	on No (provided by ATAB 2-007/2024):	Date of Application: 09-07-2024		
Name and Location of the Training Provider: amit		Name of the course to be assessed: Sanskrit, English,			
Way of assessment (onsite/ hybrid/ vonsite		rirtual): No of Mandays:			
Signature:					
Assessor Name		Shubham Singh(Lead Assessor)			
Signature:					
Assessor Name		Aman Sharma(Observer Assessor)			
Signature:					
Assessor Name		Monu Tyagi(Observer Assessor)			
Team Leader:	Brijesh TP (Lead Assessor)	Rep. Assessee Orgn:		improvement form bottom	
Brief abou	at 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 Na	ame: Sanskrit		'		
VMO.1	The institution shall have a clearly defined and documented mission and vision.	NC1 Accept		NC1 Accept	Document has been approved
Course Na	nme: English				
VMO.1	The institution shall have a clearly defined and documented mission and vision.	NC1 Accept		NC1 Accept	Document has been approved

Brief Summary: N/A					
Brief about the closing meeting: N/A	A				
Date: 09-07-2024	Signature :				

Name and Location	of the Training Provider: amit	Name of the course to be assessed: Sanskrit	
Way of assessment onsite	(onsite/ hybrid/ virtual):	No of Mandays: 3	
S.No.	Opportunity for improvement Form	Standard reference	
N/A	improvement form1	standard references	
Signatures			
Assessor Name	Brijesh TP (Lead Assessor)		
Team Leader	Brijesh TP (Lead Assessor)	Rep. Assessee Orgn: improvement form bottom	
Date: 09-07-2024	Signature of the Team Leader		