

TRAINING FEEDBACK

FAX NAME:	Sudhiti Khatarkar	EMP CODE:	2156
SUBJECT/CLIENT:	Advance Excel/BEI Chemicals Pvt Ltd	Email:	ss.khatarkar@bechemicals.com
FACILITATOR NAME	Sanjay Shah	MOB:	9821578611
		DATE:	10 th & 11 th June 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"/>	

Email: contactus@marstraining.in | rashidraj97@gmail.com, website: www.marstraining.in, Voice: +91 9870259245 | +91 9867356452

TRAINING FEEDBACK

PAX NAME:	AJAY PATEL	EMP CODE:	2078
SUBJECT/CLIENT:	Advance Excel/BE Chemicals Pvt Ltd	Email:	ad.patel@becchemicals.com
FACILITATOR NAME	Sanjay Shah	MOB:	7400191261
		DATE:	10 th & 11 th June 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 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:	Brijesh Patel	EMP CODE:	2100
SUBJECT/CLIENT:	Advance Excel/BE Chemicals Pvt Ltd	Email:	itsupport@ibrahimabur.com
FACILITATOR NAME	Sanjay Shah	MOB:	28505152
		DATE:	10 th & 11 th June 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?

To what extent has the program been useful for you?

To what extent has the program been relevant for your role?

Will you recommend this program to your colleague/friends?

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

Knowledge of the subject / topics covered

Style and delivery

Responsiveness to the group

Motivational approach towards the participants

Ability to engage / involve participants

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TRAINING FEEDBACK

PAX NAME:	Shubham B. Pawar	EMP CODE:	1636
SUBJECT/CLIENT:	Advance Excel/BE: Chemicals Pvt Ltd	Email:	sb.pawar@ibichematur.com
FACILITATOR NAME	Sanjay Shah	MOB:	9967308766
		DATE:	10 th & 11 th June 2022

PROGRAM EFFECTIVENESS	1 Low	2	3	4	5 High	Specific points for action, if any
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To what extent has your understanding of the subject improved as a result of the program?

To what extent has the program been useful for you?

To what extent has the program been relevant for your role?

Will you recommend this program to your colleague/friends?

Facilitator	1 Low	2	3	4	5 High	Specific points for action, if any
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Knowledge of the subject / topics covered

Style and delivery

Responsiveness to the group

Motivational approach towards the participants

Ability to engage / involve participants

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TRAINING FEEDBACK

PAX NAME:	Bhagyashree Vasaikar	EMP CODE:	2109
SUBJECT/CLIENT:	Advance Excel/BEI Chemicals Pvt Ltd	Email:	bb.vasaikar@bichematur.com
FACILITATOR NAME	Sanjay Shah	MOB:	9821271131
		DATE:	10 th & 1 th June 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?

To what extent has the program been useful for you?

To what extent has the program been relevant for your role?

Will you recommend this program to your colleague/friends?

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

Knowledge of the subject / topics covered

Style and delivery

Responsiveness to the group

Motivational approach towards the participants

Ability to engage / involve participants

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TRAINING FEEDBACK

PAX NAME:	Akshara Anil Sawant	EMP CODE:	2084
SUBJECT/CLIENT:	Advance Excel/BE Chemicals Pvt Ltd	Email:	procurement@beechemicals.com
FACILITATOR NAME	Sanjay Shah	MOB:	9819028733
		DATE:	10 th & 11 th June 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	Lo:				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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11/6/22



TRAINING FEEDBACK

PAX NAME:	Tushar Gedam	EMP CODE:	2188
SUBJECT/CLIENT:	Advance Excel/BE Chemicals Pvt Ltd	Email:	tp.gedam@becchemicals.com
FACILITATOR NAME	Sanjay Shah	MOB:	7738672663
		DATE:	10 th & 1 th June 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 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 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 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:	MR. RAVINDRA SURLE	EMP CODE:	2175
SUBJECT/CLIENT:	Advance Excel/BE Chemicals Pvt Ltd	Email:	RR.SURLE@BECCHEMICALS.COM
FACILITATOR NAME	Sanjay Shah	MOB:	7777 05 3341
		DATE:	10 th & 11 th June 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?

To what extent has the program been useful for you?

To what extent has the program been relevant for your role?

Will you recommend this program to your colleague/friends?

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

Knowledge of the subject / topics covered

Style and delivery

Responsiveness to the group

Motivational approach towards the participants

Ability to engage / involve participants

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TRAINING FEEDBACK

PAX NAME:	SUDAL M. KARDE	EMP CODE:	2011
SUBJECT/CLIENT:	Advance Excel/BEI Chemicals Pvt Ltd	Email:	post@becchemicals.com
FACILITATOR NAME	Sanjay Shah	MOB:	9892130617
		DATE:	10 th & 11 th June 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 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 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 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:	Ajay Anant pagade	EMP CODE:	2203
SUBJECT/CLIENT:	Advance Excel/BEI Chemicals Pvt Ltd	Email:	accounts@ibichemicals.com
FACILITATOR NAME	Sanjay Shah	MOB:	9689013712
		DATE:	10 th & 11 th June 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 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 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:	Kashan Gorana	EMP CODE:	2214
SUBJECT/CLIENT:	Advance Excel/BE Chemicals Pvt Ltd	Email:	sd.gorana@kechemicals.m
FACILITATOR NAME	Sanjay Shah	MOB:	7977152775
		DATE:	10 th & 1 th June 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 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 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:	Renu Surjan	EMP CODE:	2213
SUBJECT/CLIENT:	Advance Excel/BEI Chemicals Pvt Ltd	Email:	rj.surjan@becchemicals.co
FACILITATOR NAME	Sanjay Shah	MOB:	7666068696
		DATE:	10 th & 11 th June 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?

To what extent has the program been useful for you?

To what extent has the program been relevant for your role?

Will you recommend this program to your colleague/friends?

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

Knowledge of the subject / topics covered

Style and delivery

Responsiveness to the group

Motivational approach towards the participants

Ability to engage / involve participants

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TRAINING FEEDBACK

PAX NAME:	Kavul Doshi	EMP CODE:	2201
SUBJECT/CLIENT:	Advance Excel/BE Chemicals Pvt Ltd	Email:	kk.doshi@becchemicals.com
FACILITATOR NAME	Sanjay Shah	MOB:	919861815
		DATE:	10 th & 1 th June 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?
- To what extent has the program been useful for you? Useful for d2d ops.
- To what extent has the program been relevant for your role? Especially for Data Analytics role
- Will you recommend this program to your colleague/friends? Yes {combined with Tutor3}

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 type="checkbox"/>	<input checked="" type="checkbox"/>	[Personal Attention Even it was a group session] - Best part
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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To what extent has your understanding of the subject improved as a result of the program?

To what extent has the program been useful for you?

To what extent has the program been relevant for your role?

Will you recommend this program to your colleague/friends?

Facilitator		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:	Vinit Pandya	EMP CODE:	1615
SUBJECT/CLIENT:	Advance Excel/BEI Chemicals Pvt Ltd	Email:	vm.pandya@ibichematurca
FACILITATOR NAME	Sanjay Shah	MOB:	98702 42440
		DATE:	10 th & 11 th June 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 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 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:	Anulog Jain	EMP CODE:	2186
SUBJECT/CLIENT:	Advance Excel/BEI Chemicals Pvt Ltd	Email:	ap.jain@becchemicals.com
FACILITATOR NAME	Sanjay Shah	MOB:	9820228226
		DATE:	10 th & 11 th June 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 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 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:	Chinmay Dange	EMP CODE:	2190
SUBJECT/CLIENT:	Advance Excel/BEI Chemicals Pvt Ltd	Email:	
FACILITATOR NAME	Sanjay Shah	MOB:	7506399875
		DATE:	10 th & 11 th June 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 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"/>	
Will you recommend this program to your colleague/friends?	<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 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:	Pratik Prajapati	EMP CODE:	2199
SUBJECT/CLIENT:	Advance Excel/BE Chemicals Pvt Ltd	Email:	Pratik.Prajapati@beechemicals.com
FACILITATOR NAME	Sanjay Shah	MOB:	8602539396
		DATE:	10 th & 11 th June 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? 1 2 3 4 5

To what extent has the program been useful for you? 1 2 3 4 5

To what extent has the program been relevant for your role? 1 2 3 4 5

Will you recommend this program to your colleague/friends? 1 2 3 4 5

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

Knowledge of the subject / topics covered 1 2 3 4 5

Style and delivery 1 2 3 4 5

Responsiveness to the group 1 2 3 4 5

Motivational approach towards the participants 1 2 3 4 5

Ability to engage / involve participants 1 2 3 4 5

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TRAINING FEEDBACK

PAX NAME: Nupur Kothari
SUBJECT/CLIENT: Advance Excel/BE: Chemicals Pvt Ltd
FACILITATOR NAME: Sanjay Shah
EMP CODE: 2147
Email: nk.kothari@ibichematur.com
MOB: 9920461007
DATE: 10th & 11th June 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? 1 2 3 4 5

To what extent has the program been useful for you? 1 2 3 4 5

To what extent has the program been relevant for your role? 1 2 3 4 5

Will you recommend this program to your colleague/friends? 1 2 3 4 5

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

Knowledge of the subject / topics covered 1 2 3 4 5

Style and delivery 1 2 3 4 5

Responsiveness to the group 1 2 3 4 5

Motivational approach towards the participants 1 2 3 4 5

Ability to engage / involve participants 1 2 3 4 5

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TRAINING FEEDBACK

PAX NAME:	Anil A. Shewale	EMP CODE:	1068
SUBJECT/CLIENT:	Advance Excel/BEI Chemicals Pvt Ltd	Email:	anilshewale@ibichemicals.com
FACILITATOR NAME:	Sanjay Shah	MOB:	9769077541
		DATE:	10 th & 1 th June 2022

2/5-Con

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"/> 4	<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"/> 4	<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"/> 5	
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"/> 5	

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"/> 4	<input checked="" type="checkbox"/> 5	
Style and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	
Responsiveness to the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	
Motivational approach towards the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	
Ability to engage / involve participants	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	

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TRAINING FEEDBACK

FAX NAME: Shilpa Barge
SUBJECT/CLIENT: Advance Excel/BEI Chemicals Pvt Ltd
FACILITATOR NAME: Sanjay Shah
EMP CODE: 2087
Email: accountsasst@becchemicals.com
MOB: 9892098223
DATE: 10th & 11th June 2022

PROGRAM EFFECTIVENESS
 1 2 3 4 5
 Low High

To what extent has your understanding of the subject improved as a result of the program?
 To what extent has the program been useful for you?
 To what extent has the program been relevant for your role?
 Will you recommend this program to your colleague/friends?

FACILITATOR EFFECTIVENESS
 1 2 3 4 5
 Low High

Knowledge of the subject / topics covered
 Style and delivery
 Responsiveness to the group
 Motivational approach towards the participants
 Ability to engage / involve participants

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TRAINING FEEDBACK

PAX NAME:	Jeagan Lodaria	EMP CODE:	2110	
SUBJECT/CLIENT:	Advance Excel/BE: Chemicals Pvt Ltd	Email:	jm.lodaria@beechemicals.com	
FACILITATOR NAME:	Sanjay Shah	MOB:		
		DATE:	10 th & 11 th June 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? 1 2 3 4 5

To what extent has the program been useful for you? 1 2 3 4 5

To what extent has the program been relevant for your role? 1 2 3 4 5

Will you recommend this program to your colleague/friends? 1 2 3 4 5

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

Knowledge of the subject / topics covered 1 2 3 4 5

Style and delivery 1 2 3 4 5

Responsiveness to the group 1 2 3 4 5

Motivational approach towards the participants 1 2 3 4 5

Ability to engage / involve participants 1 2 3 4 5

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TRAINING FEEDBACK

PAX NAME:	Jaya Singh.	EMP CODE:	2209.
SUBJECT/CLIENT:	Advance Excel/BEI Chemicals Pvt Ltd	Email:	J1-Singh@becchemicals.com
FACILITATOR NAME	Sanjay Shah	MOB:	97021928885.
		DATE:	10 th & 11 th June 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 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 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:	Krisha Chandarana	EMP CODE:	2208
SUBJECT/CLIENT:	Advance Excel/BEI Chemicals Pvt Ltd	Email:	kn.chandarana@bechemicals.com
FACILITATOR NAME	Sanjay Shah	MOB:	9930515777
		DATE:	10 th & 1 th June 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 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 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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