



FEEDBACK FORM

- Name of the Student : _____
- Name of the Trainer : _____
- Recent Module/ Topic Attended : _____

- Have you seen improvement in yourself after attending training sessions at IIAHM ?

- What is the best thing that you like about IIAHM ?

- Do you want any changes in the teaching pattern ?

- Are you facing any problem with any of the trainer or student?

- Any other issues that you want discuss ?

- _____

- _____

Signature:

Date :