

JOINING REPORT

(To be sent by student within a week of joining by Registered Post to Head of the Concerned Head of the Department, National Institute of Technology Tiruchirappalli – 620 015).

| | | |
|--------------------------------|---|-----------------------------|
| Name of Student | : | |
| Roll No. | : | |
| Programme | : | |
| Name & Address of Organization | : | |
| | | Telephone No. : E-mail : |
| Period of Training | : | From _____ To _____ |

I hereby inform that I have joined the organization on _____ for the Inplant Training in the industry.

Date :

Signature of the Student

CERTIFICATE BY THE CO-ORDINATOR IN THE INDUSTRY

Certified that the above-mentioned student has joined our organization for the INTERNSHIP / INDUSTRIAL TRAINING / ACADEMIC ATTACHMENT in the industry / Organization.

| | | |
|------------------------------|---|--|
| Name of the Coordinator | : | |
| Designation | : | |
| Phone No. | : | |
| E-mail (if any) | : | |
| Signature of the Coordinator | | |
| Date | | |

**NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI – 620 015**

TRAINING EVALUATION REPORT

(May be used by the HoD if needed)

| | | |
|--------------------------------|---|---------------------|
| Name of Student | : | |
| Roll No. | : | |
| Programme | : | |
| Name & Address of Organization | : | |
| Period of Training | : | From _____ To _____ |

Marks to be awarded by Industry/Organisation

| Punctuality (a) 30 Marks | Maintenance of Daily Records (b) 30 Marks | Skill Test (c) 40 Marks | Total Marks (a+b+c) 100 Marks |
|---|--|--|--|
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REMARKS (if any):

**SIGNATURE OF TRAINING OFFICER OF INDUSTRY
WITH NAME OF INDUSTRY & SEAL**

Note: Kindly send the training Evaluation Report immediately after completion of the training to the Head, Department of _____, National Institute of Technology, Tiruchirappalli – 620 015, preferably through registered post.