

**FEEDBACK FORM** (to be completed by a candidate only after availing training)

**Please tick/cross the ratings appropriately**

<b>Training &amp; Duration:</b>						
<b>Sl. No.</b>	<b>Particulars</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<b>1</b>	<b>Relevance:</b> I found the Training relevant.					
<b>2</b>	<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.					
<b>3</b>	<b>I had no problems in processing my:</b>					
I	Security Clearance Certificate					
ii	Audit Clearance Certificate					
iii	Medical Certificate					
<b>4</b>	<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.					
<b>5</b>	<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.					
<b>6</b>	<b>Areas for improvement:</b>					
<b>7</b>	<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 only.*