

QUARTERLY REPORT

(As prescribed under the Training Guidelines)

(To be filled by trainer)

(Part A)

To,

The Joint Director (Training & Placement)

The Institute of Company Secretaries of India

ICSI House, 22, Institutional Area, Lodi Road

New Delhi-110 003

Training - Quarter Number: _____

(Quarter shall begin on the date of commencement of training)

Period from : _____ to _____

Dear Sir,

Name of the student: _____

Registration Number: _____

Category of a Trainer: (Tick)

Companies	Practicing CS	MCA	ROC	OL
Financial Institution	Law Firm	Consultancy Firm	IICA	RD
Others (Specify)				

Name of the Trainer: _____

Training commencement date: _____

Grading on Each point of Appraisal be awarded by the Trainer with the following:

E or V or G or S or N

E= Excellent (=>90%), V=Very Good (=>70% to<90%).

G= Good (=>60% to < 70%), S= Satisfactory (=>50% to < 60%)

N= Needs Improvement (< 50%).

1) Attendance and Punctuality

Particulars	No. of days worked in Quarter	No. of leaves	Weekly Offs	Total Days	Late Marks
Current Quarter					
Carry forward from Previous Quarter(No. of Leaves)					
Brought forward to next Quarter (No. of Leaves)					

Grading on Attendance and Punctuality**2) Assignments handled during the quarter:**

(Use separate sheet if required)

Type of work handled (Insert Rows for information)	Details of Assignments handled / assisted	Grading
Company Law		
SEBI		
Listing Agreement		
Service Tax		
Central Excise		
Project Finance		
Other (specify)		

3) Soft Skills acquired:

Particulars	Particulars of Assignments	Grading
Written Communication Skills		
Verbal Communication Skills		
Power Point Presentations		
Computer Skills		
Interpersonal Skills		
Leadership Abilities		

4) Topic Given for Project Report : _____

Status of Project Report (Tick)	Not Started	Started	Completed and attached)	Grading (if Completed)

Date:

Place:

Signature of the Trainer

Rubber stamp to be affixed

PART B
(To be filled by Trainee)

5) Details of Mandatory Trainings Completed

Details	Organised by	Period (from - to)
Student Induction Programme(SIP)		
SIP Exemption granted, if any		
Executive Development Programme(EDP)		
Professional Development Programme (PDP)		
PDP Hours Completed so far		
PDP Hours yet to be Completed		

6) Articles written (if any)

Title of the Article	Details of publication

7) Seminars/ Programmes attended (if any)

8) Plan of Action for the next quarter

I state that the contents of this report are true.

Signature of the Trainee

Date :

Place:

NOTE

This Report shall be submitted on quarterly basis on or before 30 days from the end of the quarter. Late submission and non submission of report will be viewed seriously.