DESKTOP ASSESSMENT FORM	
Application No (provided by ATAB): ATAB/TP-025/2024	Date of application: 11-07-2024
Name and Location of the Training Provider: aman	Name of the course to be assessed: **A.I/UX**,
Way of assessment (Desktop): DDA	No of Mandays: 3
Signature	....
Assessor	Ishika Mittal ()

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, Accept,		NC1 Accept	Document has been approved
Remark* 1 : [A.I/UX] : **summary created.**					