

**Advance Excel Workshop for Lenexis Foodworks Pvt. Ltd.**  
(2 days)



Date: 15th & 16th Jan 2020

Facilitator: Sanjay Kumar Shah

Timing: 09:30 am to 5:30 pm

Sl no.	Employee code	Participant's Name	Designation	Email Id	Mob No.	15-Jan-20	16-Jan-20
1	51228	SIDDHESH LAKHAN	AM-HR	siddhesh.lakhan@lenexis.in	9702154735	<i>[Signature]</i>	<i>[Signature]</i>
2	51228	Nirav Amern	DM-HR	nirav.amern@lenexis.in	9872222870	<i>[Signature]</i>	<i>[Signature]</i>
3	51636	M.K. ARIFF	Mgt-STRATEG	mahd.arif@lenexis.in	8522061113	<i>[Signature]</i>	<i>[Signature]</i>
4	50268	Shubhmath.K.Patel	Dy.mgr.scm	shubhmath.patel@lenexis.in	9892059438	<i>[Signature]</i>	<i>[Signature]</i>
5	50046	Sayyed Razaali	Trainer	raza.ali@lenexis.in	9833964569	<i>[Signature]</i>	<i>[Signature]</i>
6	51321	Mehibiraj Patel	Cluster Mgr	mehibiraj.patel@lenexis.in	9773111448	<i>[Signature]</i>	<i>[Signature]</i>
7	50554	Surendra Bowane	HR	surendra.bowane@lenexis.in	8793389953	<i>[Signature]</i>	<i>[Signature]</i>
8	52082	Ameya Karve	HR	ameya.karve@lenexis.in	9326208009	<i>[Signature]</i>	<i>[Signature]</i>
9	53089	Ishwar Bansode	Accounts	ishwar.bansode@lenexis.in	9773033284	<i>[Signature]</i>	<i>[Signature]</i>
10	53289	Sanjay Ingale	Accounts	sanjay.ingale@lenexis.in	9773562671	<i>[Signature]</i>	<i>[Signature]</i>
11	53014	Amit Gupta	IT	amit.gupta@lenexis.in	7678092888	<i>[Signature]</i>	<i>[Signature]</i>
12	51049	Pushma Pulligan	Training	pushma917@gmail.in	9503304796	<i>[Signature]</i>	<i>[Signature]</i>
13	52147	Rahul Hajarnavis	Production	rahul.hajarnavis@lenexis.in	9820246222	<i>[Signature]</i>	<i>[Signature]</i>
14	50186	Aashish P. Dharmnaskar	Accounts	aashish.dharmnaskar@lenexis.in	9821254541	<i>[Signature]</i>	<i>[Signature]</i>
15	50390	Dumer Negi	Accounts	dumer.negi@lenexis.in	8097802105	<i>[Signature]</i>	<i>[Signature]</i>
16	52477	Amey Srivastava	Area Man.	Amey.Srivastava@lenexis.in	7506452187	<i>[Signature]</i>	<i>[Signature]</i>
17	52107	Radhakrishna Sah	operation	radhakrishna.sah@lenexis.in	976555524	<i>[Signature]</i>	<i>[Signature]</i>
18	51379	Dilip P. Pandey	operation	Dilip.pandey@lenexis.in	9930603310	<i>[Signature]</i>	<i>[Signature]</i>
19	51476	Mahd. Arif	op/R.S.	mahd.arif@lenexis.in	8522061113	<i>[Signature]</i>	<i>[Signature]</i>
20	50788	Shubhmath.K.Patel	scm	shubhmath.patel@lenexis.in	9892059438	<i>[Signature]</i>	<i>[Signature]</i>
21	50046	Sayyed Razaali	Trainer	raza.ali@lenexis.in	9833964569	<i>[Signature]</i>	<i>[Signature]</i>
22	51321	Mehibiraj Patel	Cluster Mgr	mehibiraj.patel@lenexis.in	9773111448	<i>[Signature]</i>	<i>[Signature]</i>
23	53089	Ishwar Bansode	Exec./Acc	ishwar.bansode@lenexis.in	9773033284	<i>[Signature]</i>	<i>[Signature]</i>
24	51379	Dilip P.				<i>[Signature]</i>	<i>[Signature]</i>

email: contactus@marstraining.in/ rashidraj97@gmail.com, website: www.marstraining.in, Voice: +91 9870259245

## TRAINING FEEDBACK

PAX NAME:	Ishwar Bansode	EMP CODE:	53089			
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	ishwar.bansode@lenexis.in			
		MOB:	9773033284			
FACILITATOR NAME	Sanjay Kumar Shah	DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020			
PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	

To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Facilitator	1	2	3	4	5	Specific points for action, if any
FACILITATOR EFFECTIVENESS	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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### TRAINING FEEDBACK

<b>PAX NAME:</b>	SIDDHESH V LAKHAN	<b>EMP CODE:</b>				
<b>SUBJECT/CLIENT:</b>	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	<b>Email:</b>	Siddhesh.lakhan@lenexis.in			
<b>FACILITATOR NAME</b>	Sanjay Kumar Shah	<b>MOB:</b>	9702154735			
		<b>DATE:</b>	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020			
<b>PROGRAM EFFECTIVENESS</b>	1	2	3	4	5	Specific points for action, if any
	Low				High	

To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<b>Facilitator</b>	1	2	3	4	5	Specific points for action, if any
<b>FACILITATOR EFFECTIVENESS</b>	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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## TRAINING FEEDBACK

PAX NAME:	<i>Dilip Pandey</i>	EMP CODE:	<i>ST 379</i>
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	<i>Pandeydilip10@gmail.com</i>
FACILITATOR NAME	Sanjay Kumar Shah	MOB:	<i>18/06/1989</i>
		DATE:	<i>15<sup>th</sup> &amp; 16<sup>th</sup> Jan 2020</i>

PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low High					
To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Facilitator	1	2	3	4	5	Specific points for action, if any
	Low High					
FACILITATOR EFFECTIVENESS						
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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### TRAINING FEEDBACK

PAX NAME:	Radhakrishna Sahu	EMP CODE:	52637			
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:				
		MOB:	9768558528			
FACILITATOR NAME	Sanjay Kumar Shah	DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020			
PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	

To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Facilitator	1	2	3	4	5	Specific points for action, if any
FACILITATOR EFFECTIVENESS	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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## TRAINING FEEDBACK

PAX NAME:	Dumer Negi	EMP CODE:	50390
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	dumer.negi@lenexis.in
		MOB:	8097802105
FACILITATOR NAME	Sanjay Kumar Shah	DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020

PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	

To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Facilitator	1	2	3	4	5	Specific points for action, if any
FACILITATOR EFFECTIVENESS	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Style and delivery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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## TRAINING FEEDBACK

PAX NAME:	<i>Patel Mohanbhai</i>	EMP CODE:	<i>ST 321</i>			
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:				
FACILITATOR NAME	Sanjay Kumar Shah	MOB:				
		DATE:	<i>15<sup>th</sup> &amp; 16<sup>th</sup> Jan 2020</i>			
PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	

To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facilitator	1	2	3	4	5	Specific points for action, if any
FACILITATOR EFFECTIVENESS	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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### TRAINING FEEDBACK

PAX NAME:	Mohd Khuwaja Arif	EMP CODE:	51636			
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	Mohd. Arif @ Lenexis.in			
		MOB:	8527861113			
FACILITATOR NAME	Sanjay Kumar Shah	DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020			
PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	

To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Facilitator	1	2	3	4	5	Specific points for action, if any
FACILITATOR EFFECTIVENESS	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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### TRAINING FEEDBACK

PAX NAME:	<u>Ameya Karve</u>	EMP CODE:	<u>52082</u>
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	<u>ameya.karve@lenexis.in</u>
		MOB:	<u>9326208009</u>
FACILITATOR NAME	Sanjay Kumar Shah	DATE:	<u>15<sup>th</sup> &amp; 16<sup>th</sup> Jan 2020</u>

PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	

To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Facilitator	1	2	3	4	5	Specific points for action, if any
	Low				High	

Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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# TRAINING FEEDBACK

PAX NAME:	<u>Shobhnath K. Patel</u>	EMP CODE:	<u>50388</u>
SUBJECT/CLIENT:	<u>Advance Excel/ Lenexis Foodworks Pvt. Ltd.</u>	Email:	<u>Shobhnath.P@lenexis.in</u>
FACILITATOR NAME	<u>Sanjay Kumar Shah</u>	MOB:	<u>9892059438</u>
		DATE:	<u>15<sup>th</sup> &amp; 16<sup>th</sup> Jan 2020</u>

PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low <span style="float: right;">High</span>					
To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

FACILITATOR EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low <span style="float: right;">High</span>					
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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# TRAINING FEEDBACK

PAX NAME:	Surendra Bawane.	EMP CODE:	50554
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	Surendra.bawane@lenexis.in
FACILITATOR NAME	Sanjay Kumar Shah	MOB:	8793308953
		DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020

PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	
To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Facilitator	1	2	3	4	5	Specific points for action, if any
	Low				High	
FACILITATOR EFFECTIVENESS						
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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### TRAINING FEEDBACK

PAX NAME:	Aashish R. Dhamanaskar	EMP CODE:	50186			
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	aashish.dhamanaskar@lenexis.in			
		MOB:	9821254541			
FACILITATOR NAME	Sanjay Kumar Shah	DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020			
<b>PROGRAM EFFECTIVENESS</b>	1	2	3	4	5	Specific points for action, if any
	Low				High	

To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Facilitator	1	2	3	4	5	Specific points for action, if any
<b>FACILITATOR EFFECTIVENESS</b>	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Style and delivery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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## TRAINING FEEDBACK

PAX NAME:	RAHUL.H.	EMP CODE:	
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	
FACILITATOR NAME	Sanjay Kumar Shah	MOB:	
		DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020

PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	
To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Facilitator FACILITATOR EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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## TRAINING FEEDBACK

PAX NAME:	<i>Sanjay Ingale</i>	EMP CODE:	53289
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	<i>sanjay.ingale@lenexis.in</i>
FACILITATOR NAME	Sanjay Kumar Shah	MOB:	97735742071
		DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020

PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low <span style="float: right;">High</span>					
To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Facilitator	1	2	3	4	5	Specific points for action, if any
	Low <span style="float: right;">High</span>					
<b>FACILITATOR EFFECTIVENESS</b>						
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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### TRAINING FEEDBACK

PAX NAME:	Nirav	EMP CODE:	51048
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	nirav.ajmera@lenexis.in
FACILITATOR NAME	Sanjay Kumar Shah	MOB:	9870000870
		DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020

PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	
To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

FACILITATOR EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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## TRAINING FEEDBACK

PAX NAME:	Sayed Razaali	EMP CODE:	S2004			
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	raza.ali@lenexis.in			
		MOB:				
FACILITATOR NAME	Sanjay Kumar Shah	DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020			
<b>PROGRAM EFFECTIVENESS</b>	1	2	3	4	5	Specific points for action, if any
	Low				High	

To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Facilitator	1	2	3	4	5	Specific points for action, if any
FACILITATOR EFFECTIVENESS	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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## TRAINING FEEDBACK

PAX NAME:	Anil Gupta	EMP CODE:	53014
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	anil.gupta@lenexis.in
		MOB:	7678092888
FACILITATOR NAME	Sanjay Kumar Shah	DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020

PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	
To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Facilitator	1	2	3	4	5	Specific points for action, if any
	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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### TRAINING FEEDBACK

PAX NAME:	Anuj Srinastana	EMP CODE:	52477
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	Anuj.Srinastana@lenexis.in.
		MOB:	7506452187
FACILITATOR NAME	Sanjay Kumar Shah	DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020

PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	

To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Facilitator	1	2	3	4	5	Specific points for action, if any
FACILITATOR EFFECTIVENESS	Low				High	
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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# TRAINING FEEDBACK

PAX NAME:		EMP CODE:	
SUBJECT/CLIENT:	Advance Excel/ Lenexis Foodworks Pvt. Ltd.	Email:	
FACILITATOR NAME	Sanjay Kumar Shah	MOB:	
		DATE:	15 <sup>th</sup> & 16 <sup>th</sup> Jan 2020

PROGRAM EFFECTIVENESS	1	2	3	4	5	Specific points for action, if any
	Low				High	

To what extent has your understanding of the subject improved as a result of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent has the program been useful for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent has the program been relevant for your role?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the program methodology aid learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*I think the content should have been distributed properly. More time was provided to 1st day formula and felt lost less time for the content of 2nd day. It was a little too fast on the 2nd day as a result lost track and couldn't follow.*

Facilitator	1	2	3	4	5
FACILITATOR EFFECTIVENESS	Low				High
Knowledge of the subject / topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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