



PUNJAB STATE TRANSMISSION CORPORATION LIMITED  
(ASSESSMENT PERFORMA)

1.	Name of student	
2.	Name of the training office	
3.	Number and Date of the Office order against the training was held	
4.	Name of the Deptt./Sub-Station where Training was held	
5.	Name of the Officer/Official with Desgn. Under whom the training was imparted	
6.	Duration of training course	
7.	Dated of joining	
8.	Date of leaving	
9.	Leave taken during training	
10.	Actual No. of days worked	
11.	Regularity & Punctuality	
12.	Other remarks concerning the training, aptitude and level of learning etc.	

Signature, Desgn.  
& Seal of the office

**BIO DATA**

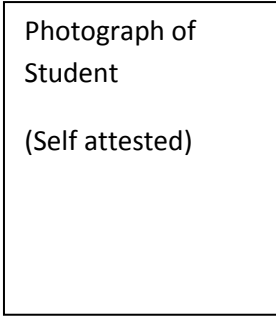
**Space for  
photo**



- 1) **Name of Student**
- 2) **Date of Birth**
- 3) **Father's Name**
- 4) **Name of Institution**
  
- 5) **Roll No.(College/ Univ.)**
- 6) **Contact No.**
- 7) **Address of Student**
  
- 8) **Branch**
- 9) **Semester**
- 10) **Duration of training**
- 11) **Signature of Student**

**Signature of Training officer**

**Self Declaration**



I Mr./ Ms.....S/o,D/o, Sh.....  
Resident of .....  
and Student of.....  
Branch.....Semester.....Declares that during  
my training period from .....to.....

- 1) Stpend of any kind shall not be paid.
- 2) I will remain present at Training office from 9am to 5pm except Holidays.
- 3) In case of any Damage/Loss to property of Training Office I will go through disciplinary/police action as per instructions of PSTCL.
- 4) Training program can be terminated any time in case I found indulging in indisciline.

**Signature of Student**

**Witness of Gazetted Officer of PSTCL/ PSPCL**