

ONSITE ASSESSMENT FORM.					
Application No (provided by ATAB): ATAB/TP-068/2024			Date of Application: 01-07-2024		
Name and Location of the Training Provider: sunny singh			Name of the course to be assessed: A.I/UX		
Way of assessment (onsite/ hybrid/ virtual): N/A				No of Mandays: 2	
Signature:	.....				
Assessor Name	Shubham Singh (Lead Assessor)				
Team Leader:	Shubham Singh (Lead Assessor)	Rep. Assessee Orgn:	ghjg hjdfgdgh fdg ghjghj		
Brief about the Opening Meeting: 56567867					
Sl. No	Objective Element	NC raised	CAPA by Training Provider	Document submitted against the NC	Remarks (Accepted/ Not accepted)
VMO.1	The institution shall have a clearly defined and documented mission and vision.	Accept,		<a href="#">Accept</a>	Document has been approved
VMO.2	The institution shall have defined objectives and measure them periodically	Accept,		<a href="#">Accept</a>	Document has been approved
VMO.3	The institution shall have mentioned activities that are taken to achieve these objectives.	Accept,		<a href="#">Accept</a>	Document has been approved
VMO.4	The institution shall define its quality policy.	Accept,		<a href="#">Accept</a>	Document has been approved

VMO.5	The institution shall have a policy for evaluation of human resources engaged in training.				
VMO.6	The institution shall have policy for evaluation of the students				
OGA.1	The institution shall declare its ownership and legal status and details of ownership.				
OGA.2	The institution shall define its organizational structure or organogram				
OGA.3	The institution shall define the roles and responsibilities of all personnel.				
OGA.4	The institution shall define rules applicable to all personnel.				
Brief Summary: ghghjk					
Brief about the closing meeting: ghjhtgj					
Date : 18-06-2024	Signature : .....				

OPPORTUNITY FOR IMPROVEMENT FORM	
Name and Location of the Training Provider: sunny singh	Name of the course to be assessed: A.I/UX
Way of assessment (onsite/ hybrid/ virtual): N/A	No of Mandays: 2

S.No.	Opportunity for improvement Form	Standard reference
12	thjgh ghjghj	ghj dfgfgh ghjghj
Signatures	.....	
Assessor Name	Shubham Singh (Lead Assessor)	
Team Leader	Shubham Singh (Lead Assessor)	Rep. Assessee Orgn : abc
Date: 01-07-2024		Signature of the Team Leader