

 ISO 9001:2000 Clause 6.2.2	TCIL		TCIL-QPM-6.2.2-F-04.03								
	TRAINING FEEDBACK FORM (External Training)				Page 1 of 2						
	Course Name			Approved by MR							
	Start Date		End Date		Rev:03						
	Venue			Date: 28th Sep 2006							
EMPLOYEE NAME		DESIGNATION	EMPLOYEE NO.		DIVISION						
EMPLOYEE EMAIL ID											
1. Overall, how would you rate this course		Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>									
2. Rate your Knowledge and Skill level (please tick)		Before the Course									
		1	2	3	4	5	6	7	8	9	10
		Low High									
		After the Course									
		1	2	3	4	5	6	7	8	9	10
		Low High									
3. Rating of Instructor											
a. Presentations		Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>									
b. Knowledge & command of Subject		Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>									
c. Use of training aids		Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>									
d. Open Exchange of Ideas, participation & group interaction		Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>									
4. Evaluation of the course											
a. Was the training relevant to your job profile ?		Not at all <input type="checkbox"/> Some Extent <input type="checkbox"/> Great Extent <input type="checkbox"/> Fully <input type="checkbox"/>									
b. Practical coverage of the Subject?		Not at all <input type="checkbox"/> Some Extent <input type="checkbox"/> Great Extent <input type="checkbox"/> Fully <input type="checkbox"/>									
c. Will you be able to put learning into practice ?		Not at all <input type="checkbox"/> Some Extent <input type="checkbox"/> Great Extent <input type="checkbox"/> Fully <input type="checkbox"/>									
d. The training was in conformity with the training need identified.		Not at all <input type="checkbox"/> Some Extent <input type="checkbox"/> Great Extent <input type="checkbox"/> Fully <input type="checkbox"/>									
e. Was the environment of training suitable for learning?		Not at all <input type="checkbox"/> Some Extent <input type="checkbox"/> Great Extent <input type="checkbox"/> Fully <input type="checkbox"/>									
5. a. The duration of Training Program was adequate?		Short <input type="checkbox"/> Long <input type="checkbox"/> Enough <input type="checkbox"/>									
b. If not enough please suggest		<hr/> <hr/> <hr/>									



ISO 9001:2000
Clause 6.2.2

TCIL

TRAINING FEEDBACK FORM (External Training)

**Course
Name**

Start Date

End Date

Venue

TCIL-QPM-6.2.2-F-04.03

Page 2 of 2

Approved by MR

Rev:03

Date: 28th Sep 2006

EMPLOYEE NAME

DESIGNATION

EMPLOYEE NO.

DIVISION

6. Any more topic you are interested is relevant for your job profile:

7. Strong Points Of The Course:

8. Weak Points Of The Course:

9. Additional information/topics you would like to have covered in the Course:

10. Other Comments/Recommendations on Course if any:

Date:

Signature