

Proforma-A
OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL (AUDIT)
JHARKHAND, RANCHI

IN-HOUSE TRAINING

COURSE EVALUATION FORM- TO BE FILLED BY PARTICIPANTS

(Please give your sincere evaluation of the Training Programme)

Name of the Course:

Period of Training:- From..... To.....

Name of the Participant:

Designation :

Section/ Sector:

To help us improve the quality of our training, we would appreciate your feedback! Please indicate your response to the questions below by ticking the appropriate number, with **1 = MOST NEGATIVE** and **5 = MOST POSITIVE**:

A. Overview:

Sl. No	Description	Ratings				
		1	2	3	4	5
1	Topics covered were relevant					
2	Interaction between Participants and faculty					
3	The content was organized and easy to follow					
4	The training experience will be useful in my work					
5	The time allotted for the training was sufficient					
6	The training room and facilities were adequate and comfortable					
7	Teaching Methodology: a) Pedagogical, c) Case studies b) Participative, d) Use of Structured Training module					
8	Case Study discussed, if any					
9	What did you like most about the course?					

10	What would you recommend changing about the course?	
11	What other Sessions/ Topics in your opinion could be included in the course?	
12	Which Session/ Topics do you consider not relevant to the course? (with reasons)	

B. Sessions and Faculty:

Please score each session and faculty using the same scale 1 to 5

Date	Session	Topic	Name of Faculty	Ratings				
				1	2	3	4	5

C. Conclusion:

Sl. No.	Description	Ratings				
		1	2	3	4	5
1	Overall, how would you rate the course					
2	Other comments, observation, suggestions:					

Signature of Participant

Proforma-B

OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL (AUDIT)

JHARKHAND, RANCHI

IN-HOUSE TRAINING

COURSE EVALUATION FORM – TO BE FILLED BY FACULTY

(Please give your sincere evaluation of the Training Programme)

Name of the Course:

Duration :

Designation :

Section :

1. Teaching Techniques adopted (Please tick one or more)

- | | | | |
|-----|-----------------------------------|---|--------------------------|
| (a) | Pedagogical | - | <input type="checkbox"/> |
| (b) | Case Studies | - | <input type="checkbox"/> |
| (c) | Participative | - | <input type="checkbox"/> |
| (d) | Use of Structured Training Module | - | <input type="checkbox"/> |

2. If Case Study technique adopted, give brief details of the Case Studies

3. What is your opinion on the duration of the course? Too Long/ Adequate / Inadequate

4. Is the training material vetted by Group officer: Yes/ No

5. (a) Candidates' participation on discussion/ interaction: Very Good / Good/ Poor

(b) Brief remarks on candidates' participation (if any) _____

Signature and Name of Faculty