UJVN Limited, Dehradun

Feedback Form

Name	of the program	me		:									
Venue	of the program	nme		:									
Duratio	on of the progr	amme		:									
Name	of the Trainer/	Organi	zation	:									
Please	$Tick(\sqrt{)}$												
1.	Explaining the subject matter & Presentation effectiveness by Faculty Members:												
	Excellent (5)	Very	Good	(4)	Good	d (3)	Satis	factory	(2)	Poor	(1)		
2.	Response to your queries & Problems:												
	Excellent (5)	llent (5) Very Good (4)			Good	d (3)	Satis	Satisfactory (2)			Poor (1)		
3.	Most Appreciable aspect of training:												
4.	How this training programme will be helpful to you in your work/job responsibilities?												
5.	Are you benefited from this training				g:	(a)	Yes		(b)	No			
6.	Do you consider, such training should be imparted to other employees:												
	(a) Yes	a) Yes (b		(b)	No								
7.	Your views about training arrangements e.g. LCD projector, setting arrangement, Tea/Lunch arrangement etc.												
	Excellent (5)	Very	Very Good (4)			Good (3)		Satisfactory (2)		Poor (1)			
8.	Rating on 1-10 scale, on the overall satisfaction you have with Training Programme. (Please tick)												
	Excellent	10	9	8	7	6	5	4	3	2	1	Poor	
9.	Suggestion(s) to make training more useful and effective, if any:-												
	Place:							Signature:					
	Date:						Name of Employee						
							Designation						