

Feed Back Form - 2
SELF EVALUATION

1. General Information

(a) Index No. of the Undergraduate:

(b) Name of Institution :

(c) Training Location :
(Address)

(d) Brief description of work and responsibilities assigned:

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(e) Average Working Hours:

(f) Organization Chart: (To be attached indicating your position):

(g) Name and Designation of the Officer to whom the trainee was attached:

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(h) Suggested Timing for external supervision :

Industrial Training Staff Department Staff	Month					
	1 st	2 nd	3 rd	4 th	5 th	6 th
	1 st	2 nd	3 rd	4 th	5 th	6 th

**2. Description of fulfilling Expected Outcomes
(Elaborating on the critical points of the mapped Outcomes):**

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(a) Skills acquired on the use of special equipment/ Instruments etc.:

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(b) Benefits gained by Interaction with other Organizations:

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3. Innovative Skills

(a) Describe any innovative actions taken during (e.g. New ideas or concepts introduced by you, your proposals to change or modify the plans and designs, etc.)

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(b) What was the Organization's response to 3(a) above? :

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(c) Describe any failures/ mishaps/ mistakes observed and the remedial measures taken

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(d) What were the technical problems encountered and how these were overcome?

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4. Management Skills

(a) Exposure to managerial processes of the organization:

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(b) Understanding on various Management Practices of the organization

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(c) Any Specific example of a management practice as mentioned in above (b):

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(d) List the supplementary reading material, hand books, etc. used during this period?

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5. Any Other Comments/Remarks

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