

DESKTOP ASSESSMENT FORM	
Application No (provided by ATAB): ATAB/TP-090/2024	Date of application: 04-07-2024
Name and Location of the Training Provider: man	Name of the course to be assessed: A.I/UX,
Way of assessment (Desktop): DDA	No of Mandays: 2
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] : create summary					