

“Faculty Development Program for Students Induction”

FEEDBACK FROM PARTICIPANTS

PERSONAL DETAILS:

- a) Name of Participants :
- b) Participant’s Institute / Organization :
- c) Email id :
- d) Mobile No. :
- e) Permanent Address :
- f) Place of Workshop (Institute, City) :
- g) Duration (Start and End date) :
- h) Resource Person (Conducted Workshop) :

FEEDBACK:

1. What are your personal achievements after participating in the workshop?

S.N.	Points	Before Workshop	After Workshop

