

Lajpatrai Mehra's Neurotherapy Research & Training Institute (LMNT RTI)



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FINAL EVALUATION FORM BY MENTOR

SKILL	EXEED	GOOD	AVERAGE	NEED IMPROVEMENT
DIAGNOSE				
TREATMENT				
PROJECT				
BEHAVIOUR				

I declared that Mr. ______completed His/Her INTERNSHIP under my ______guidance. Internship Starts from Date ______to complete ______on _____Hours.

In Internship ______ worked Efficiently and complete His/Her No. of _____ Project.