

	<b>Asia MotorWorks Ltd., Bhuj</b>	Doc No : HCV/TR/P04/F03
	<b>TRAINING DEPARTMENT</b>	Rev No: 00
	<b>NAME OF THE PROGRAM:- EXECUTIVE INDUCTION</b>	Issue Date: 3/09/2008
	<b>DOCUMENT TITLE:- FEEDBACK FORM-MM/YY</b>	Page No : 1

Name of the Participant(Optional):

Date : .....

Name of Training Co-ordinator(s) :

Venue : .....

### Training Feedback Form

(Please rate each session on a scale of 1 to 5 , 5 being the highest and 1 being the lowest)

(5-Excellent, 4-Very Good, 3-Good, 2-Satisfactory, 1-Lower)

Sessions/ Trainer	Content of Sessions (1 – 5 Scale)	Clarity of sessions (1-5 Scale)	Interaction with Participants ( 1-5 Scale)
<b>Session/ Trainer</b>			
Session / Trainer			
Session / Trainer			
Session / Trainer			
Session / Trainer			

Three Good things you liked about the programme.

1.-----

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2.-----

3.-----

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Three things you have not liked about the programme.

1.-----

2.-----

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3.-----

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Any other suggestion(s)

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