**Training Feed Back Form**

Course Name: **Android Development Training** Date: 16/2/2017 to 18/2/2107

Name of Faculty: Timings:

|  |
| --- |
| **About the faculty and the Course Conducted** |

1. Punctuality of the faculty: \*BA \*F \*G \*E

2. Communication Skills: \*BA \*F \*G \*E

3. Course Coverage: \*BA \*F \*G \*E

4. Interaction with students: \*BA \*F \*G \*E

5. Query Handling: \*BA \*F \*G \*E

Effectiveness of the faculty (0-50) marks ( \_\_\_\_\_\_\_\_\_\_/50)

Overall Remarks/Suggestions/Complaints: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BA - Below Average F – Fair

G – Good E – Excellent

For Internal use only