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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