JIS Institute of Pharmacy

Block A, Phase-III, Kalyani, Nadia- 741235, WB
(Approved by PCI & Affiliated to WBSCTVESD)

Assignment Top Sheet for D. Pharm

Part: I / II **Assignment No.:**

Name of the Student	
Student ID.	
Registration No. Roll No.	
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	
Subject Teacher Name and Designation	
Name & Designation of the Evaluator	

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 Student with Date

Signature of Evaluator with Date