ONSITE A	ASSESSMENT FORM.						
	on No (provided by ATAE 2-087/2024	3):	Date of Application: 02-08-2024				
Name and Location of the Training Provider: aman		Name of the course to be assessed: A.I/UX,					
Way of assessment (onsite/ hybrid/ onsite		virtual):	al): No of Mandays:				
Signature:							
Assessor Name		Shubham Singh(Lead Assessor)					
Team Leader:	Shubham Singh (Lead Assessor)	Rep. Asse	essee Orgn:	see Orgn: dfgdfg			
Brief abou	at the Opening Meeting: N	J/A					
Sl. No	Objective Element	NC raised	CAPA by Training Provider	Document submitted against the NC	Remarks (Accepted/ Not accepted)		
Course Na	nme: A.I/UX						
VMO.1	The institution shall have a clearly defined and documented mission and vision.	NC1 NC2 Accept		NC1 NC2 Accept	Document has been approved		
Brief Sum	mary: this is the brief sun	nmary2					
Remark NC1 : rem NC2 : rem 1 : [A.I/UZ							
Brief abou	at the closing meeting: N/A	A					
Date: 09-07-2024		Signature:					

Name and Location	of the Training Provider: aman	Name o A.I/UX	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	Standar	Standard reference		
1	dfgfdg	dfdfgf	dfdfgf		
2	dfgdfg	dfsgfdg	dfsgfdg		
Signatures		'			
Assessor Name	Shubham Singh (Lead Assessor)	)			
Team Leader Shubham Singh (Lead Assessor)		Rep. Assessee Orgn: dfgdfg			
Date: 02-08-2024	Signature of the Team Leader				
Brief Summary	<u>'</u>				