

ONSITE ASSESSMENT FORM.					
Application No (provided by ATAB): ATAB/TP-027/2024			Date of Application: 28-08-2024		
Name and Location of the Training Provider: aman		Name of the course to be assessed: <b>A.I/UX,</b>			
Way of assessment (onsite/ hybrid/ virtual): onsite			No of Mandays: 3		
Signature:		.....			
Assessor Name		Shubham Singh(Lead Assessor)			
Team Leader:	Shubham Singh (Lead Assessor)	Rep. Assessee Orgn:	fghfghfgh		
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: <b>A.I/UX</b>					
Brief Summary: c					
Brief about the closing meeting: N/A					
Date : 13-08-2024		Signature : .....			

OPPORTUNITY FOR IMPROVEMENT FORM	
Name and Location of the Training Provider: aman	Name of the course to be assessed: A.I/UX
Way of assessment (onsite/ hybrid/ virtual): onsite	No of Mandays: 3

S.No.	Opportunity for improvement Form	Standard reference
1	dfgdfg	dsfgfds
Signatures	.....	
Assessor Name	Shubham Singh (Lead Assessor)	
Team Leader	Shubham Singh (Lead Assessor)	Rep. Assessee Orgn : fghfghfgh
Date: 28-08-2024	Signature of the Team Leader	....