

Evaluation Form

Name of the student : _____

Project Title : _____

Name of the Project Guide : _____

Designation : _____

Organisation : _____

Address : _____

Contact No : _____

Kindly rate the student by ticking in the appropriate boxes.

Parameters	Needs Improvement	Average	Good	Excellent
Knowledge a) Conceptual b) Practical Application				
Communication Skills				
Eagerness to Learn				
Grasping Power				
Ability to work in a team				
Leadership Abilities				
Punctuality				
Sincerity				
Overall Rating of the Project Report				

Remarks (If any) :-

We thank you for giving our student the opportunity to gain meaningful experience and for sharing your feedback with us.

Signature of Project Guide & Date

Seal/Stamp of Company