

(Completion of Summer Internship from respective organization)  
The certificate is awarded to

Name DR. AKANSHA SAINI

In recognition of having successfully completed his/her  
Internship in the department of

Title HUMAN RESOURCES

and has successfully completed her Project on

Title of the Project

Date 29/06/24

Organisation FORTIS HOSPITAL, MANESAR

He/She comes across as a committed, sincere & diligent person who has a  
strong drive & zeal for learning

We wish him/her all the best for future endeavors

  
Organization Supervisor



  
Head-HR/Department Head



## FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Dr. Arkasha Saini

Summer Internship Institution: Fortis Hospital, Manesar, Gurugram.

Area of Summer Internship: Human Resources

Attendance: Punctual, 100%.

Objectives met: To understand the process of Human Resource Management and their key contribution to Business growth.

Deliverables: HR SOP, Business Accumen, Recruitment,

Strengths: Attentive, Result orientation, Learning Attitude collaborative, Personality orientation/observational Skills

Suggestions for Improvement: Articulation Skills, Emotional Intelligence, financial accumen Business process engineering Skills.

Signature of the Officer-in-Charge (Internship)



Date: 29/6/24.

Place: Manesar, Gurugram.

\* She is a key performer during internship, performs the tasks as per the needs of hours. Can be groomed to an assist. area of improvements should be focused in next academic year.

Certificate of Approval

The Summer Internship Project of titled "**CANDIDATE EXPERIENCE DURING RECRUITMENT**" at "**FORTIS HOSPITALMANESAR**" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.



**Name of the Mentor**

**Designation**

**IIHMR, Delhi**

**FEEDBACK FORM**  
**(IIHMR MENTOR)**

**Name of the Student:** DR. AKANISHA SAINI

**Summer Internship Institution:**

FORTIS HOSPITAL, MANESAR

**Area of Summer Internship:**

HUMAN RESOURCE DEPARTMENT

**Attendance:**

90%

**Objectives met:**

Yes

**Deliverables:**

Yes

**Strengths:**

**Suggestions for Improvement:**

  
**Signature of the Officer-in-Charge (Internship)**

**Date:** 11/12/24

**Place:** DELHI