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| Symmetric Consultancy Services(Scs) |  |
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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Trainer Name: Jaydeep Bhatt**

Course Name**: Dot Net Nuke** Date**: From 5th May to 9th May 2015**

Your valuable and objective feedback will help us assess the effectiveness of the program.

**1:** indicates **Low and 5:**indicates **high** in terms of score**.**

1. **Overall, how satisfied were you with this course?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. **Please rate the overall effectiveness of the Trainer(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. **Please rate the overall quality of the facilities (INFRASTRUCTURE).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. **To what extent did this training increase your knowledge/skills?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. **The information I gained from taking this course will be applicable to my work.**

|  |  |  |  |  |
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| 1 | 2 | 3 | 4 | 5 |

1. **I would strongly recommend this product to others in my peer group.**

|  |  |  |  |  |
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| 1 | 2 | 3 | 4 | 5 |

1. **As a result of taking this course, my productivity will increase significantly.**

|  |  |  |  |  |
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| 1 | 2 | 3 | 4 | 5 |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: