



SHREE RAJ CASTECH PVT.LTD.
EMPLOYEE FEEDBACK FORM

FORMAT

F-QMS-05 B

REV / DATE

00/14.03.2020

Employee Name: MOGHARIYA HARDIK M. Dept. _____

Training Topic: POSSIBLE CAUSE IDENTIFICATION AND ANALYSIS OF ALL POSSIBLE Time: _____

Trainer Name: Mr.RAKESH JAIN Agency: _____

Training Type: Skill Knowledge Behaviour

How will you rate the Training Faculty on the following criteria:

S No	Criteria	Excellent (4)	Very Good (3)	Good (2)	Average (1)
1	Knowledge of the Subject	√			
2	Quality of Presentation (Slides, Audio, Video clips etc)		√		
3	Quality of delivery (Enthusiasm, interest, voice,gesture)	√			
4	Answering questions & doubts to participant's satisfaction	√			
5	Effective Time Management during Training	√			

Your suggestions / Comments for further improvements

(Signature of the Employee)