(YSNT-HRF)

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FINAL EVALUATION FORM BY MENTOR

SKILL	EXEED	GOOD	AVERAGE	NEED IMPROVEMENT
DIAGNOSE				
TREATMENT				
PROJECT				
BEHAVIOUR				

I declared that Mr. _____completed
His/Her INTERNSHIP under my _____guidance.
Internship Starts from Date _____ to
complete _____on _____ Hours.

In Internship _____ worked
Efficiently and complete His/Her No. of _____Project.

Mentor Sign with seal