

Government of India Ministry of Science & Technology Department of Science & Technology National Good Laboratory Practice (GLP) Compliance Monitoring Authority

FEEDBACK FORM FOR TRAINING COURSES OF NGCMA

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NATIONAL GLP COMPLIANCE MONITORING AUTHORITY DEPARTMENT OF SCIENCE AND TECHNOLOGY TECHNOLOGY BHAVAN, NEW MEHRAULI ROAD NEW DELHI-110 016 www.indiaglp.gov.in

FEEDBACK FORM FOR TRAINING COURSES OF NGCMA

Name of the Training Course	
Venue	
Dates & Duration	
Dates & Duration	

A. Structure of the Training course (Please rate on 1-10 scale with 10 being the highest)

		 l .
1.	Was the subject covered adequately?	
2.	Course material	
3.	Duration of lectures/sessions	
4.	Presentation facilities	

B. Relevance (Please rate on 1-10 scale with 10 being the highest)

5.	Usefulness of the training course	
	a) Content	
	b) Focus	
	c) Quality	
6.	Did the training meet your expectations?	Yes/No
If	not, please list where it needs strengthening	
7.	Which topics you found most useful?	
:		
i)		
ii)		
iii)	
8.	Which topics were not found relevant?	
i)		
ii)		
iii)	
111	/	

C. Improvement

· .	improvement.
9.	List other Topics, Workshops, Brainstorming sessions, etc. for inclusion in future
i)	
(ii	

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iii) 10.	Indicate Experts who can deliver talks on the Name of Topic	above topics Name of Speaker (with Affiliation)	
i)			
ii)			
iii) 11.	Any other guagastian for antiching the training	a contact	
i)	Any other suggestion for enriching the trainin	g course.	
			1
ii)			
iii)			
No. 1997	Administrative Arrangements:		٦
12.	How did you know about the Training Program	inne	
	a) Through website of NGCMA	b) Through colleague/friend	
	e) Any other (list the source)		
12	Aggas to logotion/gramoundings of the	of Training (Plasse note on 1.10	-
13.	Access to location/surroundings of the venue scale with 10 being the highest):	31 Training (Flease rate on 1-10	
14.	Quality of food, refreshments etc. served duris	ng the Training course (Please	1
	rate on 1-10 scale with 10 being the highest):		_
15.	Any suggestions for improvement of logistics	s, food etc.:	
a)			
b)			
<u>c)</u>			_
E.]	Personal particulars (Optional) Name:		7
2.	Organization:		
3.	Address:		
4.	Email ID:		
5.	Tel No./ Mobile:		
		Sig	gnatur
			ptiona
App	proved for issue by:		
	A-a-C 23/6/16.		
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