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**STUDENT MONITORING REPORT**

This form needs to be completed by the Academic Supervisor

Student's Name : \_\_\_\_\_

I.D. No : \_\_\_\_\_

Organisation Name : \_\_\_\_\_

Industrial Supervisor Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Contact No. : \_\_\_\_\_

Task Assigned : \_\_\_\_\_

\_\_\_\_\_

Comment : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic Supervisor Name : \_\_\_\_\_

Signature : \_\_\_\_\_

**The completed form must be submitted to the Industrial Training Coordinator**