

पंडित दीनदयाल उपाध्याय राष्ट्रीय सामाजिक सुरक्षा अकादमी
PANDIT DEENDAYAL UPADHYAYA NATIONAL ACADEMY of SOCIAL SECURITY
कर्मचारी भविष्य निधि संगठन एवं श्रम मंत्रालय भारत सरकार
Employees' Provident Fund Organisation (Ministry of Labour, Govt. of India)
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FEEDBACK REPORT

| | |
|------------------------------|---|
| NAME OF THE PROGRAMME | : |
| DURATION | : |
| COURSE DIRECTOR | : |

Directions: Please TICK (✓) in the box, which most closely describes your reactions to the training course you have just attended. Your feedback is important to NATRSS as we continually strive to reach total customer satisfaction. Thanks very much for your participation.

| S.No | Question | Strongly Agree | Agree | Can't Say | Disagree | Strongly disagree |
|------|--|----------------|-------|--------------|----------|-------------------|
| 1. | The course content met my expectation. | | | | | |
| 2. | I had the knowledge and skills I needed to effectively participate in the course. | | | | | |
| 3. | The course has increased my capabilities of performing current job. | | | | | |
| 4. | The course has increased my capability of performing future job. | | | | | |
| 5. | The course was taught in a logical sequence. | | | | | |
| 6. | The course material in terms of content was adequate. | | | | | |
| 7. | The course material was easy to read and understand. | | | | | |
| 8. | The Hostel facilities were upto the required level (stay arrangements, lighting, air etc.) | | | | | |
| 9. | The food / meal provided by the academy was hygienic and of good quality. | | | | | |
| 10. | | Too early | Early | Just in time | Late | Too late |
| | With respect to my training needs, the course was available to me. | | | | | |
| 11. | | Too long | Long | Appropriate | Short | Too Short |
| | The course duration was | | | | | |

12. The extent to which course objectives were met

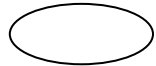
| S.No | Objective | Fully | Partially | Marginally | Not at all |
|------|-----------|-------|-----------|------------|------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

13. Faculty Evaluation [Please give marks in each category given below from 1 to 10 (minimum to maximum)]

| S.No. | Name of the Faculty | Knowledge of the subject | Presentation skill | Ability to encourage participation | Handling participants question | Pace of instruction |
|-------|---------------------|--------------------------|--------------------|------------------------------------|--------------------------------|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |

| | | | | | | |
|----|--|--|--|--|--|--|
| 3 | | | | | | |
| 4 | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

14. Coordination Grade for Course Director _____ (0 to 10: minimum to maximum)



15. General observations:

A. What do you feel should be changed to make the course more useful?

i) What part(s) of the course do you feel need to be expanded?

ii) What area(s) do you feel need to be removed?

B. Two specific learnings from the course that you will apply in your work place

(i)

(ii)

C. Any other observations:

Name (Optional):