Training Feedback Form PMKVY-2.0

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| --- | --- | --- | --- |
| Trainee Name: |  | Training Centre Name: |  |
| Job Role Enrolled: |  | Center Id: |  |
| Training Start Date: |  | Batch Id : |  |
| Traines ‘S name: |  | Satudent Enrolment No: |  |

A) About Trainer and T raining (kindly tick one option )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Particulars | Strongiy  Agree | Agree | Disagree | Strongly  disagree |
| The Trainer is Knowledgeable |  |  |  |  |
| Adequate time is providgead for questions & discussion, and  Clearing doubts |  |  |  |  |
| The topics mentioned in the course outlione are taught in the  class |  |  |  |  |
| The trainer demonstrates the use of Tools &Equipment to  Conduct the training (if applicable) |  |  |  |  |
| Classes are conducted regularly and ontime |  |  |  |  |

B) About The Training Venue\_(Kindly tick one option )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Particulars | Excellent | Good | Average | poor |
| The Center and Labs/ Workshop in hygienic and safe |  |  |  |  |
| The Workshop/ Lab is good in terms of space, lighting and seating  arrangment |  |  |  |  |

C) Awareneess on PMKVY(Kindly tick one option )