

ONSITE 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: A.I/UX,			
Way of assessment (onsite/ hybrid/ virtual): onsite			No of Mandays: 3		
Signature:				
Assessor Name		Shubham Singh(Lead Assessor)			
Signature:				
Assessor Name		Aman Sharma(Observer Assessor)			
Signature:				
Assessor Name		Monu Tyagi(Co-Assessor)			
Team Leader:	anubha singh (Lead Assessor)	Rep. Assessee Orgn:	this is the improvement form for the assess organization.		
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)
Course Name: A.I/UX					
VMO.1	The institution shall have a clearly defined and documented mission and vision.	NC1 Accept		NC1 Accept	Document has been approved
VMO.2	The institution shall have defined objectives and measure them periodically	NC1 Accept		NC1 Accept	Document has been approved

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: man		Name of the course to be assessed: A.I/UX
Way of assessment (onsite/ hybrid/ virtual): onsite		No of Mandays: 3
S.No.	Opportunity for improvement Form	Standard reference
N/A	this is the improvement form the testing	this is the test standard reference
Signatures	
Assessor Name	anubha singh (Lead Assessor)	
Team Leader	anubha singh (Lead Assessor)	Rep. Assessee Orgn : this is the improvement form for the assess organization.
Date: 04-07-2024	Signature of the Team Leader
Remark* 1 : [A.I/UX] : onsite summary created.		