

Feedback Form for Value Added Course

Course Name: Workshop on basic medical and surgical skills

Venue: Seminar hall & Demo Rooms, Hospital Side

Date: 18.02.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?			✓		
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on basic medical and surgical skills

Venue: Seminar Hall & Demo rooms

Date: 16.02.2019

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Feedback Form for Value Added Course

Course Name: Workshop on basic medical and surgical skills

Venue: Seminar Hall and Demo Rooms, Hospital side

Date: 21.02.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	✓
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
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Course Name: Workshop on basic medical and surgical skills

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Date: 21.02.2020

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Feedback Form for Value Added Course

Course Name: Workshop on basic medical and surgical skills

Venue: Seminar Room & Demo Rooms Hospital Side

Date: 20.02.2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
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Feedback Form for Value Added Course

Course Name: Workshop on basic medical and surgical skills

Venue: Seminar Room & Demo Rooms Hospital Side

Date: 20.02.2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
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Feedback Form for Value Added Course

Course Name: Workshop on basic medical and surgical skills

Venue: Seminar Hall and Demo Rooms

Date: 19.02.2022

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
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Feedback Form for Value Added Course

Course Name: Workshop on basic medical and surgical skills

Venue: Seminar Hall and Demo Rooms

Date: 19.02.2022

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on basic medical and surgical skills

Venue: Seminar Hall and Demo Rooms

Date: 19.02.2022

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
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Feedback Form for Value Added Course

Course Name: Workshop on basic medical and surgical skills

Venue: Seminar Hall and Demo Rooms

Date: 19.02.2022

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12	How was the total experience?					✓

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Feedback Form for Value Added Course

Course Name: Workshop on Epi-info Software

Venue: Lecture Hall-4
2018

Date: 22nd April

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
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9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on Epi-info Software

Venue: Lecture Hall-4
2018

Date: 22nd April

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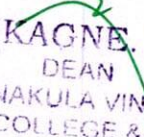
Feedback Form for Value Added Course

Course Name: Workshop on Epi-info Software

Venue: Lecture Hall-4
2018

Date: 22nd April

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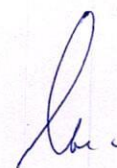
Course Name: Workshop on Epi-info Software

Venue: Lecture Hall-4
2018

Date: 22nd April

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Date: 22nd April

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Date: 21st April 2019

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Feedback Form for Value Added Course

Course Name: Workshop on Epi info software

Venue: Lecture Hall - 4

Date: 21st April 2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
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Feedback Form for Value Added Course

Course Name: Workshop on Epi info software

Venue: Lecture Hall - 4

Date: 21st April 2019

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Feedback Form for Value Added Course

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Feedback Form for Value Added Course

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Feedback Form for Value Added Course


Course Name: Workshop on Epi info software

Venue: Lecture Hall -4
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Date: 19th April

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Feedback Form for Value Added Course

Course Name: Workshop on Epi info software

Venue: Lecture Hall - 4

Date: 18th April 2021

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12	How was the total experience?					✓


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Feedback Form for Value Added Course

Course Name: Workshop on Epi info software

Venue: Lecture Hall - 4

Date: 18th April 2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?					✓


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Feedback Form for Value Added Course

Course Name: Workshop on Epi info software

Venue: Lecture Hall - 4

Date: 18th April 2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
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1	How was your experience with the registration process?				✓	
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Feedback Form for Value Added Course

Course Name: Workshop on Epi info software

Venue: Lecture Hall - 4

Date: 18th April 2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
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12	How was the total experience?				✓	


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Feedback Form for Value Added Course

Course Name: Workshop on Epi info software

Venue: Lecture hall -4

Date: 17th April 2022

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
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Feedback Form for Value Added Course

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Venue: Lecture hall -4

Date: 17th April 2022

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2	Did you have adequate pre-course and joining instruction?				✓	
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Date: 17th April 2022

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S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
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Feedback Form for Value Added Course

Course Name: Workshop on Epi info software

Venue: Lecture hall -4

Date: 17th April 2022

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	✓
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
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11	How was the time management of the course?				✓	
12	How was the total experience?					✓


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Course Name: Workshop on Epi info software

Venue: Lecture hall -4

Date: 17th April 2022

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		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 17.07.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
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11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 17.07.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
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Feedback Form for Certificate course


Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 17.07.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 17.07.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
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12	How was the total experience?					✓

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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 17.07.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
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9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 22.07.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
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12	How was the total experience?					✓

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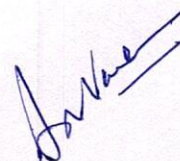
Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 22.07.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
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1	How was your experience with the registration process?					✓
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Feedback Form for Certificate course

Course Name: Hospital Information System

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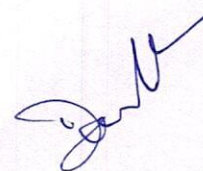
Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 22.07.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 21.07.2019

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S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 21.07.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
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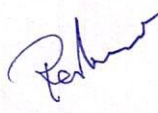
Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 21.07.2019

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S. No.	Assessment Parameters	Rating Scale				
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5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	


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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 21.07.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Certificate course

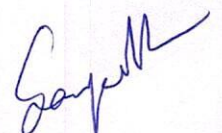
Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 21.07.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
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9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 22.11.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 22.11.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
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11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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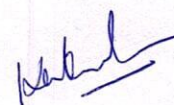
Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 22.11.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
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11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 22.11.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
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11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 22.11.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
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12	How was the total experience?					✓

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Feedback Form for Certificate course


Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 12.12.2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?					✓
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8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 12.12.2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
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12	How was the total experience?					✓

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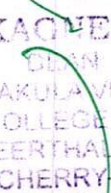
Feedback Form for Certificate course


Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 12.12.2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
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12	How was the total experience?					✓


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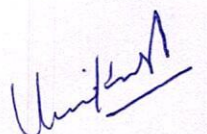
Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 12.12.2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
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11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Certificate course

Course Name: Hospital Information System

Venue: Own book reading hall, I floor

Date: 12.12.2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
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11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Value Added course on Workshop on Qualitative Methods in Health Research

Venue: Community Medicine Demo Hall, College Block

Date: 07.01.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Value Added course on Workshop on Qualitative Methods in Health Research

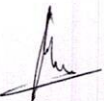
Venue: Community Medicine Demo Hall, College Block

Date: 07.01.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
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3	How were the arrangements for training?					✓
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11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Value Added Course

Course Name: Value Added course on Workshop on Qualitative Methods in Health Research

Venue: Community medicine Demo hall, College block

Date: 07.01.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
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3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
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12	How was the total experience?				✓	

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Venue: Community medicine Demo hall, College block

Date: 07.01.2021

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S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
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3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
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12	How was the total experience?					✓

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S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
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12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Communication skills

Venue: Lecture hall - 4

Date: 15.01.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
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11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Value Added Course

Course Name: Communication skills

Venue: Lecture hall - 4

Date: 14.01.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?			✓		
8	How would you rate the tutors delivery of the course?				✓	
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10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Value Added Course

Course Name: Communication skills

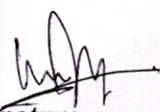
Venue: Lecture hall – 4

Date: 13.01.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Communication skills

Venue: Lecture hall – 4

Date: 12.01.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					
9	What was the quality of interaction of the tutor with the delegates?				✓	✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					
12	How was the total experience?				✓	✓

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Feedback Form for Value Added Course

Course Name: Communication skills

Venue: Lecture hall – 4

Date: 10.01.2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
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12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Basic Epidemiology

Venue: Own Book Reading Hall

Date: 09-08-2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
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Feedback Form for Value Added Course

Course Name: Basic Epidemiology

Venue: Own Book Reading Hall

Date: 09-08-2017

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12	How was the total experience?				✓	

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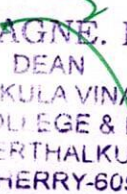
Feedback Form for Value Added Course

Course Name: Basic Epidemiology

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Date: 13 -08-2019.

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S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
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Feedback Form for Value Added Course

Course Name: Basic Epidemiology

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Feedback Form for Value Added Course

Course Name: Basic Epidemiology

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1	How was your experience with the registration process?					✓
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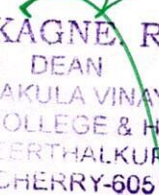
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		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?			✓		
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?				✓	


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Feedback Form for Value Added Course

Course Name: Basic Epidemiology

Venue: Own Book Reading Hall

Date: 10- 08-2020.

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?				✓	
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	


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Feedback Form for Value Added Course

Course Name: Basic Epidemiology

Venue: Own Book Reading Hall

Date: 18-08-2021.

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?			✓		
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Basic Epidemiology

Venue: Own Book Reading Hall

Date: 18-08-2021.

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)

S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	✓

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Feedback Form for Value Added Course

Course Name: Basic Epidemiology

Venue: Own Book Reading Hall

Date: 18-08-2021.

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
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7	How would you rate the tutor's knowledge of the course?					✓
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Feedback Form for Value Added Course

Course Name: Basic Epidemiology

Venue: Own Book Reading Hall

Date: 18-08-2021.

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		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
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12	How was the total experience?				✓	


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Feedback Form for Value Added Course

Course Name: Basic Epidemiology

Venue: Own Book Reading Hall

Date: 18-08-2021.

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?			✓		✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 22.08.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?					✓


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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 22.08.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?					✓


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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 22.08.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
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9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

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Date: 22.08.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?					✓
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12	How was the total experience?				✓	


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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 22.08.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?					✓


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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 26.08.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 26.08.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 26.08.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
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5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 26.08.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
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11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 26.08.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
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12	How was the total experience?					✓


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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 25.08.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
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Date: 25.08.2019

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S. No.	Assessment Parameters	Rating Scale				
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Date: 25.08.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
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5	How would you rate the course overall?					✓
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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 25.08.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
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3	How were the arrangements for training?				✓	
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9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 05.12.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?					✓
12	How was the total experience?				✓	


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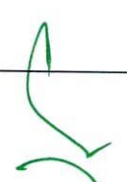
Feedback Form for Value Added Course

Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 05.12.2020

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S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
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Date: 05.12.2020

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12	How was the total experience?					✓

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8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
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11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Course Name: Fire and Safety training program

Venue: SMVMCH

Date: 23.12.2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
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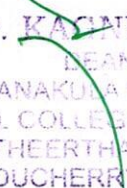
Feedback Form for Value Added Course

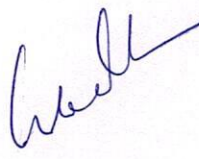
Course Name: Fire and Safety training program

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Date: 23.12.2021

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S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
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12	How was the total experience?				✓	

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Feedback Form for Certificate course

Course Name: Hospital Infection Control


Venue: Own book reading hall, I floor

Date: 15/09/2017 – 18/09/2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	✓
12	How was the total experience?					✓

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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 15/09/2017 – 18/09/2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 15/09/2017 – 18/09/2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

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Feedback Form for Certificate course

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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 25.09.2018 -28.09.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 25.09.2018 -28.09.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?				✓	
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Feedback Form for Certificate course


Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 25.09.2018 -28.09.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 25.09.2018 -28.09.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
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3	How were the arrangements for training?					✓
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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 25.09.2018 -28.09.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 27.09.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 27.09.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					
2	Did you have adequate pre-course and joining instruction?					
3	How were the arrangements for training?					
4	How you rate the venue?					
5	How would you rate the course overall?					
6	Was the training content been a value addition to your knowledge?					
7	How would you rate the tutor's knowledge of the course?					
8	How would you rate the tutors delivery of the course?					
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10	Were the queries of the delegates handled by the tutor satisfactorily?					
11	How was the time management of the course?					
12	How was the total experience?					

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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 27.09.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)

S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?					✓

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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 27.09.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?					✓✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?					✓
12	How was the total experience?					✓

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Course Name: Hospital Infection Control

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Date: 27.09.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?				✓	
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 14/09/2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Date: 14/09/2020

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S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 14/09/2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 14/09/2020

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S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 14/09/2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 11.02.2022

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 11.02.2022

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?					✓


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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 11.02.2022

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	✓
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?					✓


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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 11.02.2022

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?					✓
12	How was the total experience?					✓


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Feedback Form for Certificate course

Course Name: Hospital Infection Control

Venue: Own book reading hall, I floor

Date: 11.02.2022

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 20-08-2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 20-08-2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?			✓		
3	How were the arrangements for training?				✓	
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 20-08-2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 20-08-2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?					
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?			✓		
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 20-08-2018

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S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?			✓		
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 22-01-2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?			✓		

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 22-01-2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?			✓		
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?			✓		
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 22-01-2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 22-01-2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?			✓		
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 22-01-2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?			✓		
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 08-02-2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?			✓		
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 08-02-2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?			✓		
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 08-02-2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?			✓		
11	How was the time management of the course?			✓		
12	How was the total experience?			✓		

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 08-02-2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?				✓	
2	Did you have adequate pre-course and joining instruction?			✓		
3	How were the arrangements for training?				✓	
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?			✓		
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?			✓		
12	How was the total experience?			✓		

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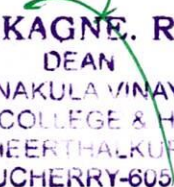
Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 08-02-2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
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11	How was the time management of the course?				✓	
12	How was the total experience?				✓	


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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 14-02-2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
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12	How was the total experience?				✓	


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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 14-02-2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutor's delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
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11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 14-02-2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					
6	Was the training content been a value addition to your knowledge?			✓		
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?			✓		
12	How was the total experience?				✓	


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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 14-02-2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?			✓		
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Workshop on palliative care

Venue: Own Book reading Hall

Date: 14-02-2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	


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Feedback Form for Value Added Course

Course Name: NABH for Hospitals

Venue: Reading hall, College block, SMVMCH

Date: 14th -15th October 2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?			✓		
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Value Added Course

Course Name: Value Added course on NABH for hospitals

Venue: Reading hall, I floor, College block, SMVMCH

Date: 13th -14th October 2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?			✓		
8	How would you rate the tutors delivery of the course?					
9	What was the quality of interaction of the tutor with the delegates?				✓	✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?			✓		
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Value Added course on NABH for hospitals

Venue: Reading hall, I floor, College block, SMVMCH

Date: 12th -13th October 2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?			✓		
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?			✓		
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

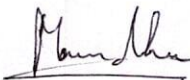
Course Name: Value Added course on NABH for hospitals

Venue: Reading hall, I floor, College block, SMVMCH

Date: 10th -11th October 2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?					✓
3	How were the arrangements for training?				✓	
4	How you rate the venue?					✓
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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Feedback Form for Value Added Course

Course Name: Value Added course on NABH for hospitals

Venue: Reading hall, I floor, College block, SMVMCH

Date: 9th -10th October 2021.

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?				✓	
6	Was the training content been a value addition to your knowledge?					✓
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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 Signature

Feedback Form for Value Added Course

Course Name: Value added course on environmental health and hygiene

Venue: Demonstration hall, Department of community medicine

Date: 30.06.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?			✓		
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?					✓
11	How was the time management of the course?				✓	
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Value added course on environmental health and hygiene

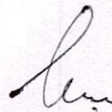
Venue: Demonstration hall, Department of community medicine

Date: 30.06.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?				✓	
8	How would you rate the tutors delivery of the course?					✓
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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 MADAGADIPET, PUDUCHERRY-605 107.


 Signature

Feedback Form for Value Added Course

Course Name: Value added course on environmental health and hygiene


Venue: Demonstration hall, Department of community medicine

Date: 30.06.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?			✓		
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?			✓		
8	How would you rate the tutors delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?				✓	
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?					✓
12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Value added course on environmental health and hygiene

Venue: Demonstration hall, Department of community medicine

Date: 30.06.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
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 MADAGADIPET, PUDUCHERRY-605 107.


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Feedback Form for Value Added Course

Course Name: Value added course on environmental health and hygiene

Venue: Demonstration hall, Department of community medicine


Date: 30.06.2017

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
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Feedback Form for Value Added Course

Course Name: Value added course on environmental health and hygiene

Venue: Demonstration hall, Department of community medicine


Date: 30.06.2018

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Feedback Form for Value Added Course

Course Name: Value added course on environmental health and hygiene

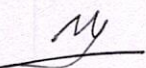
Venue: Demonstration hall, Department of community medicine

Date: 30.06.2018

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
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Course Name: Value added course on environmental health and hygiene

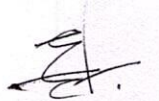
Venue: Demonstration hall, Department of community medicine

Date: 30.06.2018

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		1	2	3	4	5
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12	How was the total experience?				✓	

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Feedback Form for Value Added Course

Course Name: Value added course on environmental health and hygiene

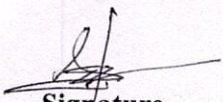
Venue: Demonstration hall, Department of community medicine

Date: 30.06.2018

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Feedback Form for Value Added Course

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Venue: Demonstration hall, Department of community medicine

Date: 30.06.2018

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Feedback Form for Value Added Course

Course Name: Value added course on environmental health and hygiene

Venue: Demonstration hall, department of community medicine

Date: 25.07.2019

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
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Feedback Form for Value Added Course

Course Name: Value added course on environmental health and hygiene

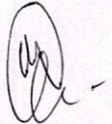
Venue: Demonstration hall, department of community medicine

Date: 25.07.2019

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 MADAGADIPET, PUDUCHERRY-605 107.


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Feedback Form for Value Added Course

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Venue: Demonstration hall, department of community medicine

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 MADAGADIPET, PUDUCHERRY-605 107.


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Feedback Form for Value Added Course

Course Name: Value added course on environmental health and hygiene

Venue: Demonstration hall, department of community medicine

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 MADAGADIPET, PUDUCHERRY-605 107.


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Feedback Form for Value Added Course

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Venue: Demonstration hall, department of community medicine

Date: 25.07.2019

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 Signature

Feedback Form for Value Added Course

Course Name: Certificate course on environmental health and hygiene

Venue: Demonstration hall, department of community medicine

Date: 25.07.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)

S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
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 MEDICAL COLLEGE AND HOSPITAL
 KALITHUR, MADURAI
 MADAGADIPET, PUDUCHERRY-605 107.


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Feedback Form for Value Added Course

Course Name: Certificate course on environmental health and hygiene

Venue: Demonstration hall, department of community medicine

Date: 25.07.2020

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 KALITHEGURU, KUPPAM
 MADAGADURU, PUDUCHERRY-605 009


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Feedback Form for Value Added Course

Course Name: Certificate course on environmental health and hygiene

Venue: Demonstration hall, department of community medicine

Date: 25.07.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
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 KALITHUR, MADURAI
 MADAGADIPEI, PUDUCHERRY-605 007.


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Feedback Form for Value Added Course

Course Name: Certificate course on environmental health and hygiene

Venue: Demonstration hall, department of community medicine

Date: 25.07.2020

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)

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 MEDICAL COLLEGE AND HOSPITAL
 KALITHEENTHAL, MADURAI
 MADURAI, TAMIL NADU - 625 107.


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Feedback Form for Value Added Course

Course Name: Certificate course on environmental health and hygiene

Venue: Demonstration hall, department of community medicine

Date: 25.07.2020

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 MEDICAL COLLEGE AND HOSPITAL
 KALITHEERTHUR, KUPPAM,
 MADAGADIPET, PUDUCHERRY-605 107.


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Feedback Form for Value Added Course

Course Name: Certificate course on environmental health and hygiene

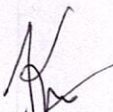
Venue: Department of community medicine

Date: 25.07.2021

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Feedback Form for Value Added Course

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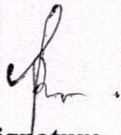
Venue: Department of community medicine

Date: 25.07.2021

(Rating: 1 - Ok, 2 - Below Average, 3 - Average, 4 - Good, 5 - Excellent)						
S. No.	Assessment Parameters	Rating Scale				
		1	2	3	4	5
1	How was your experience with the registration process?					✓
2	Did you have adequate pre-course and joining instruction?				✓	
3	How were the arrangements for training?					✓
4	How you rate the venue?				✓	
5	How would you rate the course overall?					✓
6	Was the training content been a value addition to your knowledge?				✓	
7	How would you rate the tutor's knowledge of the course?					✓
8	How would you rate the tutor's delivery of the course?				✓	
9	What was the quality of interaction of the tutor with the delegates?					✓
10	Were the queries of the delegates handled by the tutor satisfactorily?				✓	
11	How was the time management of the course?				✓	
12	How was the total experience?					✓

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SRI MANAKULA VINAYAGAR
 MEDICAL COLLEGE & HOSPITAL
 KALITHEERTHALKUPPAM,
 MADAGADI PET, PUDUCHERRY-605 007.


 Signature

Feedback Form for Value Added Course

Course Name: Certificate course on environmental health and hygiene

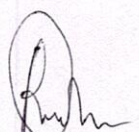
Venue: Department of community medicine

Date: 25.07.2021

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12	How was the total experience?					✓

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
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12	How was the total experience?					✓

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