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| DESKTOP ASSESSMENT FORM                                |  |
| Application No (provided by ATAB):<br>ATAB/TP-087/2024 | Date of application:<br>02-08-2024                   |
| Name and Location of the Training Provider:<br>aman    | Name of the course to be assessed:<br><b>A.I/UX,</b> |
| Way of assessment (Desktop):<br>DDA                    | No of Mandays: 3                                     |
| Signature  | .....  |
| Assessor   | Ishika Mittal ()                                     |
| Remark* 1 : [A.I/UX] : <b>created summary</b>          |  |

| 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> |                   |           |                           |                                   |                                  |