

CONFIDENTIAL**FEED-BACK**

(To be filled by the trainee during the Training Programme and given to Organizing Institution at the end in a sealed envelope)

S. No.	Particulars	
1.	Name & Address of the Institution:	
2.	Name of the Training programme	
3.	Duration of the Training Programme	From To
4.	Number of trainees attended	
5.	Usefulness of the programme	Very Useful/Useful/Not relevant
6.	Infrastructure available in the Institution: (in the concerned department of in which CME is conducted):	
7.	Venue of the programme (details of Hall, Ventilation, Lighting etc):	
8.	Use of Audio -visual aids, whether sufficient	
9.	Whether time schedule followed	
10.	Whether practical demonstrations conducted /hands- on training provided (where so ever applicable):	
11.	Assessment of Resource Persons	

S. N.	Name of Faculty/ Resource Persons	Relevance of the Topic & Subject matter	Quality of delivery/ Presentation Scores (0-10)	Applicability	Any new information given	Overall assessment of the Faculty Scores (0-10)
i)						
ii)						
iii)						
iv)						
v)						
vi)						
vii)						
viii)						
ix)						
x)						
xi)						
xii)						

Any specific comments/ suggestions on faculty, presentations etc.:	
12. Facilities for stay and other amenities	
13. Shortcomings, if any:	
14. Any suggestions to be incorporated for future training programme	
15. Overall assessment of course/programme (Excellent/Very Good/ Good/Average /Poor):	
16. knowledge has enhanced after attending the programme	Yes/No.

Signature of the Trainee.....

Name

Full Postal Address.....

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E-mail:

Phone/Mobile:

Note: Any trainee may send in addition to submitting a copy of filled in Feedback Form to the organizing institution, any comment/suggestion directly to the Director, Rashtriya Ayurveda Vidyapeeth, Dhanvantari Bhawan, Road No.66, Punjabi Bagh (West), New Delhi-110026 by post or by E-mail to: ravidyapeethdelhi@gmail.com