

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:

.....
.....
.....

(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:

.....

(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):

.....
.....
.....
.....
.....
.....
.....

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

.....
.....
.....

(b) Benefits gained by Interaction with other Organizations:

.....

.....

.....

.....

.....

.....

.....

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.)

.....

.....

.....

.....

.....

.....

.....

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

.....

.....

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

.....

.....

.....

.....

.....

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

.....

.....

.....

.....

.....

.....

4. Management Skills

(a) Exposure to managerial processes of the organization:

.....

.....

.....

(b) Understanding on various Management Practices of the organization

.....

.....

.....

.....

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

.....

.....

.....

.....

.....

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

.....

.....

.....

.....

.....

5. Any Other Comments/Remarks

.....

.....

.....

.....

.....

.....

.....