

DESKTOP ASSESSMENT FORM	
Application No (provided by ATAB): ATAB/TP-090/2024	Date of application: 04-07-2024
Name and Location of the Training Provider: man	Name of the course to be assessed:
Way of assessment (Desktop): DDA	No of Mandays: 2
Signature
Assessor	Ishika Mittal ()

Sl. No	Objective Element	NC raised	CAPA by Training Provider	Document submitted against the NC	Remarks (Accepted/ Not accepted)
Remark*					