Participant Code: **2022/28137/100579** Date: **30-12-2022**

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

(c) Posters/ Hand Bills

(b) Newspaper Advertisement

(d) Other (Please Specify)

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

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

1. Did you find the Training Content useful?

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

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

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

1. How did you rate the faculties of the progamme?

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

1. Did this training progamme fulfill your expectations/requirements?

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

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

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

1. How are you going to utilize the progamme to become an entrepreneur?
2. Overall Satisfaction level on the scale of 1 to 10:
3. Any Remarks/Suggestions, if any:

Name & Signature. of the Participant Name & Signature of the Coordinator Seal with name and Designation