

### Training Attendance Sheet

Name of Training: MS Office Training				Name of trainer : NIIT		
Training Location : Kolkata				Date : 7th - 9th May 2015		
Sl.No.	Name of Participant	Emp ID	Department	Signature		
				07-05-2015	08-05-2015	09-05-2015
1	Ullas Kumar Nayak	1122	Sales/SR	Ullas	Ullas	
2	Sital Deb Roy	791	Sales	Sital D.	Sital D.	Sital D.
3	Satish Babu Dasgupta	921	Sales/SR	Satish	Satish	
4	PRAMOD RAO	435	SAS	Pramol	Pramol	Pramol
5	Samkesh Chatterjee	210	SAS	Samkesh	Samkesh	
6	Subhasish Chakrabarti	1126	CS	Subhasish	Subhasish	Subhasish
7	Chayan Mazumdar	335	CS	Chayan	Chayan	Chayan
8	Aritha Dolui	908	FP	Aritha	Aritha	Aritha
9	Rajula Saha	634	CS	Rajula	Rajula	Rajula
10	Sudipta Chakrabarti	1035	CS	Sudipta	Sudipta	Sudipta
11	ABHISHANT GAURAV	RO65	CS	Abhisant	Abhisant	Abhisant
12	Ashutosh Mohapatra	1025	Sales/FW	Ashutosh	Ashutosh	Ashutosh
13	Abhijit Saha	1054	CS	Abhijit	Abhijit	Abhijit
14	Maitray Ghosh	RO20	SAS	Maitray	Maitray	Maitray
15	Samkesh Chatterjee	210	SAS	Samkesh	Samkesh	
16	<del>Subhasish Chakrabarti</del>	<del>1126</del>	<del>CS</del>	<del>Subhasish</del>	<del>Subhasish</del>	<del>Subhasish</del>
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Training, Date, Place

Participant(optional) SUDIPTA CHAKRABORTY department CS EC No 1035

We depend on your feedback, as this will help us to improve. Therefore, we kindly ask you to complete this form and return it to us.

- 3A Significantly exceeds expectations (outstanding)
- AA Exceeds expectations
- A Meets expectations
- B Barely meets expectations
- C Fails to meet expectations
- D Significantly below expectations (poor)

My expectations have been fulfilled.  Yes  No  
I will be able to apply what I have learned.  Yes  No

How would you evaluate the following...

...overall satisfaction	D	C	B	A	AA	3A
How satisfied are you with the training attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the trainer	D	C	B	A	AA	3A
Professional competence as a trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of the trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were questions answered to your satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the training	D	C	B	A	AA	3A
Contents / topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mix between theory and practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training material / practical use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration / Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

...the organisation

Training administration

Room / Infrastructure

D	C	B	A	AA	3A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What did you like about the training?

- Comfortable learning zone.
- Theory & practical both are combine.

Ideas & suggestions for improvement:

- Time duration too long.

Would you recommend this course to others?  Yes  No

If no, why not:

Feedback/notes:

Place KOIKATA

Date attended:

Training, Date, Place

07/05/15

08/05/15

09/05/15

Participant(optional) SUBHASTHA WDSH department CS EC No

1126

We depend on your feedback, as this will help us to improve. Therefore, we kindly ask you to complete this form and return it to us.

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...overall satisfaction

	D	C	B	A	AA	3A
How satisfied are you with the training attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

...the trainer

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...the training

	D	C	B	A	AA	3A
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...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

Ans > Some new things I have learned and also some simplest way to do some work on MS-Excel.

Ideas & suggestions for improvement:

Performance test has to be there after completion the training course.

Would you recommend this course to others?  Yes  No

If no, why not:

Feedback/notes:

I am very much satisfied with the training.

Training, Date, Place M-S office training (07.05.2015 to 9.05.2015)  
 Participant(optional) Abhijit Saha department CS EC No 1054

We depend on your feedback, as this will help us to improve. Therefore, we kindly ask you to complete this form and return it to us.

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...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

During training I am getting a knowledge about ~~the~~  
ms-office and powerpoint which will uprise  
me future.

Ideas & suggestions for improvement:

Would you recommend this course to others?

Yes

No

If no, why not:

Feedback/notes:

*Edwin*

MS office, Powerpoint.  
 Date: - 09/05/14, place - Kolkata.

Training, Date, Place

Participant(optional) Rajib Saha department RC EC No 634

We depend on your feedback, as this will help us to improve. Therefore, we kindly ask you to complete this form and return it to us.

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 I will be able to apply what I have learned.  Yes  No

How would you evaluate the following...

**...overall satisfaction**

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How satisfied are you with the training attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**...the trainer**

	D	C	B	A	AA	3A
Professional competence as a trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Presentation and communication skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**...the training**

	D	C	B	A	AA	3A
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...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

*Very comfortable to share something  
what I understood from Training*

Ideas & suggestions for improvement:

*want study materials for further use*

Would you recommend this course to others?

Yes

No

If no, why not:

Feedback/notes:

*Training Course was very good  
Content wise*

MS/Office — 07/05/15 to 09/05/15 — Hotel Sapphire Swires Kolkata

Training, Date, Place

Participant(optional) Anitra Dahi department FF EC No 908

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 I will be able to apply what I have learned.  Yes  No

How would you evaluate the following...

**...overall satisfaction**

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How satisfied are you with the training attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**...the trainer**

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**...the training**

	D	C	B	A	AA	3A
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...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

- a) Formulas of Excel
- b) Column chart of Excel

Ideas & suggestions for improvement:

Daily Training hours should be less.

Would you recommend this course to others?

Yes

No

If no, why not:

Feedback/notes:

Training, Date, Place MS office, 7th to 9th May 2015, Kolkata.

Participant(optional) Ashutosh Mohapatra department FU(Sales) EC No 1025

We depend on your feedback, as this will help us to improve. Therefore, we kindly ask you to complete this form and return it to us.

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**...overall satisfaction**

	D	C	B	A	AA	3A
How satisfied are you with the training attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**...the trainer**

	D	C	B	A	AA	3A
Professional competence as a trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**...the training**

	D	C	B	A	AA	3A
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...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

The training helped to know the basics of proper utilization & effective implementation in our day to day office tools.

Ideas & suggestions for improvement:

kindly provide some handouts or precise study material for future reference.

Would you recommend this course to others?

Yes

No

If no, why not:

Feedback/notes:

MS office 7/5 to 9/5/2015

Training, Date, Place

Participant(optional) Chaya Manuella department CS EC No 335

We depend on your feedback, as this will help us to improve. Therefore, we kindly ask you to complete this form and return it to us.

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**...the trainer**

	D	C	B	A	AA	3A
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**...the training**

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...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

Formula of Brect  
PPT

Ideas & suggestions for improvement:

need Study Material.

Would you recommend this course to others?

Yes  No

If no, why not:

Capindan

Feedback/notes:

Microsoft Office Training  
09/05/2015

Training, Date, Place

Participant (optional) William K. Noyes department Sales EC No 2211

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...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

\* Concept got cleared, Had also spot practice on Lappy.  
\* Will never face any confusion regarding presentation, Steel preparation.

Ideas & suggestions for improvement:

Would you recommend this course to others?

Yes

No

If no, why not:

Feedback/notes:

All was extremely meets to all the needs very best on my knowledge

ms office training  
 Training, Date, Place 9/05/15, Kolkata  
 Participant(optional) Sibak Deb Roy department Sales EC No 791

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...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

*The course structure was exactly what is required in our office work*

Ideas & suggestions for improvement:

*Course material should be distributed on the topics covered so that one can refer the same when required.*

Would you recommend this course to others?

Yes

No

If no, why not:

Feedback/notes:

Training, Date, Place MS OFFICE 07.05.2015 to 09.05.2015 Kolkata  
 Participant(optional) PRAMOD RAO department GM EC No 435

We depend on your feedback, as this will help us to improve. Therefore, we kindly ask you to complete this form and return it to us.

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...overall satisfaction	D	C	B	A	AA	3A
How satisfied are you with the training attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>...the trainer</b>	D	C	B	A	AA	3A
Professional competence as a trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of the trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were questions answered to your satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>...the training</b>	D	C	B	A	AA	3A
Contents / topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mix between theory and practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training material / practical use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration / Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

*The details in Microsoft Excel*

Ideas & suggestions for improvement:

Would you recommend this course to others?

Yes

No

If no, why not:

Feedback/notes:

Training, Date, Place Microsoft 09/05/15, Kolkata

Participant(optional) Abhishek Ghosh department CS EC No R065

We depend on your feedback, as this will help us to improve. Therefore, we kindly ask you to complete this form and return it to us.

- 3A Significantly exceeds expectations (outstanding)
- AA Exceeds expectations
- A Meets expectations
- B Barely meets expectations
- C Fails to meet expectations
- D Significantly below expectations (poor)

My expectations have been fulfilled.  Yes  No  
I will be able to apply what I have learned.  Yes  No

How would you evaluate the following...

**...overall satisfaction**

	D	C	B	A	AA	3A
How satisfied are you with the training attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**...the trainer**

	D	C	B	A	AA	3A
Professional competence as a trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of the trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were questions answered to your satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**...the training**

	D	C	B	A	AA	3A
Contents / topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mix between theory and practice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training material / practical use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration / Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

...the organisation

Training administration

Room / Infrastructure

D	C	B	A	AA	3A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What did you like about the training?

*Concept was good!*

Ideas & suggestions for improvement:

Would you recommend this course to others?

Yes

No

If no, why not:

Feedback/notes:

Training, Date, Place MS OFFICE, 07.05.15 to 09.05.15, Kolkata.

Participant(optional) Sukhen Banerjee, department SR EC No 921

We depend on your feedback, as this will help us to improve. Therefore, we kindly ask you to complete this form and return it to us.

- 3A Significantly exceeds expectations (outstanding)
- AA Exceeds expectations
- A Meets expectations
- B Barely meets expectations
- C Fails to meet expectations
- D Significantly below expectations (poor)

My expectations have been fulfilled.  Yes  No  
I will be able to apply what I have learned.  Yes  No

How would you evaluate the following...

**...overall satisfaction**

	D	C	B	A	AA	3A
How satisfied are you with the training attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**...the trainer**

	D	C	B	A	AA	3A
Professional competence as a trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preparation of the trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were questions answered to your satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**...the training**

	D	C	B	A	AA	3A
Contents / topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mix between theory and practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Training material / practical use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duration / Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

MS Excel practical use learned. I will be able to apply in my daily jobs what I have learned from this training.

Ideas & suggestions for improvement:

- ① Request for brush up programme yearly basis.
- ② Request for Advance programme for sales team.

Would you recommend this course to others?

Yes

No

If no, why not:

Feedback/notes:

Training, Date, Place MS office - 07/05 - 09/05, 1st floor  
 Participant (optional) Samir Chatterjee department SAS EC No 210

We depend on your feedback, as this will help us to improve. Therefore, we kindly ask you to complete this form and return it to us.

- 3A Significantly exceeds expectations (outstanding)
- AA Exceeds expectations
- A Meets expectations
- B Barely meets expectations
- C Fails to meet expectations
- D Significantly below expectations (poor)

My expectations have been fulfilled.  Yes  No  
 I will be able to apply what I have learned.  Yes  No

How would you evaluate the following...

...	D	C	B	A	AA	3A
<b>...overall satisfaction</b>						
How satisfied are you with the training attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>...the trainer</b>						
Professional competence as a trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preparation of the trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were questions answered to your satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>...the training</b>						
Contents / topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mix between theory and practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Training material / practical use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration / Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

*hands on experience. practical application.*

Ideas & suggestions for improvement:

*Some training material like CD / pen drive /  
Printouts*

Would you recommend this course to others?

Yes

No

If no, why not:

Feedback/notes:

*Overall a good experience*

*[Signature]*

Training, Date, Place MS Office, 07.05.2015 to 09.05.2015, Kolkata

Participant(optional) Maitunjoy Ghosh department SAC EC No R020

We depend on your feedback, as this will help us to improve. Therefore, we kindly ask you to complete this form and return it to us.

- 3A Significantly exceeds expectations (outstanding)
- AA Exceeds expectations
- A Meets expectations
- B Barely meets expectations
- C Fails to meet expectations
- D Significantly below expectations (poor)

My expectations have been fulfilled.  Yes  No  
I will be able to apply what I have learned.  Yes  No

How would you evaluate the following...

...overall satisfaction	D	C	B	A	AA	3A
How satisfied are you with the training attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the trainer						
Professional competence as a trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of the trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were questions answered to your satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...the training						
Contents / topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mix between theory and practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training material / practical use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration / Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

...the organisation

D C B A AA 3A

Training administration

Room / Infrastructure

What did you like about the training?

In this training I have learned few more thing which will help to update the report.

Ideas & suggestions for improvement:

Would you recommend this course to others?  Yes  No

If no, why not:

Feedback/notes:

