ASSESSMENT FORM FOR UES CANDIDATES

(To be attached to the Application Form)

Campus	Place:	•••••
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Name	
Roll No.	
Date of Birth	
College/Institution	
Stream of Engineering	

QUALITIES

(Each quality is to be assessed with 10 marks)

Ser. No.	Quality of the candidate	<u>Marks</u> Obtained	<u>Maximum</u> <u>Marks</u>
01.	Effective Intelligence		10
02.	Reasoning Ability		10
03.	Power of Expression		10
04.	Sense of Responsibility		10
05.	Initiative		10
06.	Self Confidence		10
07.	Decision Making		10
08.	Motivation Level		10
09.	Technical Knowledge		10
10.	General Knowledge		10
Total Marks :			100

RECOMMENDED / NOT RECOMMENDED

≥ 60 Marks - Rec; ≤ 59 Marks - Not Rec

Signature	e		
	(Member)	(Member)	(President)
Name:	Name:	Name	<u>></u> :
Rank:	Rank:	Ran	k:
Unit :	Unit:	Un	it:
Date:	Date:	Da	te: