Form – 1A   **PARTICIPANT'S FEEDBACK**   *Date:*

(for EXECUTIVES only)

Programme Coordinator to obtain feedback from every participant and keep in Programme File.

NAME OF TRAINING INSTITUTE :

Program Name :		**Program Code (if any) :**		
		Program Dates :	*From*	*To*
Venue :		**Residential Status :**	*Residential* ☐	*Non-Residential* ☐

(Please take a few minutes to think about the entire program, and give your comments)

A. COURSE EVALUATION: *Please ☑ tick any one in each box*

A1	**Has Programme contributed** to enhance your knowledge and skills?	*Very High* **(5)** ☐	*Quite High* **(4)** ☐	*Average* **(3)** ☐	*Uncertain* **(2)** ☐	*No* **(1)** ☐
A2	How was the **coverage and content** of the Program?	*Excellent* **(5)** ☐	*Very Good* **(4)** ☐	*Good* **(3)** ☐	*Average* **(2)** ☐	*Below Average* **(1)** ☐
A3	How do you find **classroom / infrastructure** arrangements of the Programme?	*Excellent* **(5)** ☐	*Very Good* **(4)** ☐	*Good* **(3)** ☐	*Average* **(2)** ☐	*Below Average* **(1)** ☐
A4	How do you find **hostel arrangement** of the programme?	*Excellent* **(5)** ☐	*Very Good* **(4)** ☐	*Good* **(3)** ☐	*Average* **(2)** ☐	*Below Average* **(1)** ☐

B. FACULTY EVALUATION :   Please evaluate each faculty on the Scale of 05 to 01

Excellent – 5	**Very Good – 4**	**Good – 3**	**Average – 2**	**Poor - 1**

in the box ☐ *against the name and parameters of faculty.*

	Faculty's Name	Name of Topic	*Nos. of Sessions Taken*	Subject Knowledge	Coverage	Communi-cation abilities	Total
1				☐	☐	☐	☐
2				☐	☐	☐	☐
3				☐	☐	☐	☐
4				☐	☐	☐	☐
5				☐	☐	☐	☐
6				☐	☐	☐	☐
7				☐	☐	☐	☐
8				☐	☐	☐	☐
9				☐	☐	☐	☐
10				☐	☐	☐	☐
11				☐	☐	☐	☐
12				☐	☐	☐	☐

Faculty Evaluation may continue overleaf (if required)

C. YOUR SPECIAL COMMENTS   *(Continue overleaf, if required)*

About the Program :	
Suggestions for future	

Participant's Profile :

Name :		EIS :								DESIG.:	
Place of Posting :		e-mail Address :									
Contact Number	(Mobile) :				(Office)						

Participant's signature