## **EVALUATION ON STUDENT PROGRESS**

Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Range of Evaluation Dates: From (mm-dd-yyyy): 06-22-2021 To (mm-dd-yyyy): 06-09-2022	
I was able to apply the theortical knowledge which I learnt while pursuing masters to	
solve practical real-world business problems. Working with Java, Spring and Angular	
gave me lot of experience with designing, testing and debugging problems. While	
building new functionalities, I acquired new skills and competences to define	
strategies and to solve technical issues.	
My contributions to the team received great feedback from $t$ he management and senior	
developers.	
The goals, objectives, and assessment measures for the rest of	the STEM OPT period
would remain the same.	
Signature of Student (Sign in ink):	
Signature of Student (Sign in ink):	·
Printed Name of Student: Madhu Jayarama	Date (mm-dd-yyyy): 06-09-2022
Signature of Employer Official with Signatory Authority (Sign in ink):	
Printed Name of Employer Official with Signatory Authority: Tanmoy Bandyopadhyay	Date (mm-dd-yyyy):
FINAL EVALUATION ON STUDENT PROGRESS	
Provide a self-evaluation of your performance, using the measures previously identified, in applying and a	cquiring new knowledge, skills, and
competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, success during this review period. Address whether there are any modifications to the objectives and goals for projectives.	
development.	
Range of Evaluation Dates: From (mm-dd-yyyy): To (mm-dd-yyyy):	
Signature of Student (Sign in ink):	
Printed Name of Student:	Date (mm-dd-yyyy):
Signature of Employer Official with Signatory Authority (Sign in ink):	
Printed Name of Employer Official with Signatory Authority:	Date (mm-dd-yyyy):

ICE Form I-983 (7/16) Page 5 of 5