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VPAA/DPT/OF/006

INTERNSHIP INDUSTRY SUPERVISOR MONTHLY PERFORMANCE EVALUATION FORMAT

Issue No.

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Month:		
Company		
Name:		
Company		
Supervisor's	Phone No.:	
Name:		
Student's	ID No.:	
Full Name:		
Student's		
Department:		

Please give the appropriate value in the box provided out of the total value given for each evaluation criteria

General Pe	erformance (25%)
Punctuality (5%)	
Reliability (5%)	
Independence In Work (5%)	
Communication Skills (5%)	
Professionalism (5%)	

Personal Skill (25%)		
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	Profession	nals Skills (50%)
	Technical Skills (5%)	
	Organizational Skills (5%)	
	Support of the project tasks (5%)	
	Responsibility in the task	
	fulfillment (15%)	
	Quality as a team member (20%)	
J	<u> </u>	
	Total Marks (100%)	
	Monthly Performance Mark	
	(Total Marks/100*20)	
· A	dditional Comment:	
_	10 March 1980 1980 1980 1980 1980 1980 1980 1980	
		Company Stamp
Company		
Supervisor		
Name		
Signature		

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