PERFORMANCE EVALUATION REPORT OF THE VOLUNTEER

Name of the Office/Work place:	Address:		
Name of the Head of Office/Work place:	Mobile No:		
Name of the Volunteer:	Mobile No (if available):		
Starting Date:	Total Estimated Days for Work:		

Sn	Date	ArrivalTime	Dep. Time	Hour P. day	Sign/Volu	Sign/Off.Head	Remarks
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Note: Minimum hour of work per day is 4 hours and maximum hour is 6 hours.

Total hours: Minimum-48 hours and Maximum-72 hours.

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