

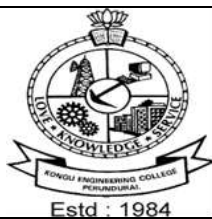
KONGU ENGINEERING COLLEGE
(Autonomous)
PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL

**Faculty/ Staff Training Need Identification
Record**



Department of _____

Academic Year:[illegible]



Faculty/Staff Training Record



Department of _____

1. Name of the Faculty/ Staff :
2. Designation :
3. Qualification :
4. Experience :
5. Skills/Area of expertise :
6. Date of Joining :

[illegible]

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TR-03, Rev.0, 01.09.2023

 <p>Kongu Engineering College Perundurai Estd : 1984</p>	<p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	
	<p>Training Feedback Form</p>	

Department of _____

1. Name of the Faculty/ Staff :
2. Department :
3. Date of Training :
4. Topic :
5. Conducted By :
6. Feed back
 - a) Was the training was very useful to your nature of work?
 - b) Will you be able to implement the concepts/ideas learnt in the training?
 - c) Please rate the faculty of the training program (Good, Average, Poor)
 - d) Please rate the overall training (Good, Average, Poor)
 - e) Will you recommend the training for others?

Please give your valuable suggestion on the training.

Trained Faculty/Staff

Verification of effectiveness of Training Provided:

HOD

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