

Name: of Trainer:- Dr Pooja Thakur Date of Training : 12/05/2021Topic of Training : PPE Kit Training

PPE KIT TRAINING FEEDBACK FORM



S NO.	Name	Trainer Sign	Attended by Signature
1	Sukhchain Suja	Singh	Sukhchain Suja
2	Reena	Singh	Reena

FEEDBACK FORM

Attended by: Sukhbir Singh

1) Rate The Level of Training Information useful to you.

A. Good	<input checked="" type="checkbox"/>	B. Average	<input type="checkbox"/>
C. Below Average	<input type="checkbox"/>		

2) Rate the Level of Training Method of Explanation.

A. Appropriate	<input checked="" type="checkbox"/>	B. Average	<input type="checkbox"/>
C. Below Average	<input type="checkbox"/>		

3) Rate the Importance of Training.

A. Good	<input checked="" type="checkbox"/>	B. Medium	<input type="checkbox"/>
C. Not Good	<input type="checkbox"/>		

Sukhbir Singh

Attended by: Keena

1) Rate The Level of Training Information useful to you.

A. Good	<input checked="" type="checkbox"/>	B. Average	<input type="checkbox"/>
C. Below Average	<input type="checkbox"/>		

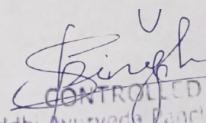
2) Rate the Level of Training Method of Explanation.

B. Appropriate	<input checked="" type="checkbox"/>	B. Average	<input type="checkbox"/>
C. Below Average	<input type="checkbox"/>		

3) Rate the Importance of Training.

A. Good	<input checked="" type="checkbox"/>	B. Medium	<input type="checkbox"/>
C. Not Good	<input type="checkbox"/>		

Keena


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