

Appendix V

Assessor Feedback Form on Assessments

Please send us a scanned copy of duly filled and signed copy of this form within a week from the date of receipt. Must be filled by Assessor himself.

1. Please feel free to provide your ratings on the following aspects. Put **Yes/No** as applicable

Attribute	Excellent	Very Good	Good	Average	Needs Improvement
Training Partner					
How was the overall coordination with Training Partner					
Support provided by Training Partner during Assessment					
Support provided by Training partner in creating favorable environment for Written and Viva					
Assessment Body					
Briefing on Assessment process given by Assessment Body					
Briefing on documentation given by Assessment Body					
Support by Technical person from Assessment Body					
Conduction of Assessment was done honestly					

2. Name of the Institution / Organisation you visited for Assessment:

3. Location of Assessment (Address):

4. Batch ID: _____ Date of Assessment: _____
5. Name of the Assessment coordinator (person from Training Partner facilitating Assessment processes):
_____ Mobile: _____
6. Name of the Technical person from Assessment body who accompanied during Assessment: _____
Mobile: _____

Head Office: 13, Palam Marg, Vasant Vihar, New Delhi – 110057 Phone: +91-11-41042408

- 7. Name of Assessment Body (encircle the applicable option) you represent:
Mettl / Aspiring Minds / CII / MCG (Manipal City & guilds) / Skill Mantra
- 8. How many days before you were intimated by the Assessment Body:
_____ Days
- 9. Did you contact Training Partner a day before Assessment: Yes / No
- 10. Assessment start time: _____ End Time: _____
- 11. Were you asked for any Favours, Money, Gifts, and Travel Arrangements, Boarding / Lodging arrangements by Training Partner or any person involved in the process?
Yes / No.
If Yes, please mention name and incident in brief.

12. Difficulties faced during Assessment (Please feel free to share any of your experiences):

13. Suggestions / Recommendations, if any:

Name: ----- Mobile : _____

Email Id: _____

LSSSDC Certificate No.: _____

Signature: _____ Date: _____

Head Office: 13, Palam Marg, Vasant Vihar, New Delhi – 110057 Phone: +91-11-41042408

