

FEEDBACK REPORT

(To be filled by Trainees on completion of specific type of training only)

Name of Trainee:

Course Name:

Course Duration:

Assessment Criteria	Grade				
	E	V	G	F	P
Quality of Handouts					
Teaching Methodology					
Effectiveness of Practical Training					
Training Infrastructure					
Trainer & Trainee Interaction					
Hostel & Mess Facility					

Note: Please indicate the grade along with percentage

E= Exceptional (80% & above), V= Very Good (70-79%), G = Good (60-69%), F= Fair (50-59%), P= Poor (below 50%)

Remarks / Suggestions if any:- _____

Date:

Sign of Trainee