

**CENTRAL INSTITUTE OF PLASTICS ENGINEERING AND TECHNOLOGY  
CORPORATE / CENTRE :.....**

**EVALUATION OF TRAINING PROGRAMME**

Dear Sir,

The information provided by you in the following columns is basically to get a feedback about the course / programme you have just attended. This will enable the Company to know the actual utility of the course in your personal development and as furthering organization's interests. This will also help the Company to select courses / programmes more suitably.

This information shall be used for the purpose of evaluating Training and Development activities only and will be treated with strictest confidence.

We welcome you to give us your free, frank and considered opinion.

1. Name : \_\_\_\_\_ 2. Emp. No. : \_\_\_\_\_

3. Designation : \_\_\_\_\_ 4. Dept. : \_\_\_\_\_

5. Nature of programme attended : a). Training    b). Seminar    c). Refresher Course  
d). Workshop    e). Symposium    f). Conference  
g). Others (Please tick the relevant one)

6 . a). Name of the Organising Institution : \_\_\_\_\_

b). Venue : \_\_\_\_\_

7. Theme / Title of the Course : \_\_\_\_\_

8. a). Date (from and to) : From \_\_\_\_\_ To \_\_\_\_\_

b). Duration (in days) : \_\_\_\_\_

9. a). Your initial expectations before attending the Programme : \_\_\_\_\_

b). To what extent (in percentage) was your expectation fulfilled by this Programme ? \_\_\_\_\_

10. Over all shortcomings of the Programme, if any : \_\_\_\_\_  
\_\_\_\_\_

11. a). How do you plan to implement the new ideas / techniques in the programme : \_\_\_\_\_  
\_\_\_\_\_

b). Inputs required, if any for effective implementation of the above : \_\_\_\_\_  
\_\_\_\_\_

12. Rating (Tick in the appropriate box)

Faculty's	Excellent	Very Good	Good	Fair	Poor
Knowledge					
Communication Skills					
Teaching Methods					
Course Material					
Relevance to your present job					

13. Please give your comments on the arrangements made by the company for your attending the above programme.

\_\_\_\_\_  
\_\_\_\_\_

14. Other remarks, if any \_\_\_\_\_

\_\_\_\_\_

Date

Signature of participant

Head of the Department

\_\_\_\_\_