

Title of the program	Name of the Participant				Date
Name of the Faculty					
Parameter	Rating				
	Excellent	Very Good	Good	Poor	Very Poor
Structure of the program					
Training Methodology					
Course Material					
Effectiveness of the faculty					
Usefulness of the program towards enhancement of your role					
Over all Comments about the program.					
Date			Signature:		
Review remarks by the Faculty with date and signature					
Review remarks By MR / HOD with date and signature					
% of evaluation of the program			Details of updation in the training register with date and signature		
Effectiveness of the program(To be assessed and recorded based on Training ROI)					