

**DAILY DIARY**



UNDERGRADUATE / DIPLOMA

INDUSTRIAL TRAINING

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| **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** |
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**WEEK NO :………………**

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

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| **DETAILS AND NOTES OF WORK CARRIED OUT, PROBLEMS ENCOUNTERD AND HOW SOLVED ETC., DIMENSIONS AND SKETCHES TO BE GIVEN WHEREVER POSSIBLE** |
|  **…………………………………** **SIGNATURE OF TRAINEE** |
| **DETAILS AND NOTES OF WORK CARRIED OUT, PROBLEMS ENCOUNTERD AND HOW SOLVED ETC., DIMENSIONS AND SKETCHES TO BE GIVEN WHEREVER POSSIBLE** |
|  **…………………………………** **SIGNATURE OF TRAINEE** |
| **REMARKS AND CERTIFICATION BY THE ENGINEER / T.O** |
|   **……………………………** **SIGNATURE** |

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| 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 |

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| **PROGRESS REPORT OF AN ESTABLISHMENT ON TRAINING****PERFORMANCE**Name of Establishment :……………………………………………………………………………………..Period of Training – From:………………………………………………………To:………………………. |
| Comments of Training Supervising Officer on Trainee’s1. 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) |

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| **PROGRESS REPORT OF AN ESTABLISHMENT ON TRAINING****PERFORMANCE**Name of Establishment :……………………………………………………………………………………..Period of Training – From:………………………………………………………To:………………………. |
| Comments of Training Supervising Officer on Trainee’s1. Conduct
2. Attitude to work
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| NO. OF DAYS LEAVE TAKEN | AUTHORIZED | UNAUTHORIZED |
|  |  |  |
| Signature of the officer in-charge of training.(With rubber stamp) |