



**PUNJAB STATE TRANSMISSION CORPORATION LIMITED**  
**(Training Assesment Performa to be filled by the Incharge of**  
**the Office/Sub-Station imparting the training)**

Space for  
Trainee  
Snap/Photo

1	Name of Student	
2	Father Name	
3	Date of Birth	
4	Residence Address	
5	Roll No.	
6	Name of the College/Institute	
7	Degree/Diploma (Stream)	
8	Semester/Year	
9	Training Office order No. and Date	
10	Duration of Training (Weeks/Months)	
11	Name of the Sub-Station/ Deptt. where the Training was held	
12	Date of Joining of Training	
13	Date of Releaving from Training	
14	Number of leaves taken during training	
15	Actual No. of days training attended by Trainee (Except Saturday/Sunday/Holidays)	
16	Other remarks regarding the Regularity, Punctuality and level of learning of Trainee	
17	Name of the Incharge of the Office/Sub-Station with Designation under whom the training was imparted	

(Signature)

(Designation & Seal of  
the Incharge)