

# 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<br>a) Conceptual<br>b) Practical Application |                   |         |      |           |
| Communication Skills                                   |                   |         |      |           |
| Eagerness to Learn                                     |                   |         |      |           |
| Grasping Power   |                   |         |      |           |
| Ability to work in a team                              |                   |         |      |           |
| Leadership Abilities                                   |                   |         |      |           |
| Punctually   |                   |         |      |           |
| 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