank you.

  
Branch Manager  
Bhagyalakshmi Multistate  
Co-Op Credit Society Ltd.  
Branch Sonai

(Name & signature of  
the student)



Date : Place :

# UNDERTAKING FROM STUDENT

1. Name of the Student : Shinde Prasad Shankar
2. Class : T.Y.B.B.A
3. Division and Roll Number :
4. Present address : AT/ Post- kanagoni, Tal- Newasa, Dist- A.Nagar
5. Permanent address : AT/ Post- kanagoni, Tal- Newasa, Dist- A.Nagar
6. Contact Number : +91- 7972811293
7. Contact Number (Parent) :

To,  
The Principal,  
Arts, Commerce And  
Science College, Sonai

Subject : Undertaking .....

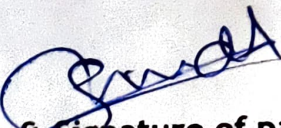
Respected Madam / Sir,

I am studying in semester V I of T.Y.B.B.A I am going to join Bhagyalakshmi Multistate Sonai for my sixty hours internship programme during 16/10/2023 to 23/11/2024

I assure that I will follow all the rules and instruction issued by the internship providing organisation. I will be responsible for my behaviour and performance during the internship period.

Thank you.

Yours obediently,

  
(Name & Signature of parent)

  
(Name & Signature of the student)

Date :





# भाग्यलक्ष्मी महाविद्यालय

## को. ऑप. क्रेडिट सोसायटी लि. अहमदनगर

1. Name of the Student : Shinde Prasad Shankar
2. Name of the College : T.Y.B.B.A
3. Division and Roll Number :
4. Address : AT/ Post- Kanagoni, Tal- Newasa, Dist- A.Nagar
5. Contact Number : AT/ Post- - Kanagoni, Tal- Newasa, Dist- A.Nagar
6. Special Subject : Financial Management
7. Internship start date : 15/10/2023
8. Internship end date : 23/11/2023

### LOGSHEET OF WORK PERFORMED DURING INTERNSHIP

Date	Time		Total Hours	Details of work done	Signature of officer	Signature of student
	From	To				
15/02/24	12:00pm	3:00pm	03	Learn about Deposit	(R)	Shinde
16/02/24	12:00pm	3:00pm	03	Process of Deposit	(R)	Shinde
17/02/24	12:00pm	3:00pm	03	Type of Deposit A/C	(R)	Shinde
19/02/24	12:00pm	4:00pm	04	Saving A/C	(R)	Shinde
20/02/24	12:00pm	4:00pm	04	Current A/C	(R)	Shinde
21/02/24	12:00pm	3:00pm	03	Learn About Deposit	(R)	Shinde
22/02/24	12:00pm	3:00pm	03	Int. on Deposit	(R)	Shinde
23/02/24	12:00pm	3:00pm	03	Helping manager	(R)	Shinde
24/02/24	12:00pm	4:00pm	04	know About Work	(R)	Shinde
26/02/24	12:00pm	3:00pm	03	About statement	(R)	Shinde
27/02/24	12:00pm	3:00pm	03	Phone Banking	(R)	Shinde





# भाग्यलक्ष्मी मल्टीस्टेट को. ऑप. क्रेडिट सोसायटी लि. अहमदनगर

To,  
The Principal,  
Arts, Commerce &  
Science College, Sonai

Subject: Internship Completion Certificate .....

Dear Madam/ Sir,

I am happy to inform you that following students of your college have successfully completed the 'Sixty Hours Internship Programme' in this organisation.

Sr. No.	Name of the student	Roll No.	Aadhar No.	Special Subject
1.	Shinde Prasad Shankra		478818594806	Financial Management

These students have been provided with adequate exposure and necessary hands- on training pertaining to their special subject.

I am confident that these students will perform effectively in similar type of organisations. I wish them every success in future endeavors.

Thank you.

Sincerely,  
Name & Signature  
(Authorised Signatory)