



Feedback Format for Training Institute

(to be filled by the Training Institute before taking Printout)

Topic of the Skill Based Program : _____

Area : _____ Agriculture/ Horticulture/Sericulture/Other (pl Specify)

Duration : _____

Location of Program : Place _____ District _____

Training Institute : _____

Coordinator (Name with Phone Number) : _____

EVALUATION

(to be filled in by the participants)

Kindly provide your feedback on your overall impression about the program covering its effectiveness, quality of lectures and boarding/lodging arrangements made on a scale of 1 – 10, as described below (tick the box as per your feedback) –

9 – 10	Outstanding	<input type="checkbox"/>
7 – 8	Very Good	<input type="checkbox"/>
5 – 6	Good	<input type="checkbox"/>
3 – 4	Average	<input type="checkbox"/>
1 – 2	Poor	<input type="checkbox"/>

You are also requested to provide suggestions to improve the programs –
