FEED BACK FORM FOR ITEC TRAINEES

1. Name of Institute :

2. Programme Title & Duration :

3. Personal particulars of the participant

Name	

Middle name	

Surname	

Sex	

	D	D	M	M	Y	Y	Y	Y
Date of Birth								

Nationality	

Address : Office	
Residence	

Tel No. Office	
Residence	

E-mail	

Mobile/Cell No.	

Employment Records:

Particulars of Position held	Year	Nature of Work

Details of course(s) attended by you

Institute (s)	

Course (s)	

Duration	

1) Your rating of the Course -

(a) Objectives of the programme:

5	**4**	**3**	**2**	**1**
(Excellent)	(Very Good)	(Good)	(Average)	(Below Average)

(b) Effectiveness of the topics/themes/activities :

Sl. No.	**Session Title and Speaker**	5 "Most Effective" to 1 "Least Effective"

		5	4	3	2	1
1						
2						
3						
4						
5						

(Pl add rows as required)

Suggestions, if any – topics to be included in the programme and specific suggestions for improving the programme:

i)	
ii)	
iii)	

2) Your rating of the facilities provided during the training :

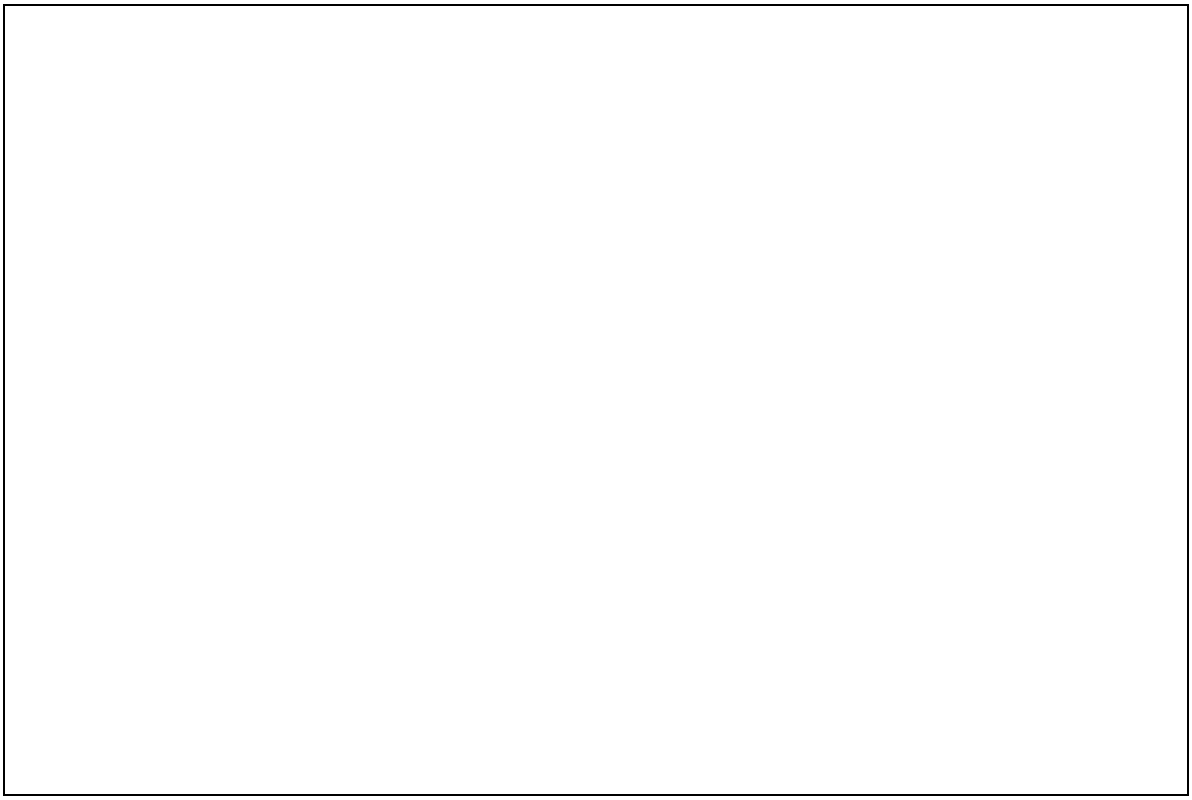
5	4	3	2	1
(Excellent)	(Very Good)	(Good)	(Average)	(Below Average)

Suggestions, if any – Food, Hostel/Hotel and other facilities

3) Your overall rating of the Institute :

5	4	3	2	1
(Excellent)	(Very Good)	(Good)	(Average)	(Below Average)

A brief assessment of the course and your stay in India (100 words)



Signature of Participant