

Training Effectiveness Evaluation Record

Format No.:

Date of Review:

Name of Employee:

Department:

Dates & Durations of Training Program
Name of Training Program
Venue of Training Program
Name of Faculty of Training Program

Training Evaluation				
Sr. No.	Description	Result / Measurements	Evidence of Training	Training Effectiveness Status
01	Examination Marks Obtained – Marks Obtained by			
02	Act as a Trainer to train down below line	Training programme record (Min. One)		
03	Effective implementation of documents NCR/CAR/PAR/ internal audit/data analysis/continual improvement etc.)	Min. two cases of any Initiated DOC		
04	Act as a team leader/member for improving process/ problem solving activity etc.	Min. one case		
05	Review of Improved quality of work	Min. one working area		
06	Review of changed attitudes towards the job with more confidence & positive manner.	Min. two observation		

Remarks by Trainer:

Signature of Trainer

Signature of H.O.D.

Date:

Date: