



HARINGHATA MAHAVIDYALAYA

SUBARNAPUR, NADIA

Name of the Student _____

Marks Awarded

College Roll No. _____

Maximum Marks

Evaluator's Comments:

If the space is not sufficient, please use back page

Please tick \checkmark in the relevant box below

CONTENT

Good Average Poor

Appropriateness of
Information

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Analysis of
The Topic

Good Average Poor

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PRESENTATION

Good Average Poor

Conciseness

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Language and
Expression

Good Average Poor

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Evaluator's Signature: _____

Date : _____

Name in Full : _____