

Evaluation Form

Name of the student : MOINUDIN AHMAD KADIWAL

Project Title : PHARMACY MANAGEMENT SYSTEM

Name of the Project Guide : FARAN A. DUBALIYA

Designation : OWNER

Organisation : BASU MEDICAL STORE

Address : BASU STATION ROAD, OPPOSITE TO,DR,KARNAVAT
AT POST - BASU, TA- VADGAM DIST
-BANASKANTHA

Contact No : 8401245761

Kindly rate the student by ticking in the appropriate boxes.

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

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