	on No (provided by ATAF P-087/2024	3):	Date of Application: 02-08-2024				
Name and Training I aman	Location of the Provider:	Name of the course to be assessed: A.I/UX,					
Way of as	ssessment (onsite/ hybrid/	virtual):	No of Mandays:				
Signature	:						
Assessor I	Name	Shubham Singh(Lead Assessor)					
Team Leader:	Shubham Singh (Lead Assessor)	Rep. Ass	essee Orgn:	dfgdfg			
Brief abou	ut the Opening Meeting: N	J/A					
Sl. No	Objective Element	NC raised	CAPA by Training Provider	Document submitted against the NC	Remarks (Accepted/ Not accepted)		
Course Na	ame: A.I/UX		,				
VMO.1	The institution shall have a clearly defined and documented mission and vision.	NC1 NC2 Accept		NC1 NC2 Accept	Document has been approved		
Brief Sum	nmary: N/A				,		
Brief abou	ut the closing meeting: N/	A					
Date: 09-07-2024		Signature	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	dfgfdg	dfdfgf			
2	dfgdfg	dfsgfdg			
Signatures					
Assessor Name	Shubham Singh (Lead Assessor)				
Team Leader Shubham Singh (Lead Assessor)		Rep. Assessee Orgn: dfgdfg			
Date: 02-08-2024 Signature of the Team Leader					

Remark

NC1 : remarks first NC2 : remarks2

1: [A.I/UX]: summary creatd e