

Guru Teg Bahadur Khalsa Institute of Engineering & Technology
Chappianwali - Malout- 152107

INDUSTRIAL TRAINING EVALUATION FORM

For FIRST VISIT

Date:.....

Name of the Student: _____ Father's Name _____

Branch _____ Roll No. _____

Training conducted from _____ to _____

ASSESSMENT BY THE AUTHORIZED PERSON FROM THE INDUSTRY

Sr. No.	Factor	Total Marks	Marks Obtained
1	Subject knowledge (Concept clarity)	25	
2	Maintenance of daily diary	10	
3	Problem solving skill	25	
4	Team Spirit	15	
5	Discipline	10	
6	Self-expression, Communication & Personality	15	
Total		100	

ASSESSMENT BY FACULTY COORDINATOR FROM INSTITUTE

1	Attendance	50	
2	Practical Work	50	
3	Assessment By Monitor	50	
Total		150	

Name of Training In-charge _____ Name of Faculty Coordinator _____

Name of Organization _____ Designation _____

Designation _____ Department _____

Signature (with seal) _____ Signature _____