

ONSITE ASSESSMENT FORM.					
Application No (provided by ATAB): ATAB/TP-003/2024			Date of Application: 13-08-2024		
Name and Location of the Training Provider: amit		Name of the course to be assessed: A.I/UX,			
Way of assessment (onsite/ hybrid/ virtual): onsite			No of Mandays: 2		
Signature:				
Assessor Name		Shubham Singh(Lead Assessor)			
Signature:				
Assessor Name		Aman Sharma(Co-Assessor)			
Team Leader:	anubha singh (Lead Assessor)	Rep. Assessee Orgn:	sdf		
Brief about the Opening Meeting: N/A					
Sl. No	Objective Element	NC raised	CAPA by Training Provider	Document submitted against the NC	Remarks (Accepted/ Not accepted)
Course Name: A.I/UX					
VMO.1	The institution shall have a clearly defined and documented mission and vision.	NC1 NC2 Accept	1 : Sdfsdfdsf,	NC1 NC2 Accept	sdfsdfsf
Remark NC1 : sdsdfdsfds NC2 : sddsfsdfdsfsdfsf 1 : [A.I/UX] : dfsgdfgdfgdf					
Brief about the closing meeting: N/A					
Date : 13-08-2024		Signature :			

OPPORTUNITY FOR IMPROVEMENT FORM			
Name and Location of the Training Provider: amit		Name of the course to be assessed: A.I/UX	
Way of assessment (onsite/ hybrid/ virtual): onsite		No of Mandays: 2	
S.No.	Opportunity for improvement Form	Standard reference	
1	gfhfgh	sdfdsf	
2	dfgh	dfg	
3	fgh	fgh	
Signatures		
Assessor Name	anubha singh (Lead Assessor)		
Team Leader	anubha singh (Lead Assessor)	Rep. Assessee Orgn : sdf	
Date: 13-08-2024	Signature of the Team Leader	
Brief Summary: f			