

**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			
<b>Task Gradation</b>	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Poor</b>
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 Capability	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
<b>Area of Improvement</b>	Please Specify Here:			
<b>Over all performance of internee</b>	Please Specify Here:			
<b>Remarks</b>				

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Evaluator Signature With Stamp



## ***INTERNSHIP PROGRESS REPORT***

PLEASE WRITE IN BLOCK LETTERS

Name Of Internee

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Affiliation of Internee

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Internship Period:

From \_\_\_\_\_ to \_\_\_\_\_

EMAIL ID

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Name Of Evaluator

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Designation of Evaluator

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PROGRAM TITLE

Intra University Internship Program 2025-26

Internship Progress Report

2025-2026

APPLICANT SIGNATURE

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EVALUATOR SIGNATURE

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