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தேசிய பயிலுநர் கைத்தொழில் பயிற்சி அதிகாரசபை  
NATIONAL APPRENTICE AND INDUSTRIAL TRAINING AUTHORITY



**DAILY DIARY**  
UNDERGRADUATE / DIPLOMA  
INDUSTRIAL TRAINING

# APPRENTICE'S DAILY DIARY

Name: .....

Apprentice's Private Address: .....

Contact Phone Number: .....

Category: .....

Field/Trade of Training: .....

Registration Number given by the University/Institute/College: .....

Registration Number given by the NAITA: .....

Name of Training Establishment: (1.) .....

Period of Training From: ..... To: .....

(2.) .....

Name and Address Of Establishment	Workshops/ Worksites	Period		Signature of Officer In Charge (With Rubber Stamp)	Designation
		From	To		

**WEEK NO :.....**

<b>FOR THE WEEK ENDING</b>		<b>TRAINING LOCATION</b>
Sunday ...../...../.....		.....
<b>Day</b>	<b>Date</b>	<b>BRIEF DESCRIPTION OF THE WORK CARRIED OUT</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Satur day		
Sunday		

**DETAILS AND NOTES OF WORK CARRIED OUT, PROBLEMS ENCOUNTERED AND HOW SOLVED ETC., DIMENSIONS AND SKETCHES TO BE GIVEN WHEREVER POSSIBLE**



.....  
SIGNATURE OF TRAINEE

**DETAILS AND NOTES OF WORK CARRIED OUT, PROBLEMS ENCOUNTERED AND HOW SOLVED ETC., DIMENSIONS AND SKETCHES TO BE GIVEN WHEREVER POSSIBLE**



.....  
**SIGNATURE OF TRAINEE**

**REMARKS AND CERTIFICATION BY THE ENGINEER / T.O**

.....  
**SIGNATURE**

FOR USE BY NAITA/UNIVERSITY/INSTITUTION OFFICIALS ONLY

**INSPECTION REPORT**

**Inspection 01**

NAME AND DESIGNATION OF OFFICER:

DATE

.....  
.....

REMARKS:

.....

SIGNATURE

**Inspection 02**

NAME AND DESIGNATION OF OFFICER:

DATE

.....  
.....

REMARKS:

.....

SIGNATURE

**PROGRESS REPORT OF AN ESTABLISHMENT ON TRAINING  
PERFORMANCE**

Name of Establishment : .....

Period of Training – From:.....To:.....

Comments of Training Supervising Officer on Trainee's

1. Conduct
2. Attitude to work
3. Attendance

NO.OF DAYS LEAVE TAKEN	AUTHORIZED	UNAUTHORIZED

Signature of the officer in-charge of training.  
(with rubber stamp)

**PROGRESS REPORT OF AN ESTABLISHMENT ON TRAINING  
PERFORMANCE**

Name of Establishment : .....

Period of Training – From:.....To:.....

Comments of Training Supervising Officer on Trainee's

1. Conduct
2. Attitude to work
3. Attendance

NO. OF DAYS LEAVE TAKEN	AUTHORIZED	UNAUTHORIZED

Signature of the officer in-charge of training.  
(With rubber stamp)

