Feedback Form

Online AME Training

Please fill in this form to provide the training team with feedback about the course

Batch No.: 1001

Date: 24th Oct -31st Oct 2009

Name of Trainee: Anonymous
Your Organization Name:
Your Designation:

Your feedback is **very important** to us. Please enter "**Y**" in relevant boxes below

Rating	Poor	Fair	Average	Good	Very Good	Excellent	Comments
Course Content					y		
Training Contents/Scope Covered					y		
Training Session Quality					y		
Hands On Session					y		
Trainers Technical Knowledge				y			
Trainers Presentation Style					y		
Speed/Length of the Course					y		
Voice Quality				y			
Response to queries				y			
Overall Evaluation				y			

Would you refer this training to your friends/colleagues?	Yes
Did Training meet your expectations?	Yes
Is there anything else you would like to suggest or any further comments?	No.