

EVALUATION FORM (A)



Date: 17/06/2023

(For Each Evaluator against each innovation at Institute Level)

	of Institute:				
Gener	<u>ral Information of Innovation/Proje</u>	<u>ct:</u>			
1.	Name of the innovation/project	:			
2.	ID no. of innovation/project (auto generated after registration)				
3.	Name of the participant (s)	:	1.		
			2.		
			3.		
4.	Name of the Technology/Departmen	it :			
Mark	s Distribution : Total 100 marks. Divi	ded i	in the follo	owing criteria:	
Sl.	Numbering Area			Total Number	Given Number
1.	Innovation (newness, merit, dignity	etc.)		25	
2.	Acceptability, accessibility & useful	ness		20	
3.	Relevance in our socio-economic context		15		
4.	Social Impact & environment friendliness		15		
5.	Over all presentation		25		
			Total=	100	
<u>Indivi</u>	dual Evaluator:				
	Name of the Evaluator				
	Designation & Organization				
	Signature				

Date of Evaluation





Evaluation Compilation Sheet (B)

(For all evaluators against each project at Institute level)

Date: 17/06/2023

Name	Institute:				
1.	Name of the innovation/project	:			
2.	ID no. of innovation/project (auto generated after registration)				
3.	Name of the participant (s)	:	1.		
			2.		
			3.		
Marks	s Compilation: Total marks for each	eva	aluator: 100. Nu	mber of Evaluator:	5.
Sl.	Name of the Evalua	ator	•	Given Number	Remarks
1.					
2.					
3.					
			Total No.=		< Out of 300
			Average No.=		Divided by no. of Evaluators
Conve	ener's Endorsement:				
	Name of the Convener				
	of the Evaluation Team				
	Signature of the Convener				
	Date of Compilation of marks				



Tabulation Sheet (C)

Institute Level (must be sent to ASSET Project for Regional Level Competition)

Date: 17/06/2023

Region N	No. (1 to 13):				
Sl.	Name of the innovation & ID N	No.	Name of the Technology	Marks	Position
1.					1 st
2.					2 nd
3.					3 rd
4.					4 th
5.					5 th
6.					6 th
7.					7 th
8.					8 th
9.					9 th
10.					10 th
11.					11 th
12.					12 th
13.					13 th
14.					14 th
	ease put the information of all participating ps 'C' Form to ASSET Project by 18/06/2023	-	n. If necessary, use ext	ra page/s. Plea	se send a
0	Signature of Principal f Regional Organizing Institute	Seal of Organizing		e of Convener	

In stitute





Date: 17/06/2023

Final Result Sheet (D)

(This sheet must be sent to ASSET Project and Regional organizer's office Just after Institute Level competition)

1.	Sl.	Name of the innovation/project	Innovation ID Code	Marks	Place
3. 3 rd	1.				1 st
	2.				2 nd
Tote: Please do not include more than three innovations here in this form. More than one innovations are not acceptable for any	3.				3 rd
or 3 rd position).			in this form. More than one inno	vations are not accepta	ble for any c
		Signature of Mambar Secretary		Signature	
Signature of Member-Secretary Signature		Signature of Member-Secretary			