

## REGIONAL TRAINING INSTITUTE

(FORM FOR EVALUATION OF IMPACT OF TRAINING)

(To be returned to the RTI by the user offices concerned within 21 days from the date of completion of three months from the last date of the course)

Name of the course.....

Duration.....

Office of the.....

.....

### PART-I

(To be filled up by the official trained on completion of three months after the course for submission to his Supervising Officer within seven days)

Name of the official	
Branch in which working	
If this different from the area in which trained, duration of working in the relevant branch	
Has the training imparted been useful in improving your performance? If so, briefly mention the improvement/contribution you made as a result of training. If no, state the reasons	

Signature.....

Name.....

Designation.....

Date.....

**PART-II**

(To be filled up by the concerned branch of the office in which the trained official is working for submission to Administration Wing within seven days)

Name of the Branch	
State whether the official has been able to apply the knowledge and skill acquired through training	
Has the official shown improvement in performance?	
If not, what specific issues need to be covered in training so as to bring out the desired performance?	
Does the official require further training in the area?	

Signature (AAO)

Name:

Designation:

Date:

Signature (AO/SAO)

Name:

Designation:

Date:

Signature (Group Officer)

Name:

Designation:

Date:

**PART-III**

(To be filled up by Sector/Section for forwarding to the RTI concerned within Seven days)

If the official is not working in the area in which trained. Why was he sent for this training?	
How soon the official is likely to be utilized in the area in which trained?	
Remarks, if any	

Signature.....

Name.....

Designation.....

Date.....