ONSITE A	ASSESSMENT FORM.					
	on No (provided by ATAE 2-087/2024	3):	Date of Application: 02-08-2024			
Name and Location of the Training Provider: aman		Name of the course to be assessed: A.I/UX,				
Way of assessment (onsite/ hybrid/ onsite		virtual): No of Mandays:				
Signature:						
Assessor Name		Shubham Singh(Lead Assessor)				
Team Leader:	Shubham Singh (Lead Assessor)	Rep. Asse	ssee Orgn: dfgdfg			
Brief abou	at 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	nme: 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	mary: this is the brief sun	nmary2				
Remark NC1 : rem NC2 : rem 1 : [A.I/UZ						
Brief abou	at the closing meeting: N/A	A				
Date: 09-07-2024		Signature:				

Name and Location o	f the Training Provider: aman	Name o A.I/UX	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	Standar	Standard reference		
1	dfgfdg	dfdfgf			
2	dfgdfg	dfsgfdg	dfsgfdg		
Signatures					
Assessor Name	Shubham Singh (Lead Assessor)				
Team Leader	Shubham Singh (Lead Assessor)	Rep. As	Rep. Assessee Orgn: dfgdfg		
Date: 02-08-2024	Signature of the Team Leader				
Brief Summary:	'		1		