

1. Name, Designation and Place of Posting

2. Subject / nature of Training undergone

3. Dates & Venue

4. What do you think about the structure of the programme to meet the objectives?

Very well Structured
()

Well Structured
()

Not well Structured
()

5. (a) How useful this programme be to you immediately in your job?

Very useful
()

Quite useful
()

Of limited or no use
()

(b) If limited. or of no use, Why?

6. (a) How useful this programme is likely to be for the future jobs you may handle?

Very useful
()

Quite useful
()

Of limited or no use
()

(b) If limited or no use at all, Why?

7. How far have you been benefitted from interaction with the fellow participants in the Workshop?

Substantially
()

Considerably
()

Fairly
()

8. How far was the resource material relevant to the programme?

Extremely relevant
()

Considerably relevant
()

Fairly relevant
()

9. Name topics which were presented most effectively in order of preference

Topic

Speaker

- i. _____
- ii. _____
- iii. _____

10. Which topic(s) in your view need better presentation?

- i. _____
- ii. _____
- iii. _____
- iv. _____

11. If some topics were not useful, please comment why and improvements suggested?

12. Please mention any other topic(s) which you feel should have been covered.

- i. _____
- ii. _____
- iii. _____
- iv. _____

Name & Signature of the Participant

ASSESSMENT BY CONTROLLING OFFICER AFTER THREE MONTHS

Job assigned to employee	Learning from training applied by individual in day to day work	Improvement in Quality of service delivery	Further training requirement, if any

SIGNATURE OF CONTROLLING OFFICER

COUNTER SIGNED

RM / CC Head / GM (Personnel)