

LECTURES

Course Training Sem. VI Branch B.Tech Batch : 1

Roll No.	Name	Date Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
			8 mar	9 mar	10 mar	11 mar	12 03	14 03	15 03	16 03	21 3	22 03	23 03	24 03	25 03	26 03	28 03	29 3	30 03	31 3	1	2	3	4
19	PPADYMN Agarwal		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
2	Bitu Kr. Sha		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
3	Nishant Kumar		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
4	Anushka Sharma		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
5	Himanshu Tiwari		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
C	Harshit Ranjan Rai		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
7	Shivam Mishra		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
8	Sujata Kushwaha		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
9	Manish Kr. Patel		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
10	Anshu Gird		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
11	Ravi Kr. Verma		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
12	Ravindra Kr. Gautam		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
13	X Rati Singh		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
14	Amir Hamza		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
15	Rishu Rai		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
16	Manikant		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
17	Fateh Naz		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
18	Ansalimanya		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
19	Dilraj Gautam		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
20	X Shamu Saini		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
21	Priyanka Sharma		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
22	Rishabh Singh		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
22	AKriti Yadav		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
24	Sandipam Chakraborty		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
25	Kishan Soni		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
26	Sania Gupta		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
27	Shanti Marya		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
28	Nagesh Toipathi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
29	Deepshikha Singh		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
30	Santosh Kr.		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
31	Neha Mishra		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
32	Achuk Srivastava		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
33	Saurabh Kumar		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
34	Ashish Kr. Bind		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
35	X Jai Vishnu Jaiswal		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
36	Vibhav Kushwaha		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
37	X Amanish Kr. Yadav		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
38	Himanshu Dey Pandey		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
39	Pooja Kumari		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
40	Anchal Singh		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
41	Ritik Dwivedi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
42	Akshita Pandey		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
43	Brijesh Kr. Yadav		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
44	Shahabuzzamir Alam		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
45	Abhishek Ramat		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
46	Amitesh Ranjan		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
47	Nitin Kr. Sengupta		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
48	Ashutosh Toipathi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
49	Deepanshu Singh		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
50	Deepanshu Toipathi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
	Sapt. Rishi Das		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P

LECTURES

Attendance Record of Lectures 2021... - 2022... Subject C/Python

R. No.	D/M	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	24
		4	5	6	7																	
1	P	P	P	P																		22
2	P	P	P	P																		17
3	P	P	P	P																		22
4	P	P	P	P																		22
5	P	P	P	P																		20
6	P	P	P	P																		20
7	P	P	P	P																		21
8	P	P	P	P																		19
9	P	P	P	P																		21
10	P	P	P	P																		19
11	P	P	P	P																		16
12	P	P	P	P																		23
13	P	P	P	P																		23
14	P	P	P	P																		
15	P	P	P	P																		13
16	P	P	P	P																		12
17	P	P	P	P																		20
18	P	P	P	P																		20
19	P	P	P	P																		17
20	P	P	P	P																		19
21	P	P	P	P																		13
22	P	P	P	P																		22
23	P	P	P	P																		23
24	P	P	P	P																		20
25	P	P	P	P																		22
26	P	P	P	P																		22
27	P	P	P	P																		22
28	P	P	P	P																		22
29	P	P	P	P																		24
30	P	P	P	P																		23
31	P	P	P	P																		23
32	P	P	P	P																		12
33	P	P	P	P																		24
34	P	P	P	P																		19
35	P	P	P	P																		
36	P	P	P	P																		20
37	P	P	P	P																		
38	P	P	P	P																		20
39	P	P	P	P																		13
40	P	P	P	P																		23
41	P	P	P	P																		22
42	P	P	P	P																		20
43	P	P	P	P																		06
44	P	P	P	P																		21
45	P	P	P	P																		19
46	P	P	P	P																		05
47	P	P	P	P																		08
48	P	P	P	P																		21
49	P	P	P	P																		23
50	P	P	P	P																		24
51	P	P	P	P																		06

LECTURES

Course..... Sem. Branch..... Batch : 2

Roll No.	Name	D/M	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
			8 nov	1 nov	10 nov	11 nov	12 03	14 03	15 03	16 03	21 03	22 03	23 03	24 03	25 03	26 03	28 03	29 03	30 03	31 03	31 03	31 03
51	Sunay Singh		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
52	Vaidhyanvi Mishra		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
53	Harshit Yadav		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
54	Sakendran Jaiswal		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
55	Deekshika Tripathi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
56	Neha Singh		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
57	Harshita Vishwakarma		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
58	Shaktish Kri Singh		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
59	VidyaKha Jaiswal		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
60	Abhay Pratap Samrat		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
61	Deeksha Kesharwani		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
62	Vishal Tiwari		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
63	Vivek Tiwari		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
64	Ratish Dubey		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
65	Shoeb Ansari		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
66	Aarav Patel		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
67	Md. Waseem Ahmad		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
68	Devendra Prasad		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
69	Nargen Mishra		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
70	Shashikanta Azad		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
71	Abhishek Dwivedi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
72	Rohit Bind		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
73	Satvika Tripathi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
74	Riya Verma	EC	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
75	Rohit Maurya		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
76	Akshay Anand		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
77	Ashutosh Tiwari	Enl	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
78	Anand Kr. Yadav		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
79	Sajal Singh		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
80	Adish Rawat		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
81	Shubham Singh		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
82	Angeli Patel		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
83	Kubera Kumari		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
84	Aparna Maurya		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
85	Nandini Sahay		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
86	Km. Simran		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
87	Kishan Kr. Rai		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
88	Kartikay Kr. Singh		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
89	Amit Kr.		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
90	Abhishek Singh Yadav		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
91	Vaishali Gupta		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
92	Himanshu Kr.	MC	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
93	Shashikant Kr.		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
94	Abhishek Kr.		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
95	Rainityanand Sontak		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
96	Shankar Sh. Khan		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
97	Mehit Kr.		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
98	Sudhanshu Dwivedi		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
99	Siddhant Kr. Mishra		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
	Sandeep Kr. Choudhary		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P

LECTURES

Attendance Record of Lectures 20..... - 20..... Subject.....

D/M	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	S	TA
R. No.	54	54	54	54																	24	
51	.	.	.	.																	06	
52	.	.	.	.																	06	
53	.	.	.	.																	19	
54	P	P	P	P																	23	
55	P	P	P	P																	22	
56	P	P	P	P																	22	
57	.	.	P	P																	18	
58	.	.	.	.																	11	
59	.	P	P	P																	17	
60	P	P	P	P																	22	
61	P	.	P	P																	20	
62	.	.	.	.																	08.	
63	P	P	P	P																	23.	
64	P	.	P	P																	18.	
65	P	P	P	P																	16.	
66	.	P	P	P																	19.	
67	P	P	P	P																	17.	
68	.	.	.	.																	10+3+3	
69	P	P	P	P																	23	
70	P	P	P	P																	24	
71	.	P	P	P																	22	
72	P	P	P	P																	21	
73	.	.	.	.																	11	
74	.	P	P	P																	22.	
75	.	P	P	P																	14.	
76	P	P	P	P																	16.	
77	P	P	P	P																	22	
78	P	P	P	P																	24	
79	P	P	P	P																	21	
80	.	P	P	P																	21	
81	.	P	P	P																	10.	
82	.	P	P	P																	16.	
83	.	P	P	P																	17.	
84	.	P	P	P																	22.	
85	P	P	P	P																	23.	
86	P	P	P	P																	21	
87	P	P	P	P																	23.	
88	P	P	P	P																	20.	
89	.	P	P	P																	11.	
90	.	P	P	P																	08.	
91	P	.	P	P																	18	
92	P	.	P	P																	23.	
93	.	.	.	.																	06.	
94	.	.	.	.																	06.	
95	.	.	.	.																	0808	
96	.	P	P	P																	13.	
97	P	P	P	P																	24.	
98	P	P	P	P																	22.	
99	P	P	P	P																	23.	
100	P	P	P	P																	19	

LECTURES

Attendance Record of Lectures 20..... - 20..... Batch : 2

D/M	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
R No.	8 m	9 m	10 m	11 m	12 m	14 m	15 m	16 m	21 m	22 m	23 m	24 m	25 m	26 03	28 03	29 3	30 3	31 3	1 4	2 4
Vishwas Raj Bhan	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Kansh Rajan	P			P	P	P	P	P	P	P	P	P	P							
Anand K. Singh	P	P	P	P	P	P	P	P						P	P	P	P	P	P	
Abhinav Patel	P	P	P	P	P	P	P	P									P			
Vishwas Raj Bhan							P	P		P	P				P					
PANISHU PANDAY															P	P	P	P	P	

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Km. Siminam</u>	FATHER'S NAME: <u>Mrs. Anup Kumar</u>
ROLL NO: <u>1904280210019</u>	DEPARTMENT: <u>EEE</u>
COURSE: <u>B.Tech 3rd year</u>	CONTACT NO.: <u>8303399987</u>
E-MAIL ID: <u>siminamkumari29102002@gmail.com</u>	DATE: <u>07 April 2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTO etc.) / interview	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Km. Siminam
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Shashi Shekhar Azad</u>	FATHER'S NAME: <u>Rakesh Ram</u>
ROLL NO. <u>2004280109008</u>	DEPARTMENT: <u>Computer Science & Engg.</u>
COURSE: <u>B.Tech.</u>	CONTACT NO.: <u>9519 825782</u>
E-MAIL ID: <u>shashishekhar.coder@gmail.com</u>	DATE: <u>7/4/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March – 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTQ etc.) / interview	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Need more time for training</u>
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Shashi
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Sania Gupta</u>	FATHER'S NAME: <u>Shiv Kumar Gupta</u>
ROLL NO: <u>1904280130003</u>	DEPARTMENT: <u>IT</u>
COURSE: <u>B.Tech (IT)</u>	CONTACT NO: <u>7084522522</u>
E-MAIL ID: <u>kabirgupta1302@gmail.com</u>	DATE: <u>7/04/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYQT etc.) / interview	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

atleast take weekly test & for coding
Take test regularly so we can improve

Sania Gupta
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Manish kr. patel</u>	FATHER'S NAME: <u>Mr. Omprakash</u>
ROLL NO. <u>1904280100037</u>	DEPARTMENT: <u>CSE</u>
COURSE: <u>B.Tech</u>	CONTACT NO.: <u>6306968475</u>
E-MAIL ID: <u>manishkumarblu02@gmail.com</u>	DATE: <u>7/04/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March – 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYQ etc.) / interview	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No material
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

manishkumar
Signature Patel

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Haarshit Ranjan Rai</u>	FATHER'S NAME: <u>Mr. Shalendra K. Rai</u>
ROLL NO. <u>1904280100021</u>	DEPARTMENT: <u>CSE</u>
COURSE: <u>B.Tech</u>	CONTACT NO: <u>6390805168</u>
E-MAIL ID: <u>ranjanraihashit@gmail.com</u>	DATE: <u>4/4/2022</u>

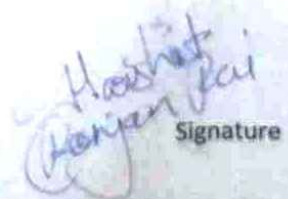
We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTQ etc.) / interview	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>no material</u>
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Need some time to practice while training period.


 Haarshit Ranjan Rai
 Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>NEHA MISHRA</u>	FATHER'S NAME: <u>Mr. Raj Kumar Mishra</u>
ROLL NO: <u>1904280100044</u>	DEPARTMENT: <u>CSE</u>
COURSE: <u>Btech</u>	CONTACT NO.: <u>9935374567</u>
E-MAIL ID: <u>nehahnmishra@gmail.com</u>	DATE: <u>7 Apr. 2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYQT etc.) / interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	It was too good they made preparat good. Efforts should be appreciated
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Their interaction and connection was in the way with them way us and fruitful.
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

The overall training was good and fruitful. Their interaction and exposure was nice and learning. I really appreciate the way they conducted the training.

Neha Mishra
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Ravindra Kumar Ganton</u>	FATHER'S NAME: <u>Mr. Rajesh Kumar</u>
ROLL NO: <u>2004280109007</u>	DEPARTMENT: <u>CSE</u>
COURSE: <u>B.Tech</u>	CONTACT NO: <u>8707826966</u>
E-MAIL ID: <u>ravindra.csect@gmail.com</u>	DATE: <u>07/04/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYQT etc.) / interview	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Ravindra Kumar
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Himanshu Dev Pandey</u>	FATHER'S NAME: <u>Shri Sanjay Dev Pandey</u>
ROLL NO: <u>1904200100029</u>	DEPARTMENT: <u>CSE</u>
COURSE: <u>BOTech</u>	CONTACT NO.: <u>6392760053</u>
E-MAIL ID: <u>hp29310656@gmail.com</u>	DATE: <u>07/04/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March – 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTO etc.) / interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Himanshu
Signature

TRAINING FEEDBACK FORM

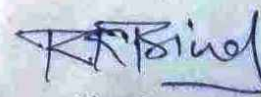
STUDENT'S NAME: Rohit Kumar Bind	FATHER'S NAME: Mr. Arjun Prasad
ROLL NO. 1904280100056	DEPARTMENT: CSE
COURSE: B.Tech	CONTACT NO.: 7839347192
E-MAIL ID: rohitbind9@gmail.com	DATE: 07/04/2022

We Request you to please share your valuable feedback on the four weeks (5th March – 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTQ etc.) / interview	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:


 Signature

TRAINING FEEDBACK FORM

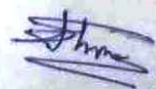
STUDENT'S NAME: <u>Shivam Mishra</u>	FATHER'S NAME: <u>Anil Mishra</u>
ROLL NO: <u>J909280J00066</u>	DEPARTMENT: <u>CSE</u>
COURSE: <u>B.Tech</u>	CONTACT NO: <u>7380762209</u>
E-MAIL ID:	DATE: <u>07/09/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTQ etc.) / interview	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:


 Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME <u>Aman Patel</u>	FATHER'S NAME <u>Mr. Surendra Nath Patel</u>
ROLL NO. <u>1900280100006</u>	DEPARTMENT <u>CSE</u>
COURSE <u>B.Tech (CSE)</u>	CONTACT NO <u>7705840682</u>
E-MAIL ID <u>amankp770@gmail.com</u>	DATE <u>07/04/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTQ etc.) / interview	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness in terms of improving your personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Signature

Aman Patel

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Shoeb Ansari</u>	FATHER'S NAME: <u>Yasin Ansari</u>
ROLL NO. <u>1904280100067</u>	DEPARTMENT: <u>CSE</u>
COURSE: <u>B-Tech</u>	CONTACT NO.: <u>9369306429</u>
E-MAIL ID: <u>mdshoebofficial2050@gmail.com</u>	DATE: <u>07/04/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYQT etc.) / interview	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

SHOEB ANSARI
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Ashish kumar bind</u>	FATHER'S NAME: <u>Mr. Maudailal bind</u>
ROLL NO. <u>1904280100013</u>	DEPARTMENT: <u>CSE 3rd year</u>
COURSE: <u>B-Tech</u>	CONTACT NO.: <u>7084479094</u>
E-MAIL ID: <u>bind792366@gmail.com</u>	DATE: <u>07/09/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTQ etc.) / interview	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Ashish
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Vaibhav kushwaha</u>	FATHER'S NAME: <u>Mr. Raj kumar kushwaha</u>
ROLL NO: <u>1904280100077</u>	DEPARTMENT: <u>CSE</u>
COURSE: <u>B. tech</u>	CONTACT NO.: <u>7393028539</u>
E-MAIL ID: <u>vaibhavvost6529@gmail.com</u>	DATE: <u>7/04/22</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTO etc) / interview	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Vaibhav Kushwaha
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Himanshu Tiwari</u>	FATHER'S NAME: <u>Mr. S.B. Tiwari</u>
ROLL NO: <u>1842810033</u>	DEPARTMENT: <u>CS BTech</u>
COURSE: <u>Computer Science</u>	CONTACT NO: <u>8853174092</u>
E-MAIL ID: <u>himanshutiwarilhr12@gmail.com</u>	DATE: <u>7/April/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1 Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTO etc) / interview	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 Effectiveness in terms of improving your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3 Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4 Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Usefulness material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7 Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8 Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9 Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10 Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11 Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12 Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Himanshu Tiwari
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Abhishek Dwivedi</u>	FATHER'S NAME: <u>Dr. Surya Prakash Dwivedi</u>
ROLL NO. <u>1904280100002</u>	DEPARTMENT: <u>B.Tech CSE</u>
COURSE: <u>B.Tech</u>	CONTACT NO.: <u>7355244798</u>
E-MAIL ID: <u>dw.04abhi@gmail.com</u>	DATE: <u>07/04/22</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYQT etc.) / interview	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Should give some time for self practicing
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	We needed some gap during training classes
4. Duration: in terms of the length of time for the sessions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Abhishek
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Vishakha Jaiswal</u>	FATHER'S NAME: <u>Mr. Sandeep Kumar Jaiswal</u>
ROLL NO. <u>1904280100080</u>	DEPARTMENT: <u>CSE</u>
COURSE: <u>B.Tech (CSE)</u>	CONTACT NO.: <u>9129330903</u>
E-MAIL ID: <u>vishakha2052@gmail.com</u>	DATE: <u>7/4/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March – 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTQ etc.) / interview	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Vishakha
signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>Ritik Duvvedi</u>	FATHER'S NAME: <u>Rakesh Duvvedi</u>
ROLL NO. <u>1904280100055</u>	DEPARTMENT: <u>CSE</u>
COURSE: <u>D-tech</u>	CONTACT NO: <u>8809170095</u>
E-MAIL ID: <u>duvidu420@gmail.com</u>	DATE: <u>07/04/22</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYQ etc.) / interview	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Ritik Duvvedi
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <u>DIL RAT GAUTAM</u>	FATHER'S NAME: <u>RAJESH KUMAR GAUTAM</u>
ROLL NO: <u>1904280100023</u>	DEPARTMENT: <u>Computer Science & Engineering</u>
COURSE: <u>B.Tech</u>	CONTACT NO: <u>8410947511</u>
E-MAIL ID: <u>dilraj2021@gmail.com</u>	DATE: <u>07/04/2022</u>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTO etc) / interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Preparation according to time allotted for each question.

Dilraj
Signature

TRAINING FEEDBACK FORM

STUDENT'S NAME: <i>Ashutosh Tejpathi</i>	FATHER'S NAME: <i>Divakar Tejpathi</i>
ROLL NO. <i>1909280100017</i>	DEPARTMENT: <i>CSE</i>
COURSE: <i>B-Tech</i>	CONTACT NO.: <i>9219659290</i>
E-MAIL ID: <i>at21072001@gmail.com</i>	DATE: <i>07/04/22</i>

We Request you to please share your valuable feedback on the four weeks (5th March - 7th April 2022) training (Technical/Non-Technical) you have participated.

SESSION & CONTENT	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
1. Relevance: in terms of preparing you for a competitive exam (TCS NQT, INFYTQ etc.) / interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Effectiveness: in terms of improving your personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Participation: being involved in the activities and the learning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Duration: in terms of the length of time for the sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Usefulness: material provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Expectation: did the course meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

TRAINER & INFRA	AVERAGE	GOOD	VERY GOOD	EXCEPTIONAL	ADDITIONAL COMMENT
7. Clarity of voice: being able to hear the trainer clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Connection: the way trainer connect with you	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Preparation and organization: was the trainer prepared for the sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Enthusiasm: the trainer's interest and energy level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Convenience: were the timings of the sessions convenient to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Arrangements: were the arrangements provided by the institution suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Any Suggestions of topics that we should include in your training:

Ashutosh Tejpathi
Signature