

To be filled by Evaluator

Please Place a tick mark in the relevant box

Detail of Work	Teaching		Others (Please specify here)	
	Project			
	Office Work			
Task Greadation	Excellent	Good	Satisfactory	Poor
Relation with colleagues	Excellent	Good	Satisfactory	Poor
Punctuality	Excellent	Good	Satisfactory	Poor
Professional Skill/Knowledge	Excellent	Good	Satisfactory	Poor
Meet deadlines	Excellent	Good	Satisfactory	Poor
Learning Capibility	Excellent	Good	Satisfactory	Poor
Work Independently	Excellent	Good	Satisfactory	Poor
Team work	Excellent	Good	Satisfactory	Poor
Communication Skills	Excellent	Good	Satisfactory	Poor
Quality of work	Excellent	Good	Satisfactory	Poor
Follow directions	Excellent	Good	Satisfactory	Poor
Integrity Personal /Professional integrity	Excellent	Good	Satisfactory	Poor
Area of Improvement	Excellent	Good	Satisfactory	Poor
Over all performance of interneer	Please Specify Here:			
Remarks				

Evaluator Signature With Stamp



Office of Research, Innovation and Commercialization

University Of Karachi

Intrenship Progress Report 2019-20

Name Of Internee _____

Affiliation of Intrnee _____

Department of internship _____

Internship Period: From _____ **To** _____

Name of Evaluator _____

Designation of Evaluator _____

Email Address _____

Signature with stamp