

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



#### Faculty/ Staff Training Need Identification Record

Department of_	
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#### **Academic Year:**

S. No.	Name of the Faculty/ Staff	Prerequisite/ Purpose of Training	Area of Training	Nature of training	Duration of Training	Organization providing Training	Sponsored by KEC/ Self	Date of Completion of Training	Verification of effectiveness and signature of HOD



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#### 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	:

Sl. No.	Date	Details of the Training	Training Conducted by	Sponsored by KEC/ Self	Actual Expenses incurred (Rs.)	Feedback and Signature of Faculty/ Staff	Verification of effectiveness and signature of HOD
			91				



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### **Training Feedback Form**

	Department of
1. Name of the Faculty/ Sta	.ff :
2. Department	:
3. Date of Training	:
4. Topic	±
5. Conducted By	:
6. Feed back	
a) Was the training wa	s 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 facu	ty of the training program (Good, Average, Poor)
d) Please rate the over	all training (Good, Average, Poor)
e) Will you recommer	d the training for others?
Please give your valuable s	uggestion on the training.
Trained Faculty/Staff	
Verification of effectivenes	s of Training Provided: