

FEEDBACK FORM-Training Provider/Centre Incharge

Title of training course (Job Role):

Name Of Training Provider :

Date: _____ Location: _____

Batch ID : _____ Batch Strength : _____ No. Assessed : _____

- | | YES | NO |
|---|-----------------------|-----------------------|
| 1. Did the assessor arrive on time? | <input type="radio"/> | <input type="radio"/> |
| 2. Did you check the assessor id? | <input type="radio"/> | <input type="radio"/> |
| 3. Did the assessor brief Candidates about assessment? | <input type="radio"/> | <input type="radio"/> |
| 4. Did the assessor check students ID Proof? | <input type="radio"/> | <input type="radio"/> |
| 5. Did the assessor check attendance register? | <input type="radio"/> | <input type="radio"/> |
| 6. Did the assessor ask questions in the language requested by TP? | <input type="radio"/> | <input type="radio"/> |
| 7. Did the assessor follow the procedure for conduct of assessment? | <input type="radio"/> | <input type="radio"/> |
| 8. Was the assessment recorded? | <input type="radio"/> | <input type="radio"/> |
| 9. Was the viva conducted in cordial manner? | <input type="radio"/> | <input type="radio"/> |
| 10. Was the assessment completed in a timely manner? | <input type="radio"/> | <input type="radio"/> |

DATE:

Signature Of TP/Centre Incharge:

THANK YOU FOR YOUR PARTICIPATION!