

ONSITE ASSESSMENT FORM.					
Application No (provided by ATAB): ATAB/TP-024/2024			Date of Application: 11-07-2024		
Name and Location of the Training Provider: sunny singh		Name of the course to be assessed: <b>A.I/UX,</b>			
Way of assessment (onsite/ hybrid/ virtual): hybrid			No of Mandays: 2		
Signature:		.....			
Assessor Name		Shubham Singh(Lead Assessor)			
Signature:		.....			
Assessor Name		Aman Sharma(Co-Assessor)			
Team Leader:	Shubham Singh (Lead Assessor)	Rep. Assessee Orgn:	improvement form assessee org		
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>					
VMO.1	The institution shall have a clearly defined and documented mission and vision.	NC1 NC2 Accept		NC1 NC2 Accept	sdfsdf
VMO.2	The institution shall have defined objectives and measure them periodically	Accept		Accept	Document has been approved
VMO.4	The institution shall define its quality policy.	Accept		Accept	Document has been approved

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

OPPORTUNITY FOR IMPROVEMENT FORM		
Name and Location of the Training Provider: sunny singh		Name of the course to be assessed: A.I/UX
Way of assessment (onsite/ hybrid/ virtual): hybrid		No of Mandays: 2
S.No.	Opportunity for improvement Form	Standard reference
1	improvement form third	this is the standard reference second form.
Signatures	.....	
Assessor Name	Shubham Singh (Lead Assessor)	
Team Leader	Shubham Singh (Lead Assessor)	Rep. Assessee Orgn : improvement form assessee org
Date: 11-07-2024	Signature of the Team Leader	....
Remark* 1 : [A.I/UX] : <b>created summary from the onsite side</b>		