Workshop on

Improving Project Success through Project Risk Management

Friday, July 21, 2017

FEEDBACK FORM

(Please hand it over to .....before the conclusion of the program)

RATING	*0-25 %*	*25-40%*	*40-60 %*	*60-75%*	*75-90%*	*90% plus*
FACTOR	Below Standards	Below Average	Average	Above Average	Good	Very Good
Alignment to Stated Objectives				✓		
Quality of Content					✓	
Faculty Style & presentation						✓
Involvement of Participants						✓
Practical Application to Work						✓
Subject Coverage					✓	

GENERAL OBSERVATIONS Good style to teach & lot of knowledge.

WHAT IS YOUR OVERALL ASSESSMENT OF THIS PROGRAMME?

below40%	*40%+*	*50%+*	*60%+*	*70%+*	*80%+*	*90%+*	*95%+*	*100%+*
					✓			

Would you recommend this program to a friend or professional colleague? YES / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
		✓		

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify.

Hedging Subject and GST.

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures. Yatindra Borkar

1) Name: ~~Suchana Parab~~ Designation: ~~Secretary.~~ Director.

Organisation: BASF India Ltd.

Address/Tel/Fax/Email: yatindra.borkar@basf.com.

2) Name: Designation:

Organisation:

Address/Tel/Fax/Email:

Participant's Name: Chaitali Phalke Designation Cost Controller.

Organisation: BASF India Ltd.

Thank you for your co-operation in giving your valuable feedback.

Workshop on

Improving Project Success through Project Risk Management

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FEEDBACK FORM

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RATING	0-25 %	25-40%	40-60 %	60-75%	75-90%	90% plus
FACTOR	Below Standards	Below Average	Average	Above Average	Good	Very Good
Alignment to Stated Objectives						✓
Quality of Content					✓	
Faculty Style & presentation						✓
Involvement of Participants				✓		
Practical Application to Work					✓	
Subject Coverage					✓	

GENERAL OBSERVATIONS Very Good speaker and having great in-depth knowledge

WHAT IS YOUR OVERALL ASSESSMENT OF THIS PROGRAMME?

below40%	40%+	50%+	60%+	70%+	80%+	90%+	95%+	100%+
						✓		

Would you recommend this program to a friend or professional colleague? YES / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS Required ~~some~~ more ~~on~~ handson workshop items - like ~~schedu~~ schedule risk analysis

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
	✓			

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify.

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: PARTHA CHAKRABORTY Designation: DGM & HOD of Project Control

Organisation: Burns & McDonnell India

Address/Tel/Fax/Email: pbchakraborty@burnsmcd.in

2) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

Participant's Name: PARTHA CHAKRABORTY Designation DGM & HOD – Project Control

Organisation: Burns & McDonnell India, Vikhroli, Mumbai

Thank you for your co-operation in giving your valuable feedback.

Workshop on

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FACTOR	Below Standards	Below Average	Average	Above Average	Good	Very Good
Alignment to Stated Objectives					✓	
Quality of Content					✓	
Faculty Style & presentation						✓
Involvement of Participants					✓	
Practical Application to Work			✓			
Subject Coverage						

GENERAL OBSERVATIONS Faculty is highly knowledgable and uses practical examples rather than theoretical

WHAT IS YOUR OVERALL ASSESSMENT OF THIS PROGRAMME?

below40%	40%+	50%+	60%+	70%+	80%+	90%+	95%+	100%+
					✓			

Would you recommend this program to a friend or professional colleague? YES ✓ / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS Groups should be of the same profile. Eg: cost, schedule, Proj objectives, requirements are different

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
	✓			

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify.

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: Bharesh Nanavati Designation: Sr. Project Manager.
Organisation: Burns & McDonnell India.
Address/Tel/Fax/Email: BBNanavati@burnsmcd.in

2) Name: Rajesh chovan Designation: Project Manager
Organisation: Burns & McDonnell India
Address/Tel/Fax/Email: rchovan@burnsmcd.in

Participant's Name: Nira Sujay Designation Associate Sr. Project control Engineer.
Organisation: Burns & McDonnell India.

Thank you for your co-operation in giving your valuable feedback.

Workshop on

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FEEDBACK FORM

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Quality of Content					✓	
Faculty Style & presentation					✓	
Involvement of Participants				✓		
Practical Application to Work			✓			
Subject Coverage				✓		

GENERAL OBSERVATIONS _____

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below40%	40%+	50%+	60%+	70%+	80%+	90%+	95%+	100%+
			✓					

Would you recommend this program to a friend or professional colleague? YES / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS Need to have some initial study before attending the programme for understanding technical stuff.

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
		✓		

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify. Yes.

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: Nikhil Kango Designation:

Organisation: Gadre Marine Exports Ltd.

Address/Tel/Fax/Email: Ratnagiri

2) Name: Designation:

Organisation:

Address/Tel/Fax/Email:

Participant's Name: Nikhil Kango Designation

Organisation: Gadre Marine Exports Ltd. Ratnagiri.

Thank you for your co-operation in giving your valuable feedback.

Workshop on

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Faculty Style & presentation						✓
Involvement of Participants						✓
Practical Application to Work						✓
Subject Coverage						✓

GENERAL OBSERVATIONS _____

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below40%	*40%+*	*50%+*	*60%+*	*70%+*	*80%+*	*90%+*	*95%+*	*100%+*
							✓	

Would you recommend this program to a friend or professional colleague? YES / ~~NO~~ / ~~UNCERTIAN~~

REQUEST YOUR FURTHER COMMENTS _____

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
✓				

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify.

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: Mr. Deepak Gadre. Designation: Chairman.

Organisation: Gadre Marine Gujarat pvt Ltd.

Address/Tel/Fax/Email: deepak.gadre@gadremarine.com

2) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

Participant's Name: DATTA R. AROTE Designation G.M.

Organisation: Gadre Marine Gujarat pvt Ltd. Ratnagiri (MS)

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Quality of Content						✓
Faculty Style & presentation					✓	
Involvement of Participants				✓		
Practical Application to Work				✓		
Subject Coverage					✓	

GENERAL OBSERVATIONS Requires Basic Project management fundamentals before risk analysis.

WHAT IS YOUR OVERALL ASSESSMENT OF THIS PROGRAMME?

below40%	40%+	50%+	60%+	70%+	80%+	90%+	95%+	100%+
			✓					

Would you recommend this program to a friend or professional colleague? YES / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS Please start with fundamental (Basics) P.M.

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
	✓			

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Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

2) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

Participant's Name: Vishwas Bajirao Kalam Designation Project Manager.

Organisation: Cutze Marine Export Pvt Ltd.

M.I.D.C. Industrial Area Ratnagiri. 415639.

Thank you for your co-operation in giving your valuable feedback.

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Faculty Style & presentation						✓
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Subject Coverage					✓	

GENERAL OBSERVATIONS _____

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below40%	*40%+*	*50%+*	*60%+*	*70%+*	*80%+*	*90%+*	*95%+*	*100%+*
				✓				

Would you recommend this program to a friend or professional colleague? YES / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS

_____

PROGRAMME ORGANISATION

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EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
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1) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

2) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

Participant's Name: Pravin Kumar Rai Designation Project - manager

Organisation: Infiz Informational Pvt Ltd, BKC, mumbai - 40

Thank you for your co-operation in giving your valuable feedback.

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FACTOR	Below Standards	Below Average	Average	Above Average	Good	Very Good
Alignment to Stated Objectives					✓	
Quality of Content						✓
Faculty Style & presentation						✓
Involvement of Participants					✓	
Practical Application to Work				✓		
Subject Coverage					✓	

GENERAL OBSERVATIONS very good topic but time is very less to understand the risk assessment, minimum 2 days required

WHAT IS YOUR OVERALL ASSESSMENT OF THIS PROGRAMME?

below40%	40%+	50%+	60%+	70%+	80%+	90%+	95%+	100%+
						✓		

Would you recommend this program to a friend or professional colleague? ✓YES / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS Good program

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
	✓			

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify.

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: HR Training Designation:

Organisation: Neptunus power plant services pvt. Ltd.

Address/Tel/Fax/Email:

2) Name: Designation:

Organisation:

Address/Tel/Fax/Email:

Participant's Name: Sanjh Kane Designation Manager -

Organisation: NPPS.

Thank you for your co-operation in giving your valuable feedback.

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Alignment to Stated Objectives					✓	
Quality of Content						✓
Faculty Style & presentation						✓
Involvement of Participants					✓	
Practical Application to Work				✓		
Subject Coverage				✓		

GENERAL OBSERVATIONS The workshop is good for begnier to understand the Risk Managemet overall.

WHAT IS YOUR OVERALL ASSESSMENT OF THIS PROGRAMME?

below40%	40%+	50%+	60%+	70%+	80%+ ✓	90%+	95%+	100%+

Would you recommend this program to a friend or professional colleague? YES ✓ / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS I want more detail exercise on Risk management workshop for Schedule & Cost part of a Project.

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
✓				

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify.

Cost Management Risk Workshop of a overall Project (Including all phases of life cycle)

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: Ashish Ranjan Designation: Sr. Planning Engineer

Organisation: Burns & McDonnell India

Address/Tel/Fax/Email: ~~Ashish.r.singh@bmi.burnsmcd.in~~
Ashumech-7@yahoo.co.in
ARSINGH@burnsmcd.in

2) Name: Designation:

Organisation:

Address/Tel/Fax/Email:

Participant's Name: Ashish Ranjan Singh Designation Sr. Planning Engineer

Organisation: BMI

Thank you for your co-operation in giving your valuable feedback.

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Alignment to Stated Objectives			✓			
Quality of Content			✓			
Faculty Style & presentation			✓			
Involvement of Participants			✓			
Practical Application to Work			✓			
Subject Coverage			✓			

GENERAL OBSERVATIONS _____

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below40%	*40%+*	*50%+*	*60%+*	*70%+*	*80%+*	*90%+*	*95%+*	*100%+*

Would you recommend this program to a friend or professional colleague? YES / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS

Food at the venue is quite poor. More central venue would also be preferred.

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
			✓	

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Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

2) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

Participant's Name: Qureish Masek Designation CEO

Organisation: SWITZ GROUP

Thank you for your co-operation in giving your valuable feedback.

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FACTOR	Below Standards	Below Average	Average	Above Average	Good	Very Good
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Quality of Content					✓	
Faculty Style & presentation					✓	
Involvement of Participants				✓		
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Subject Coverage					✓	

GENERAL OBSERVATIONS _____

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					✓			

Would you recommend this program to a friend or professional colleague? YES ✓ / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS _____

PROGRAMME ORGANISATION

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EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
	✓			

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Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

2) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

Participant's Name: Milind Wankhede Designation Deputy Manager

Organisation: Burns & McDonnell.

Thank you for your co-operation in giving your valuable feedback.

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Faculty Style & presentation					✓	
Involvement of Participants			✓			
Practical Application to Work				✓		
Subject Coverage				✓		

GENERAL OBSERVATIONS We're looking for risk management for EPC contractor business. The contents should have been more in details. OR the program should be for more days.

WHAT IS YOUR OVERALL ASSESSMENT OF THIS PROGRAMME?

below40%	*40%+*	*50%+*	*60%+*	*70%+*	*80%+*	*90%+*	*95%+*	*100%+*
					✓			

Would you recommend this program to a friend or professional colleague? YES / NO / UNCERTIAN ✓

REQUEST YOUR FURTHER COMMENTS The case study given was not discussed. The subject discussed got drifted many times.

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
✓				

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify.

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: Jyoti Designation: HR Manager

Organisation: A.T.E. Envirotech Pvt Ltd.

Address/Tel/Fax/Email: j_a_chitambare@ateindia.com

2) Name: Designation:

Organisation:

Address/Tel/Fax/Email:

Participant's Name: Pratishtha Designation Sr. Manager

Organisation: A.T.E. Envirotech.

Thank you for your co-operation in giving your valuable feedback.

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Subject Coverage						

GENERAL OBSERVATIONS _____

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						✓		

Would you recommend this program to a friend or professional colleague? YES / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS

PROGRAMME ORGANISATION

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✓				

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify.

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures,

1) Name: Pooja pimpalkar Designation: Head Finance

Organisation: ATE Enterprises pvt Ltd.

Address/Tel/Fax/Email: p_d_pimpalkar@atlinder.com

2) Name: Designation:

Organisation:

Address/Tel/Fax/Email:

Participant's Name: Paresh N Shinoya Designation Sr Mgr project

Organisation: ATE Enterprises pvt Ltd, Mumbai

Thank you for your co-operation in giving your valuable feedback.

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Quality of Content					✓	
Faculty Style & presentation					✓	
Involvement of Participants					✓	
Practical Application to Work					✓	
Subject Coverage					✓	

GENERAL OBSERVATIONS Risk mngt being vast subject, time allocated was comparatively less.

WHAT IS YOUR OVERALL ASSESSMENT OF THIS PROGRAMME?

below40%	*40%+*	*50%+*	*60%+*	*70%+*	*80%+*	*90%+*	*95%+*	*100%+*
					✓			

Would you recommend this program to a friend or professional colleague? YES / ~~NO~~ / ~~UNCERTIAN~~

REQUEST YOUR FURTHER COMMENTS NIL.

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
		✓		

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify.

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: Shirish Gawade Designation: Head - Projects

Organisation: A.T.E. Envirotech Pvt. Ltd.

Address/Tel/Fax/Email: s_j_gawade@ateindia.com

2) Name: Jyoti Chitambare. Designation: Manager - HR & Admin.

Organisation: A.T.E. Envirotech Pvt. Ltd.

Address/Tel/Fax/Email: j_a_chitambare@ateindia.com.

Participant's Name: Shirish Gawade Designation Head - Projects.

Organisation: A.T.E. Envirotech Pvt. Ltd.

Thank you for your co-operation in giving your valuable feedback.

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Quality of Content				✓		
Faculty Style & presentation					✓	
Involvement of Participants					✓	
Practical Application to Work			✓			
Subject Coverage			✓			

GENERAL OBSERVATIONS Overall it is a good topic to be studied and an effective one for organization

WHAT IS YOUR OVERALL ASSESSMENT OF THIS PROGRAMME?

below40%	40%+	50%+	60%+	70%+	80%+	90%+	95%+	100%+
			✓					

Would you recommend this program to a friend or professional colleague? YES ✓ / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS The content covered is to be completed is duration of 2 days so that all techniques are understood.

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
	✓			

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify. Project Planning Budgeting and Scheduling.

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: Ravi jain Designation: Sr. Engineer (Tech Asst to Senior Ch.M)

Organisation: Welspun Corp Ltd. (Anjar, Bhuj.)

Address/Tel/Fax/Email: 8980000418

2) Name: Designation:

Organisation:

Address/Tel/Fax/Email:

Participant's Name: Sagar Balkshi Designation Asst. Manager

Organisation: Thei's precession steel

Thank you for your co-operation in giving your valuable feedback.

Workshop on

Improving Project Success through Project Risk Management

Friday, July 21, 2017

FEEDBACK FORM

(Please hand it over to .....before the conclusion of the program)

RATING	*0-25 %*	*25-40%*	*40-60 %*	*60-75%*	*75-90%*	*90% plus*
FACTOR	Below Standards	Below Average	Average	Above Average	Good	Very Good
Alignment to Stated Objectives			✓			
Quality of Content			✓			
Faculty Style & presentation			✓			
Involvement of Participants			✓			
Practical Application to Work			✓			
Subject Coverage			✓			

GENERAL OBSERVATIONS _____

_____

WHAT IS YOUR OVERALL ASSESSMENT OF THIS PROGRAMME?

below40%	*40%+*	*50%+*	*60%+*	*70%+*	*80%+*	*90%+*	*95%+*	*100%+*
			✓					

Would you recommend this program to a friend or professional colleague? YES / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS

_____

_____

PROGRAMME ORGANISATION

Please give your comments on the support facilities such as registration, seating arrangements, presentation by the speaker, catering etc.

EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
		✓		

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify.

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

2) Name: _____ Designation: _____

Organisation: _____

Address/Tel/Fax/Email: _____

Participant's Name: Vasim Mirza. Designation Manager -

Organisation: Theis Precision Steel India Pvt. Ltd.

Thank you for your co-operation in giving your valuable feedback.

Workshop on

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Friday, July 21, 2017

FEEDBACK FORM

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RATING	*0-25 %*	*25-40%*	*40-60 %*	*60-75%*	*75-90%*	*90% plus*
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Alignment to Stated Objectives				✓		
Quality of Content				✓		
Faculty Style & presentation					✓	
Involvement of Participants					✓	
Practical Application to Work			✓			
Subject Coverage			✓			

GENERAL OBSERVATIONS Its quite good but still need good execution. (Time boundary)

WHAT IS YOUR OVERALL ASSESSMENT OF THIS PROGRAMME?

below40%	*40%+*	*50%+*	*60%+*	*70%+*	*80%+*	*90%+*	*95%+*	*100%+*
			✓					

Would you recommend this program to a friend or professional colleague? YES / NO / UNCERTIAN

REQUEST YOUR FURTHER COMMENTS

—

PROGRAMME ORGANISATION

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EXCELLENT	VERY GOOD	GOOD	SATISFACTORY	NOT SATISFACTORY
		✓		

Would like to suggest any other related topics / subjects on which B C C I Centre for Business Training should organize such training programs / workshops / seminars. Please specify.

- Project planning, Budgeting, Scheduling & On time completion

Please suggest names in your organization OR in the related field to whom you would like us to send our program brochures.

1) Name: Pragnesh Patel Designation: G.M. Maintenance

Organisation: Theis Precision Steel India Pvt. Ltd

Address/Tel/Fax/Email: —

2) Name: — Designation: —

Organisation: —

Address/Tel/Fax/Email: —

Participant's Name: Vishal Rana Designation Assistant Manager - Production

Organisation: Theis Precision Steel India Pvt. Ltd.

Thank you for your co-operation in giving your valuable feedback.