**(Region as applicable)**

**TOPIC:**

**TIME: DATE: VENUE :**

**PARTICIPANT’S FEEDBACK FOR PLANT VISIT / DOMESTIC MISSION**

**I.** **Overall Assessment of Presentation/ Visit** (Please tick -)

a. Presentation by **<<Name of Presenter>>:** 1 2 3 4

(Ratings: 1–Poor=>Well below Expectation; 2–Fair=>Justified; 3–Good=>Better than Expected; 4–Excellent=>Well beyond Expectation)

1. Relevance to own company:

Relevant

Extremely Relevant

Marginally Relevant

Negligible

c. Learning from

Little

Average

High

Fairly high

Nothing

- Presentation(s):

- Visit to Shop Floor:

Little

Average

High

Fairly high

Nothing

(as applicable)

1. **Any Specific points you would like to highlight: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III**. **Ideas Implementable at own company**  None Few Many

- Specify one example (if answer is few / many):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IV.** **Your assessment on Administrative arrangements:**

i) Response Time from ACMA 1 2 3 4

1. Registration : 1 2 3 4

1. Environment (comfort / audibility / other A/V) : 1 2 3 4
2. Logistics (Location Map / Transport Arrangement 1 2 3 4

(by ACMA if any)

1. Catering 1 2 3 4

Please give reasons / suggestions, if your marking is either poor or Fair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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High

Adequate

Low

**V.** **Participation Fee:**

**VI.** **Any other Comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Contact Details (Optional)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<\* Depending on the number of Presentations, the Program coordinator to make suitable provision to take the feedback for all the presentations>