**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, PILANI**

**WORK INTEGRATED LEARNING PROGRAMMES (WILP) DIVISION**

**First Semester 2022-2023**

**BITS ID No.   :**

**NAME OF THE STUDENT   :**

**EMAIL ADDRESS                  :**

**NAME OF THE SUPERVISOR:**

**PROJECT TITLE                    :**

***Project Work Final Evaluation (Please put a tick () mark in the appropriate box)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Evaluation Component** | **Excellent** | **Good** | **Fair** | **Poor** |
| **1.** | **Final Project Report** |  |  |  |  |
| **2.** | **Final Seminar and Viva-Voce** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Evaluation Criteria** | **Excellent** | **Good** | **Fair** | **Poor** |
| **1** | **Technical/Professional Competence** |  |  |  |  |
| **2** | **Work Progress and Achievements** |  |  |  |  |
| **3** | **Documentation and expression** |  |  |  |  |
| **4** | **Initiative and Originality** |  |  |  |  |
| **5** | **Research & Innovation** |  |  |  |  |
| **6** | **Relevance to the work environment** |  |  |  |  |
| **Please ENCIRCLE the Recommended Final Grade:  Excellent / Good / Fair / Poor** | | | | | |

|  |  |  |
| --- | --- | --- |
|  | **Supervisor** | **Additional Examiner** |
| Name |  |  |
| Qualification |  |  |
| Designation |  |  |
| Employing Organization & Location |  |  |
| Phone Number |  |  |
| Mobile Number |  |  |
| Email Address |  |  |
| Signature |  |  |
| Place & Date |  |  |