

















Assessment Name:

Date & Time:

RESULT

SI.NO	SIN NUMBER	STUDENT NAME	SECTION - I	SECTION - II
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Trainer Signature Staff In-charge **Placement Officer**