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/ vonsite		irtual):	No of Mandays:		
Signature:					
Assessor Name		Shubham Singh(Lead Assessor)			
Team Leader:	Shubham Singh (Lead Assessor)	Rep. Assessee Orgn:		test	
Brief abou	ut 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 Na	ame: A.I/UX				
VMO.1	The institution shall have a clearly defined and documented mission and vision.	NC1		NC1	dfsdfdsf
Brief Sum	mary: test brief summary	•			
Brief abou	at 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	onsite/ hybrid/ virtual):	No of Mandays: 2	
S.No.	Opportunity for improvement Form	Standard reference	
1	test	test	
2	test2	test2	
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		