

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:

Task / Activity	Period in Weeks	Degree of Satisfaction			
		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 1 2 Neutral 3 4 Agree 5 Not Applicable N/A

14. Access to Data, Drawings & other Documentation : Yes/No
Degree of Satisfaction: Disagree 1 2 Neutral 3 4 Agree 5 Not Applicable N/A

15. Quality Control and Safety Procedures/Practices : Yes/No
Degree of Satisfaction: Disagree 1 2 Neutral 3 4 Agree 5 Not Applicable 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 :