

ONSITE ASSESSMENT FORM.					
Application No (provided by ATAB): ATAB/TP-087/2024			Date of Application: 02-08-2024		
Name and Location of the Training Provider: aman		Name of the course to be assessed: <b>A.I/UX</b> ,			
Way of assessment (onsite/ hybrid/ virtual): onsite			No of Mandays: 3		
Signature:		.....			
Assessor Name		Shubham Singh(Lead Assessor)			
Team Leader:	Shubham Singh (Lead Assessor)	Rep. Assessee Orgn:	dfgdfg		
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	nc 1
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: aman	Name of the course to be assessed: <b>A.I/UX</b>

Way of assessment (onsite/ hybrid/ virtual): onsite		No of Mandays: 3	
S.No.	Opportunity for improvement Form	Standard reference	
1	dfgfdg	dfdfgf	
2	dfgfdg	dfsgfdg	
Signatures	.....		
Assessor Name	Shubham Singh (Lead Assessor)		
Team Leader	Shubham Singh (Lead Assessor)	Rep. Assessee Orgn : dfgdfg	
Date: 02-08-2024	Signature of the Team Leader		....