

Pharmacy Assignment Copy

Name of the College

Name of the Student:	
Academic Year of the Student:	
Name of the Subject:	
Title of the Assignment:	
Date on which the Assignment was given:	
Date on which the Assignment was submitted:	
Name & Designation of the Evaluator:	
Signature of the Evaluator with Date:	

Directions: For evaluation, enter rating of the student utilizing the following scale: 5 – Excellent; 4 - Very Good; 3 – Good; 2 – Satisfactory; 1 – Poor

Assessment Criteria	Score	Comments if any
a. Relevance with the content		
b. Use of resource material		
c. Organization & mechanical accuracy		
d. Cohesion & coherence		
e. Language proficiency & Timely submission		
Total Score		

(Signature of the Student with Date)

	Page No

	Page No

	Page No

	Page No

Marketed By:
PHB Education
Building No. 3/314, Office-1 SML (U.P)-247776
Mob: 09719638415
www.phbeducation.com