

Appendix VI

Training Partner 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 Assessment-coordinator.

1. Name of the Institution / Organisation:
2. Location of Assessment (Address):
3. Batch ID: _____ Date of Assessment: _____
4. Name of the Assessor who carried Assessment: _____
5. Name of Assessment Body (encircle the applicable option): Mettl / Aspiring Minds / CII / MCG
6. How many days before the date of assessment was intimated : _____ Days
7. Did assessor contact you a day before Assessment: Yes / No
8. Assessment start time: _____ End Time: _____
9. Please feel free to provide your ratings on the following aspects. Put (✓) where ever applicable

Attribute	Excellent	Very Good	Good	Average	Needs Improvement
How was the overall coordination with Assessment agency					
Did assessment agency perform all the formalities of documentation					
Assessor					
Did assessor reach on time					
Was Assessor well dressed.					
Communication of assessor					
Conduction of Assessment was done honestly					

10. Were you asked for any Favours, Money, Gifts, and Travel Arrangements, Boarding / Lodging arrangements by assessor or any person involved in the process? Yes / No.

If Yes, please mention name and incident in brief.

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

Suggestions / Recommendations, if any:

Name of person filling the form: _____

Signature:

Designation: _____

Date: _____

