

TRAINING FEEDBACK

PAX NAME:	Mayank Jain	EMP CODE:	
SUBJECT/CLIENT:	WPS Spreadsheet/ Freight Wings Pvt Ltd.	Email:	mayank.jain@fwl.in
FACILITATOR NAME	Sanjay Shah	MOB:	9928763667
		DATE:	26 th Feb & 5 th March 2022

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"/>	
Will you recommend this program to your colleague/friends?	<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"/>	Detailed explanation
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"/>	Great
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

FAX NAME:	Vivek Pandey -	EMP CODE:	
SUBJECT/CLIENT:	WPS Spreadsheet/ Freight Wings Pvt Ltd.	Email:	Vivek.Pandey1914@gmail.com
FACILITATOR NAME	Sanjay Shah	MOB:	9619710709
		DATE:	26 th Feb & 5 th March 2022

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"/>	
Will you recommend this program to your colleague/friends?	<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 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

PAX NAME:	<i>Aditya Tiwari</i>	EMP CODE:	100321
SUBJECT/CLIENT:	WPS Spreadsheet/ Freight Wings Pvt Ltd.	Email:	<i>aditya.tiwari@fwpt.in</i>
FACILITATOR NAME	Sanjay Shah	MOB:	<i>9930135208</i>
		DATE:	<i>26th Feb & 5th March 2022</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"/>	
Will you recommend this program to your colleague/friends?	<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 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

PAX NAME:	AMAR MOHTA	EMP CODE:	
SUBJECT/CLIENT:	WPS Spreadsheet/ Freight Wings Pvt Ltd.	Email:	amar.mohta@fwpl.in
FACILITATOR NAME	Sanjay Shah	MOB:	9320910088
		DATE:	26 th Feb & 5 th March 2022

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"/>	
Will you recommend this program to your colleague/friends?	<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 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

PAX NAME:	JAINIL SHAR	EMP CODE:	10291			
SUBJECT/CLIENT:	WPS Spreadsheet/ Freight Wings Pvt Ltd.	Email:	Sjainil54@gmail.com			
FACILITATOR NAME	Sanjay Shah	MOB:	9022725338			
		DATE:	26 th Feb & 5 th March 2022			
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"/>	
Will you recommend this program to your colleague/friends?	<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 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

PAX NAME:	Sagaya Maxy	EMP CODE:	90013
SUBJECT/CLIENT:	WPS Spreadsheet/ Freight Wings Pvt Ltd.	Email:	2013.sagaya@gmail.com
FACILITATOR NAME	Sanjay Shah	MOB:	9867800241
		DATE:	26 th Feb & 5 th March 2022

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"/>	
Will you recommend this program to your colleague/friends?	<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 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 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:	Rohan Yendhe	EMP CODE:	10303
SUBJECT/CLIENT:	WPS Spreadsheet/ Freight Wings Pvt Ltd.	Email:	rohan.yende@fwpl.in
FACILITATOR NAME	Sanjay Shah	MOB:	8108641398
		DATE:	26 th Feb & 5 th March 2022

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will you recommend this program to your colleague/friends?	<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 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 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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FAX NAME:	Kalpana Suryavanshi	EMP CODE:	10300
SUBJECT/CLIENT:	WPS Spreadsheet/ Freight Wings Pvt Ltd.	Email:	Kalpana.Suryavanshi@fwpl.in
FACILITATOR NAME	Sanjay Shah	MOB:	93
		DATE:	26 th Feb & 5 th March 2022

PROGRAM EFFECTIVENESS	1 Low	2	3	4	5 High	Specific points for action, if any
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"/>	
Will you recommend this program to your colleague/friends?	<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 checked="" type="checkbox"/>	<input 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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