

**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**

| <b>Punctuality<br/>(a)<br/>30 Marks</b> | <b>Maintenance of Daily<br/>Records<br/>(b)<br/>30 Marks</b> | <b>Skill Test<br/>(c)<br/>40 Marks</b> | <b>Total Marks<br/>(a+b+c)<br/>100 Marks</b> |
|---|--|--|--|
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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.