

REVISED QUARTERLY REPORT
(As prescribed under the Training Guidelines)
(To be filled by trainee)
(Part A)

NOTE:

This Report shall be submitted on quarterly basis (containing three months only, from the date of commencement of training) on or before 30 days from the end of the quarter. Late submission and non submission of report will be viewed seriously.

To,
The Director (Training & Placement)
The Institute of Company Secretaries of India
C- 37, Sector – 62,
NOIDA – 201309

Training – Quarter Number: _____

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

Period from: _____ to _____

Dear sir,

Ref: Sponsorship letter no. & date (issued by the ICSI) _____

Name of the student:: _____

Registration number:: _____

Category of a Trainer (please mention name of the organization and tick against appropriate box)

Company	
Company limited by Guarantee	
MCA and its Offices	
Law Firm	
Govt. Bodies	
Banks	
Financial Institutions	
Universities	
LLP	
Practising Company Secretary (PCS)	

Name, Address contact no. and e-mail id of the Trainer: _____

Training commencement dates & details : _____

Total No. of working days in Quarter	Total No. of days present in Quarter	No. of leaves availed in Quarter

Details of earlier training undergone till date (if any) :

S. No.	Name of Trainer	Period from.....to.....	No. of leaves taken during the period	NOC submitted or not	Sponsorship letter no & dated

Topic allotted for project Report: _____

Status of Project Report (Please Tick in appropriate box):

Completed & Submitted to ICSI	Not yet Started	Currently working on Project
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Any achievement during the training period:

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I state that the information given above are true.

(Signature of trainee with date)

PART (B)

To be filled by trainer

Please do the appraisal of trainee on followings.

Please indicate against each point as Excellent (E), very good (VG), Good(G), Satisfactory (S), Needs Improvement (NI)

Attendance	
Punctuality	
Trainee's performance while handling the assignments during the Quarter	
Quantum of work done	
Verbal Communication skills	
Written communication skills	
IT Skills	
Willingness to accept additional responsibilities	
Ability to plan his work	
Behaviour towards Senior	
Behaviour towards Colleague	
Behaviour towards juniors	
Behaviour towards Stakeholders/ Clients	

Any remarks about trainee which you would like to share with ICSI:

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Name and Designation of Trainer

Signature of Trainer with date & rubber stamp