

ONSITE ASSESSMENT FORM.					
Application No (provided by ATAB): ATAB/TP-059/2024			Date of Application: 03-09-2024		
Name and Location of the Training Provider: sunny singh		Name of the course to be assessed: <b>A.I/UX,</b>			
Way of assessment (onsite/ hybrid/ virtual): hybrid			No of Mandays: 2		
Signature:		.....			
Assessor Name		Shubham Singh(Lead Assessor)			
Signature:		.....			
Assessor Name		Aman Sharma(Co-Assessor)			
Signature:		.....			
Assessor Name		Monu Tyagi(Observer Assessor)			
Team Leader:	anubha singh (Lead Assessor)	Rep. Assessee Orgn:	test 3		
Brief about 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 Name: <b>A.I/UX</b>					
VMO.1	The institution shall have a clearly defined and documented mission and vision.	NC1 NC2 not_recommended		NC1 NC2 Not_recommended <a href="#">Reject By Admin</a>	Document Not approved!

VMO.2	The institution shall have defined objectives and measure them periodically	NC1 NC2 not_recommended		NC1 NC2 Not_recommended <a href="#">Accept By Admin</a>	Document has been approved
VMO.3	The institution shall have mentioned activities that are taken to achieve these objectives.	NC1 NC2 not_recommended Accept		NC1 NC2 Not_recommended Accept	sdf sdfsd
VMO.4	The institution shall define its quality policy.	NC1 NC2 Accept		NC1 NC2 Accept	Document has been approved
<p>Remark</p> <p>NC1 : first summary created by onsite assessor for nc1</p> <p>NC2 : nc2 remarks created by onsite assessors.</p> <p>Needs Revision : nr summary created</p> <p>1 : [A.I/UX] : <b>final summary created by onsite assessors</b></p>					
Brief about the closing meeting: N/A					
Date : 13-08-2024		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): hybrid		No of Mandays: 2
S.No.	Opportunity for improvement Form	Standard reference

1	test 2	test 1
2	test 5	test 4
Signatures	.....	
Assessor Name	anubha singh (Lead Assessor)	
Team Leader	anubha singh (Lead Assessor)	Rep. Assessee Orgn : test 3
Date: 03-09-2024	Signature of the Team Leader	....
Brief Summary:  t		