

## Training Feedback Form – PMKVY

Name of Training Provider			
Trainee Name:		Training Center Name:	
Job Role Enrolled:		Center ID:	
Training Start Date:		Batch Id:	
Trainer's name:		Student Enrolment No:	

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Was the training done as per the training programme?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was the Centre well equipped?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were all the topics in each NOS properly covered?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was Training Material and Workbooks provided?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the training conducted in a language understood by you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was adequate practical/onsite training conducted?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was adequate time provided for questions and discussion?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was the assessment conducted in cordial manner?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were you able to understand the questions asked during viva? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did the assessor check your ID Proof?                       | <input type="checkbox"/> | <input type="checkbox"/> |

DATE: 22/12/2015

Signature of Candidate

THANK YOU FOR YOUR PARTICIPATION