

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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2							
3							
4							
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29							
30							

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.