

Directorate of Technical Education, UT, Chandigarh,

ICT Skill Training for Group A, B, C and D regular employees of Chandigarh Administration

Feedback Form

Name of Training Centre. _____ Name of Trainer _____

Batch No. _____ Regd./Enrolment No. _____

Name of Employee _____

Designation: _____ Group(A,B,C & D) _____

Department: _____

Mobile No.: _____ E-mail ID: _____

| Sr. No. | Please rate the Training on the following parameters | Average | Good | Very Good | Excellent |
|----------------|--|----------------|-------------|------------------|------------------|
| 1. | Objectives of the training were clearly defined | | | | |
| 2. | Participation and interaction were encouraging | | | | |
| 3. | The contents were organized and easy to follow | | | | |
| 4. | The materials distributed were helpful. | | | | |
| 5. | This training experience will be useful in my work. | | | | |
| 6. | The trainer was knowledgeable about the training topics. | | | | |
| 7. | The training objectives were met | | | | |
| 8. | Classroom environment encourages trainees to participate in class. | | | | |
| 9. | Practical classes are organized as per syllabus. | | | | |
| 10. | Independent systems are available in the lab | | | | |
| 11. | Lecture sequence was well planned | | | | |
| 12. | The time allotted for the training was sufficient | | | | |

Suggestion/ comments if any: _____

1. What did you like most about this training?
2. What aspects of this training could be improved?
3. Please share other comments or expand on previous responses.

Signature of employee

Thank you for your feedback