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| **Training Feedback Report to be submitted by the participants to the Head of the Department/HRDC** |
| 1 | Name of the participating Officer  |  |
| 2 | Designation |  |
| 3 | Place of working  |  |
| 4 | Mobile Number & Email Address  |  |
| 5 | Name of the Training  |  |
| 6 | Name of the Training Institute  |  |
| 7 | Period of the Training  |  |
| 8 | Venue of the Training  |  |
| 9 | Training Contents/Important Features  |  |
| 10 | Training Evaluation  |  |
|  |  a) | Contents |  |
|  | b) | Methodology |  |
|  | c) | Course Material  |  |
|  | d) | Faculty members |  |
| 11 | Learning’s/Take always from the Training  |  |
| 12 | Observations during the Training Period  |  |
| 13 | How do I make use of learning/take always in the workplace |  |

 Signature