

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