

UNDERGRADUATE/DIPLOMA

INDUSTRIAL TRAINING

**DAILY DIARY**

**cd;sl wdOqksl;aj iy ld¾ñl mqyqKq lsrSï wêldrsh**

**Njrpa gapYeu; ifj;njhopy; gapw;rp mjpfhurig**

**NATIONAL APPRENTICE AND INDUSTRIAL TRAINING AUTHORITY**

**APPRENTICES’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.) …………………………………………………………

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

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| **FOR THE MONTH COMMENCING TRAINING LOCATION**    **FROM …………………. TO ………………… ………………………………………..** | | |
| **1st WEEK** | | |
| **Day** | **Date** | **BRIEF DESCRIPTION OF THE WORK CARRIED OUT** |
| **MONDAY** |  |  |
| **TUESDAY** |  |  |
| **WEDNESDAY** |  |  |
| **THUESDAY** |  |  |
| **FRIDAY** |  |  |
| **SATURDAY** |  |  |
| **SUNDAY** |  |  |

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| **FOR THE MONTH COMMENCING TRAINING LOCATION**    **FROM …………………. TO ………………… ………………………………………..** | | |
| **2nd WEEK** | | |
| **Day** | **Date** | **BRIEF DESCRIPTION OF THE WORK CARRIED OUT** |
| **MONDAY** |  |  |
| **TUESDAY** |  |  |
| **WEDNESDAY** |  |  |
| **THUESDAY** |  |  |
| **FRIDAY** |  |  |
| **SATURDAY** |  |  |
| **SUNDAY** |  |  |

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| **FOR THE MONTH COMMENCING TRAINING LOCATION**    **FROM …………………. TO ………………… ………………………………………..** | | |
| **3rd WEEK** | | |
| **Day** | **Date** | **BRIEF DESCRIPTION OF THE WORK CARRIED OUT** |
| **MONDAY** |  |  |
| **TUESDAY** |  |  |
| **WEDNESDAY** |  |  |
| **THUESDAY** |  |  |
| **FRIDAY** |  |  |
| **SATURDAY** |  |  |
| **SUNDAY** |  |  |

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| **FOR THE MONTH COMMENCING TRAINING LOCATION**    **FROM …………………. TO ………………… ………………………………………..** | | |
| **4th WEEK** | | |
| **Day** | **Date** | **BRIEF DESCRIPTION OF THE WORK CARRIED OUT** |
| **MONDAY** |  |  |
| **TUESDAY** |  |  |
| **WEDNESDAY** |  |  |
| **THUESDAY** |  |  |
| **FRIDAY** |  |  |
| **SATURDAY** |  |  |
| **SUNDAY** |  |  |

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| **FOR THE MONTH COMMENCING TRAINING LOCATION**    **FROM …………………. TO ………………… ………………………………………..** | | |
| **5th WEEK (OPTIONAL)** | | |
| **Day** | **Date** | **BRIEF DESCRIPTION OF THE WORK CARRIED OUT** |
| **MONDAY** |  |  |
| **TUESDAY** |  |  |
| **WEDNESDAY** |  |  |
| **THUESDAY** |  |  |
| **FRIDAY** |  |  |
| **SATURDAY** |  |  |
| **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** |
| **REMARKS AND CERTIFICATION BY THE ENGINEER / T.O** |
| **……………………………**  **SIGNATURE** |

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| FOR USE BY OFFICIALS ONLY  **INSPECTION REPORT** |
| NAME AND DESIGNATION OF OFFICER: DATE  ………………………………………………. ……………………. |
| REMARKS:    ……………………...  SIGNATURE |
| 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’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) | | |

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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’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) | | |