

Office of the Development Commissioner (MSME)
(Ministry of Micro, Small and Medium Enterprises)

ESDP PROGRAMME- PARTICIPANT FEED BACK FORM

Programme Name: **28137/MDP** Location : **INDORE**
Venue : **MSME-DFO, 10- POLOGROUND, INDORE**
Implementing agency: **MSME DFO - INDORE**
Name of the Participant: **Ms. SANJANA SOLANKI D/o. Mr. MUKESH SOLANKI**
Topic: **Project Management**
Programme Start Date: **19/12/2022** Programme End Date:

1. From where you got the information about this programme?

- (a) Pamphlet / Brochure (b) Newspaper Advertisement
(c) Posters/ Hand Bills (d) Other (Please Specify)

2. What is your opinion about the duration of Programme?

- (a) Short (c) Long (b) Adequate

3. Did you find the Training Content useful?

- (a) Very much (b) To some extent (c) Not useful

4. How did you rate the reference/study material?

- (a) Excellent (b) Good (c) Satisfactory (d) Not usefull

5. How did you rate the faculties of the programme?

- (a) Excellent (b) Good (c) Satisfactory (d) Poor

6. Did this training programme fulfill your expectations/requirements?

- (a) Yes (b) To some extent (c) No

7. How did you rate the overall arrangements of the Programme?

- (a) Excellent (b) Good (c) Satisfactory (d) Poor

8. How are you going to utilize the programme to become an entrepreneur?

9. Overall Satisfaction level on the scale of 1 to 10: _____

10. Any Remarks/Suggestions, if any:

Name & Signature. of the Participant

Name & Signature of the Coordinator
Seal with name and Designation