



TCIL

TCIL-QPM-6.2.2-F-04.03

TRAINING FEEDBACK FORM (External Training)

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Course Name

Approved by MR

ISO 9001:2000
Clause 6.2.2

Start Date

End Date

Rev:03

Venue

Date: 28th Sep 2006

EMPLOYEE NAME

DESIGNATION

EMPLOYEE NO.

DIVISION

EMPLOYEE EMAIL ID

1. Overall, how would you rate this course

Poor Satisfactory Good Excellent

2. Rate your Knowledge and Skill level (please tick)

Before the Course

1 2 3 4 5 6 7 8 9 10

Low
High

After the Course

1 2 3 4 5 6 7 8 9 10

Low
High

3. Rating of Instructor

a. Presentations

Poor Satisfactory Good Excellent

b. Knowledge & command of Subject

Poor Satisfactory Good Excellent

c. Use of training aids

Poor Satisfactory Good Excellent

d. Open Exchange of Ideas, participation & group interaction

Poor Satisfactory Good Excellent

4. Evaluation of the course

a. Was the training relevant to your job profile ?

Not at all Some Extent Great Extent Fully

b. Practical coverage of the Subject?

Not at all Some Extent Great Extent Fully

c. Will you be able to put learning into practice ?

Not at all Some Extent Great Extent Fully

d. The training was in conformity with the training need identified.

Not at all Some Extent Great Extent Fully

e. Was the environment of training suitable for learning?

Not at all Some Extent Great Extent Fully

5. a. The duration of Training Program was adequate?

Short Long Enough

b. If not enough please suggest



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6. Any more topic you are interested is relevant for your job profile:

7. Strong Points Of The Course:

8. Weak Points Of The Course:

9. Additional information/topics you would like to have covered in the Course:

10. Other Comments/Recommendations on Course if any:

Date:

Signature