Annexure 9/15

FEEDBACK FORM ***(to be completed by a candidate, please tick/cross the ratings appropriately)***

Training & Duration:						
Sl. No.	**Particulars**	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
1	**Relevance:** I found the Training relevant.					
2	**Institute:**					
i	**Suitability**: I found the institute most suitable for this training.					
ii	**Resource Persons:** Resource Persons were knowledgeable.					
iii	**Service/Facility:** Services and facilities were good.					
iv	**Environment:** Training environment was conducive.					
3	**I had no problems in processing my:**					
i	Security Clearance Certificate					
ii	Audit Clearance Certificate					
iii	Medical Certificate					
4	**Support from my college:**					
i	Nomination/Selection was transparent, fair and merit-based.					
ii	Processing was on time.					
iii	Dealing Official(s) was professional in service delivery.					
5	**Support from RUB, if applicable:**					

i	Clarification(s) sought was clear.					
ii	Clarification(s) sought was prompt.					
iii	Dealing Official(s) was professional in service delivery.					
6	**Areas for improvement:**					
7	**Any other observation/recommendation:**					

Name & Signature: **College/OVC:** **Date:**

Thank you for completing this form. Information shall be used for the purpose of improving service delivery only.