

FEEDBACK FORM

Participant Name: AKSHAY J. BARUAH Designation: MANAGER
 Company Working At: NRL Module Name: MICROSOFT ADVANCE EXCEL
 E-mail id: Akshay. Baruah@nrl.co.in Trainer Name: RASHID RIZWI
 Mobile No.: 9435120712 Start Date: 02/03/21 End Date: 26/3/21
 Training Mode: Online Offline Venue:

YOUR FEEDBACK IS IMPORTANT TO US

This will help us to improve our performance

Please (✓) wherever applicable

S. N.	Particulars	Poor	Reasonable	Good	Very Good	Excellent
		1	2	3	4	5
Trainer						
1	Technical skills of the trainer					✓
2	Ability of the trainer to handle queries					✓
3	Presentation and communication skills of the trainer					✓
Course feedback						
1	Overall quality of training					✓
2	Coverage of topics outlined					✓
3	Quality of training material, if supplied					✓
Venue (Applicable only for offline mode training)						
1	Hardware/Software setup					
2	Quality of venue and facilities					

Remarks A very good training. It should be attended by all employees. A refresher training in between will be good.

Software installed before class started (Applicable for offline mode) Yes No NA

Any other course of your interest?

Participant's Signature

Akshay
28/3/21

Rev. Date : 01/03/2021

FEEDBACK FORM

Participant Name: PRIYANKA HAZARIKA Designation: AM(HR)
 Company Working At: NRL Module Name: ADV. EXCEL
 E-mail id: priyanka.hazarika@nrl.co.in Trainer Name: RASHID RIZWI
 Mobile No.: 995493622 Start Date: 2-MAR End Date: 26 May '21
 Training Mode: Online Offline Venue: _____

YOUR FEEDBACK IS IMPORTANT TO US
This will help us to improve our performance

Please (✓) wherever applicable

S. N.	Particulars	Poor	Reasonable	Good	Very Good	Excellent
		1	2	3	4	5

Trainer

1	Technical skills of the trainer					✓
2	Ability of the trainer to handle queries					✓
3	Presentation and communication skills of the trainer					✓

Course feedback

1	Overall quality of training					✓
2	Coverage of topics outlined					✓
3	Quality of training material, if supplied				✓	


Venue (Applicable only for offline mode training)

1	Hardware/Software setup					
2	Quality of venue and facilities					

Remarks _____

Software installed before class started (Applicable for offline mode)	Yes	No	NA
---	-----	----	----

Any other course of your interest?

Participant's Signature _____


Rev. Date : 01/03/2021