

Training Feedback form for Quick Report Pvt. Ltd.

1) Name of Company*

2) Name of Trainer*

3) Name of Participant*

4) Designation in Company*

5) Date of Training*

/ / to / /

6) Venue of Training

7) Topics Covered*:

- MyReport Data
- MyReport Datarun
- MyReport Builder
- MyReport Messenger
- MyReport Viewer
- MyReport Centre
- MyReport Page
- Presentation
- MyReport SDK
- ComWeb

8) Feedback	Excellent	Good	Average
1.The Training Met my Expectation*:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communication (Delivery)*:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Question Handling*:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Time was Adequate*:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall Rating*:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9) Suggestions for Improvement:

10) Any of your Query Unsolved: