



Practical Training Record Book

Academic Year 2023/2024

ECO 421(6)

BA(Hons.) in Economics Degree Programme

Name of the Student:.....

Index No:.....

**Department of Economics and Statistics
Faculty of Social Sciences and Languages
Sabaragamuwa University of Sri Lanka
P.O. Box 02
Belihuloya**

INSTRUCTIONS

- Students should be trained under the supervision of a senior officer of the organization (Training Supervisor) in the place where they are being trained.
- A full report of the job done by the student must be documented in the Practical Training Record Book by themselves at the end of each day. Students will receive a Training Record Book, which should be filled regularly and maintained neatly (During the training period, Pages 1-18).
- The training supervisor of the training organization or his/her authorized representative needs to be certified in the training records (During the training period, pages 1-18).
- The training supervisor must fill in any further suggestions, comments, or feedback related to practical training (Page 19).
- A brief explanation of difficulties experienced by students during practical training, as well as any ideas made to overcome, to be filled by students (Page 20).
- The training supervisor must offer a letter of certification and that is approved by the academic supervisor in order for the entire training process to be accepted (Page 21).

Note:

- The students are advised to complete a minimum of 60% attendance from the commencement of the practical training.
- The Training Record Book should be available whenever needed for the Dean of the Faculty of Social Science and Languages, Head of the Department, Coordinator/PTU, Subject Coordinator, Academic Supervisor, or Training Supervisor.
- After the minimum training period is completed, the student should fill in the training summary and hand over the Training Record Book to the Head of the Department/Coordinator of the Practical Training Unit.

IDENTIFICATION

1. I. Name in full :-.....

ii. Name with Initials :-.....

2. Registration Number :-.....

3. Year of Admission :-

4. Date of Birth :-

5. Private Address :-

6. Telephone Number :-

7. Academic Supervisor

i. Name :

ii. Designation :

iii. Telephone No :

8. Training Organization

i. Name of the Organization:-

ii. Official Address :-

Training Supervisor,

i. Name :

ii. Designation :

iii. Telephone No :

9. Date of the Commencement of Training :

10. Date of the Completion of Training :

.....
Signature of the
Academic Supervisor

.....
Signature of the
Training Supervisor
(Rubber stamp)

.....
Signature of the
Student

TRAINING RECORD

Date	Details of the Work Done	Time in Hours
.....	
Signature of the Training Supervisor		Signature of the Student
Rubber stamp		

TRAINING RECORD

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Rubber stamp		

REMARKS OF THE TRAINING SUPERVISOR

(To be filled by the Training Supervisor)

Remarks of the Training Supervisor:

.....
Signature of the Training Supervisor

Rubber stamp

PROBLEMS ENCOUNTERRED AND SUGGESTIONS

(To be filled by the student)

Any problem/s encountered in the training: -

The method/s of overcoming them;

.....
Signature of the Student

LETTER OF CERTIFICATION

The foregoing is a true record of training acquired by the student

Mr./Mrs./Miss.....

.....

Date

.....

Signature of the Training Supervisor

Rubber stamp:

I hereby certify that Mr./Mrs. Miss

of Bachelor of Arts Honors in Degree programme has
successfully completed a four month practical training.

.....

Date

.....

Signature of the Academic Supervisor

Number of Contacts of Student with the Academic Supervisor

Date	Description	Signature of the Academic Supervisor