

UNIVERSITY INSTITUTE OF ENGINEERING & TECHNOLOGY

M.D. University, Rohtak-124001

Four/Six Months Industrial Training Evaluation Form

(To be filled By Training in charge/Supervisor after Completion of Four/Six Months Industrial Training)

Name of Student_____

Father's Name_____

Class Roll No_____

University Roll _____

Branch_____

Semester_____

Name & Address of Industrial Training Organization_____

Industrial Training conducted from_____to_____

Name of Industrial Training Project_____

Internal evaluation :(Maximum Marks 50)

Suggested criteria (Punctuality/Attendance, Technical Knowledge, General Behavior, Project Report, Communication skills)

Marks obtained _____

Marks in words_____

Name of Industrial Training Incharge/Supervisor_____

Designation_____

Contact No._____

Signature of Industrial Training Incharge/Supervisor with stamp

Note:-This report is confidential and mandatory. The Training In-charge/Manager is requested to send it in a sealed envelope through concerned student.