

SELF ASSESSMENT & PARENT ASSESSMENT FORM

Student Name: _____

Enrollment No.: _____

Mode of Study (Please Tick):

Assisted Self Study

Blended Learning

Conventional Classroom Learning

Course & Stream: _____

Semester / Year: _____

SUBJECT(S) NAME	NO. OF HOURS OF STUDY/RESEARCH	NO. OF HOURS OF APPLICATION OF SUBJECT KNOWLEDGE / SKILLS	GRADE YOUR KNOWLEDGE / SKILL (Between 1 to 10)

DECLARATION BY THE STUDENT:

I hereby declare that the above information provided by me is true to my knowledge and i feel very happy and satisfied in continuing my further studies in the University.

Signature of Student

PARENT'S ASSESSMENT

Name of Father/Mother/Guardian : _____

Relation with the student: **Father** **Mother** **Guardian**

Mobile No.: _____

GRADE YOUR WARD'S PERFORMANCE (Between 1 to 10)	
SATISFACTION	<input type="checkbox"/> I am satisfied. <input type="checkbox"/> I am not satisfied.

DECLARATION BY THE GUARDIAN/PARENT:

I declare that the above information provided by my ward is true to my knowledge.

Signature of Father/Mother/Guardian

TEACHER ASSESSMENT FORM

Student Name: _____

Enrollment No.: _____

Course & Stream: _____

Semester / Year: _____

SUBJECT(S) NAME	ASSESSMENT OF KNOWLEDGE (Grade between 1 to 10)	ASSESSMENT OF APPLICATION OF KNOWLEDGE (Grade between 1 to 10)

Name of Assessor

Signature of Assessor

INDUSTRY ASSESSMENT FORM

1	NAME	
2	FATHER'S NAME	
3	ID / ENROLLMENT NO	
4	SCHOOL	
5	COURSE	
6	SEMESTER	
7	SUBJECT STUDIED	
8	KNOWLEDGE ASSESSMENT	
9	SKILL ASSESSMENT EMPLOYABILITY WHETHER ASSESSOR ORGANIZATION HAS VACANCY FOR ANY POST IN WHICH THE STUDENT CAN BE EMPLOYED. IF SO WHETHER ASSESSOR ORGANIZATION IS AGREEABLE TO OFFER EMPLOYMENT TO THE STUDENT. IF YES, FOR WHICH POST AND WHAT REMUNERATION?	
10	OVERALL RATING OUT OF 10	

SIGNATURE:
NAME OF ASSESSOR:
DESIGNATION:
CONTACT NO:
DATE:

COMPANY SEAL