

**INTERNSHIP WORK EVALUATION REPORT**MONTH : OCTOBER YEAR : 2024**PART A : Personal Details**Name : ALIF AMIRUL BIN FAIZALIC/Passport No : 010518-10-1383Division / Department : TECHNOLOGY & PRODUCT, TECHNOLOGY MARKET GROUP Practical ID No : 5403Starting Date : 30 SEPTEMBER 2024 Ending Date : 14 FEBRUARY 2025 Institution : UiTM JASINBank Account No : 155171243170Name of Bank : MAYBANK**PART B : Details of Work**

- 1) DATABASE DEVELOPMENT FOR BID MANAGEMENT SYSTEMS
- 2) FRONT – END DEVELOPMENT FOR BID MANAGEMENT SYSTEMS
- 3) BACK-END DEVELOPMENT FOR BID MANAGEMENT SYSTEMS
- 4) WEEKLY MEETING FOR UPDATE ON THE PROJECT
- 5) SECURITY/SAFETY DEVELOPMENT FOR BID MANAGEMENT SYSTEMS

**TO BE FILLED BY SUPERVISOR****PART C : Work Achievement** (Please tick (✓) in the column provided)

No.	Evaluated Work	(A) Excellent	(B) Good	(C) Satisfaction	(D) Dissatisfaction
1	<b>Work Knowledge</b> (Able to transform knowledge into daily works; step by step works flow being transformed accordingly/manageable)		×		
2	<b>Work Interest</b> (Pay attention on the given work by the supervisor and able to do as instructed)	×			
3	<b>Work Performance</b> (Work performance are in accordance to the above stated items (no. 1 & no. 2))		×		
4	<b>Work Responsibility</b> (Always ready to accept responsibility/ work/task given by the Supervisor as and when requires)	×			
5	<b>Communication Wise and Work Attitude</b> (Able to communicate well among existing staffs within the departments and pleasant work attitude effectively shown towards the other)		×		
6	<b>Discipline</b>	×			

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**PART D : Internship Monthly Allowance** (Please tick (✓) at the appropriate column)

☒

Agree to pay

☐

Disagree to pay

If disagree to pay, please specify reasons below :-

i) .....

ii) .....

Name : Muhamad Jihadullah Bin Ab Hamid .....

Signature : 

Position: Senior Software Developer .....

Date : 12/11/2024 .....

**Approved by Head of Department / Division / Project :**

Name : Hamizan Ali .....

Signature : .....

Position: Solutions Architect .....

Date : 12/11/2024 .....

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**PART E : Payment to Internship**

**TO : GROUP FINANCE SERVICES**

Please make payment to the following internship. (Please tick (✓) at the appropriate column)

☐

To process internship allowance

**Recipient Details :-**

Name : .....

Cost Center : .....

Total Amount : RM .....

☐

To hold internship allowance

Due to :-

i) .....

ii) .....

**APPROVED BY :**

.....

**CORPORATE HUMAN RESOURCE**

Date : .....