# Assessment of an Assignment

**Name of the Institution:** Institute of Pharmacy, Assam Don Bosco University

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|---|---|
| Name of the Student: | |
| 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: | |
| Name & Designation of the Evaluator: | |
| Signature of the Evaluator with Date: | |

**Directions:** For evaluation, enter rating of the student utilizing the following scale: 5 – Excellent; 4 - Very Good; 3 – Good; 2 – Satisfactory; 1 – Poor

| **Assessment Criteria** | **Score** | **Comments if any** |
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| 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 the Student with Date:**