

**FEEDBACK FORM** (to be completed by a candidate only after availing training)*Please tick/cross the ratings appropriately* **Training & Duration:**

Sl. No.	Particulars	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	<b>Relevance:</b> I found the Training relevant.					
2	<b>Institute:</b>					
i	<b>Suitability:</b> I found the institute most suitable for this training.					
ii	<b>Resource Persons:</b> Resource Persons were knowledgeable.					
iii	<b>Service/Facility:</b> Services and facilities were good.					
iv	<b>Environment:</b> Training environment was conducive.					
3	<b>I had no problems in processing my:</b>					
I	Security Clearance Certificate					
ii	Audit Clearance Certificate					
iii	Medical Certificate					
4	<b>Support from my Agency:</b>					
i	Nomination/Selection was transparent, fair and merit-based.					
ii	Processing was on time.					
iii	Dealing Official(s) was professional in service delivery.					
5	<b>Support from RCSC, if applicable:</b>					
i	Clarification(s) sought was clear.					
ii	Clarification(s) sought was prompt.					
iii	Dealing Official(s) was professional in service delivery.					
6	<b>Areas for improvement:</b>					
7	<b>Any other observation/recommendation:</b>					

**Name & Signature:****Agency:****Date:**

*Thank you for completing this form. Information shall be used for the purpose of improving service delivery.*