



INDIAN INSTITUTE OF INSURANCE SURVEYORS & LOSS ASSESSORS

"Promoted By: IRDA-GOVT. OF INDIA"

Admin Office- Door No 3-5-890, Flat No 315, Paras Chambers,
Himayath Nagar, Hyderabad - 500029, Phone. 040-66253666

FEEDBACK FORM FOR TRAINING PROGRAMME

| | |
|----------------------------|--|
| Date of Training Programme | |
|----------------------------|--|

| | | | | | |
|--------------|--|---------|--|------|--|
| Name of Zone | | Chapter | | Unit | |
|--------------|--|---------|--|------|--|

Please tick in the appropriate box



SATISFACTORY

GOOD

EXCELLENT

| | | | | |
|---|------------------------|--------------------------|--------------------------|--------------------------|
| 1 | Course Contents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|------------------------|--------------------------|--------------------------|--------------------------|

Suggestions

| | | | | |
|---|----------------|--------------------------|--------------------------|--------------------------|
| 2 | Faculty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|----------------|--------------------------|--------------------------|--------------------------|

Suggestions

| | | | | |
|---|--------------|--------------------------|--------------------------|--------------------------|
| 3 | Venue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------|--------------------------|--------------------------|--------------------------|

Suggestions

| | | | | |
|---|-------------|--------------------------|--------------------------|--------------------------|
| 4 | Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------|--------------------------|--------------------------|--------------------------|

Suggestions

| | | | | |
|---|--------------------|--------------------------|--------------------------|--------------------------|
| 5 | Hospitality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------|--------------------------|--------------------------|--------------------------|

Suggestions

| | | | | |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|
| 6 | Over all performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|

Suggestions

DISCLOSURE OF IDENTITY IS OPTIONAL FOR THE PARTICIPANTS

| | |
|---------------|--|
| Delegate name | |
| Membership No | |
| Place of work | |

Signature of Delegate