

**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

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.