

ONSITE ASSESSMENT FORM.					
Application No (provided by ATAB): ATAB/TP-011/2024			Date of Application: 01-10-2024		
Name and Location of the Training Provider: amit		Name of the course to be assessed: <b>A.I/UX</b> ,			
Way of assessment (onsite/ hybrid/ virtual): onsite			No of Mandays: 2		
Signature:		.....			
Assessor Name		Shubham Singh(Lead Assessor)			
Team Leader:	Shubham Singh (Lead Assessor)	Rep. Assessee Orgn:	test		
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		NC1	dfsdfdsf
Brief Summary: test brief summary...					
Brief about the closing meeting: N/A					
Date : 30-09-2024		Signature : .....			

OPPORTUNITY FOR IMPROVEMENT FORM	
Name and Location of the Training Provider: amit	Name of the course to be assessed: A.I/UX

Way of assessment (onsite/ hybrid/ virtual): onsite		No of Mandays: 2
S.No.	Opportunity for improvement Form	Standard reference
1	test	test
2	test2	test2
3	test3	test3
Signatures	.....	
Assessor Name	Shubham Singh (Lead Assessor)	
Team Leader	Shubham Singh (Lead Assessor)	Rep. Assessee Orgn : test
Date: 01-10-2024	Signature of the Team Leader	....