

**Feed Back Form - 1**  
**EVALUATION OF TRAINING ESTABLISHMENT**

- Index No. of Undergraduate : .....
- Name of Training Organization : .....
- Head Office Address : .....
- Training Location (site) : .....
- Name(s) of Supervisor(s)  
(Include designation) : .....
- Period of Training : .....to..... : ..... weeks

Provide an independent assessment using only one of the choices below;  
Poor / Satisfactory / Good / Excellent

1. Quality of the Preliminary introduction to organization:
2. Quality of Structured Training Program prepared:
3. Effectiveness of the rotation of duties to gain a variety of experiences:

<b>Task / Activity</b>	<b>Period in Weeks</b>	<b>Degree of Satisfaction</b>				
		Disagree	Neutral	Agree	Not Applicable	

4. (a) Nature of assignments: Interesting / Relevant / Suitable / Not Relevant

(b) If your answer is ‘Not Relevant’ reasons and recommendations:

5. Were work assignments to expectations: Yes / No
6. Participation at meetings : Yes / No
7. Remuneration paid by the training institution: Rs. .... / per month
8. Indirect Support by the training institution:  
(Accommodation, Meals, Transport etc.)
9. Opportunities available for innovations: Yes / No
10. Internship under top level or Senior Management Staff: Yes/No
11. Exposure to Labor Management: Yes/No
12. Exposure to Plant & Equipment: Yes/No
13. Exposure to Design Work: Yes/No  
Degree of Satisfaction: Disagree Neutral Agree Not Applicable  
1 2 3 4 5 N/A
14. Access to Data, Drawings & other Documentation : Yes/No  
Degree of Satisfaction: Disagree Neutral Agree Not Applicable  
1 2 3 4 5 N/A
15. Quality Control and Safety Procedures/Practices : Yes/No  
Degree of Satisfaction: Disagree Neutral Agree Not Applicable  
1 2 3 4 5 N/A
16. Exposure to field specific Software usage: Yes/No
17. Availability of Engineering Literature : Yes/No
18. Access to Internet : Yes/No
19. Recommendation of Institution for future Interns : Yes/No
20. Any other comments :