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.1: **EMPLOYEE TRAINING**

1. **COVERAGE:**

All training setups of WCL.

2. **RELATED ENVIRONMENTAL IMPACTS AND OH&S RISKS:**

As listed under 'Initial Environmental and OH&S Review results' (ref. section 4.1.2 of Management Manual). The significant ones, if any, are also listed under concerned record 9.3.

3. **OBLIGATORY REQUIREMENTS:** [Only latest/pertinent versions are to be referred]

- a. DGMS guidelines.
- b. Environmental (Protection) Act; and Rules.

4. **REQUIRED RESOURCES:**

SI	Resource Particulars	Controlled By
I. INFRASTRUCTURE: (Broad details under Maintenance Manual , training aides listed below)		
A	Multi Media Projector, Over head Slide projector, Personnel Computer, Screen, Pointer, Writing boards, duster, pens, etc	
II. MANPOWER: (Required competence as detailed under Annexure - 6 of Management Manual)		
A	Programme - Coordinators	Training Institute I/c
B	In house Faculties	Training Institute I/c
D	Office Staff	Training Institute I/c
III. NATURAL RESOURCES: Water, Air, Electrical energy.		
IV. WORK ENVIRONMENT: Adequate lighting, ventilation, and cleanliness in office buildings and work spaces, training class rooms/spaces, hostel and associated utilities, etc; and physically and ergonomically safe working conditions.		



5. PROCESS STRUCTURE:

<i>Process</i>		<i>Role</i>	<i>Recording under</i>
<i>Name</i>	<i>Sub-Process / Instruction</i>		
	ANNUAL PLANNING		
	Preparation of annual training plan	Training Institute I/c	Annual Training Plan and related notes
	Obtaining competent approvals		
	TRAINING ANNOUNCEMENT		
	Announcing the training with all details	Program Coordinator	Program file
	Obtaining participant names		
Finalization of participant list and batches			
PREPROGRAMME ARRANGEMENTS			
Issuance of Faculty invitation letter	Program Coordinator	Program file	
Requisition and procurement of required inputs		Program file	
Ensuring adequate class room arrangements		-	
Ensuring adequate support facilities		-	
PROGRAMME DELIVERY			
Participant Registration	Program Coordinator	Registration register	
Issuance of Training Kit		Issue record	
Daily attendance		Attendance register	
Field – visits/ Practical training as necessary		Program file	
Midcourse correction if any		Program file	
Obtaining feedbacks on training		Feedback file	
Issuance of release orders		Release order file	
PROGRAMME ASSESSMENT			
Evaluation of received feedback	Program Coordinator	Course evaluation report	
Preparation of training conformance report			
MAINTAINING TRAINING RECORDS			
Completing and closing program file	Program Coordinator	Program file	
Sending necessary communications, eg for updating training data base, etc			

Notes:

- A. Above functionalities carry out all concerned sub-processes and their activities through their professional competence.



6. CRITICAL OPERATING INSTRUCTIONS:

Sl	Operating Instructions	Responsibility/ Authority	To Control	
			Process Efficiency	Env Impacts
1	Ensure that the class room for training is well maintained and suitable for training with sufficient illumination and ventilation arrangements	Programme Coordinator	√	
2	Ensure that all required training aides like PC, multi media projector; Overhead slide projector, writing boards, pens, etc are available and are in working condition.	Programme Coordinator	√	
3	Ensure food and snacks served in hostel and training institute are hygienic	Programme Coordinator	√	
4	Ensure that good house keeping and cleanliness is maintained in office/class room premises and hostels	Programme Coordinator	√	√
5	Ensure segregated collection of wastes, scraps and arrange for their proper disposal	Designated Officer(s)		√
6	Ensure that only competent faculty are engaged for training	Programme Coordinator	√	
7	Obtain feedback of participants after completion of training through Form – 1 ie Participants Feedback	Programme Coordinator	√	
8	Based on the above participants feedback assess the training as 'conforming' or 'nonconforming' through Form – 2 ie 'Course Evaluation Report'	Programme Coordinator	√	
9	Handle the above reported nonconforming training services as per section 8.5.2 of Management Manual	Training Institute I/c	√	

7. DEFINED CONTROLS FOR OUTSOURCED WORK:

Under respective work order(s) issued for outsourced work(s), relevant conditions are to be included from OEM Service Manuals, and/or from para-6 above, and/or from applicable statute/regulation – refer section 7.4.2.A.i.c of Management Manual.



फॉर्म - 1

प्रतिभागी का फीडबैक

दिनांक :

(गैर-अधिकारी वर्ग हेतु)

पाठ्यक्रम समन्वयक द्वारा हर प्रतिभागी से प्रतिक्रिया प्राप्त करने और पाठ्यक्रम फ़ाइल में रखने के लिए			
प्रशिक्षण संस्थान का नाम :			
पाठ्यक्रम का नाम :	पाठ्यक्रम कोड (यदि हो तो) :		
	पाठ्यक्रम तिथि:	से	तक
पाठ्यक्रम स्थल	आवास व्यवस्था :	आवासीय <input type="checkbox"/>	गैर-आवासीय <input type="checkbox"/>

(कृपया पूरे पाठ्यक्रम के बारे में कुछ मिनट सोच कर अपनी टिप्पणी दें)

A. पाठ्यक्रम मूल्यांकन : (प्रत्येक बॉक्स में किसी भी एक पर टिक <input checked="" type="checkbox"/> करें यदि रेटिंग 3 से कम हो तो टिप्पणी अपेक्षित है)						
A1	ज्ञान और कौशल को बढ़ाने में इस पाठ्यक्रम का योगदान है ?	बहुत उच्च (5) <input type="checkbox"/>	काफी अधिक (4) <input type="checkbox"/>	औसत (3) <input type="checkbox"/>	अनिश्चित (2) <input type="checkbox"/>	नहीं (1) <input type="checkbox"/>
A2	पाठ्यक्रम का कवरेज और पठन सामग्री कैसी थी ?	उत्कृष्ट (5) <input type="checkbox"/>	बहुत अच्छा (4) <input type="checkbox"/>	अच्छा (3) <input type="checkbox"/>	औसत (2) <input type="checkbox"/>	औसत से नीचे (1) <input type="checkbox"/>
A3	कक्षा / बुनियादी सुविधाओं की व्यवस्था आप इस पाठ्यक्रम के दौरान कैसी पाते हैं?	उत्कृष्ट (5) <input type="checkbox"/>	बहुत अच्छा (4) <input type="checkbox"/>	अच्छा (3) <input type="checkbox"/>	औसत (2) <input type="checkbox"/>	औसत से नीचे (1) <input type="checkbox"/>
A4	इस पाठ्यक्रम में छात्रावास व्यवस्था आप कैसी पाते हैं?	उत्कृष्ट (5) <input type="checkbox"/>	बहुत अच्छा (4) <input type="checkbox"/>	अच्छा (3) <input type="checkbox"/>	औसत (2) <input type="checkbox"/>	औसत से नीचे (1) <input type="checkbox"/>

B. व्याख्याता मूल्यांकन :		(उसकी/उसके समय की पाबंदी, इस विषय पर पकड़, और प्रस्तुतिकरण के आधार पर प्रत्येक वक्ता का मूल्यांकन करें. हर वक्ता के नाम के सम्मुख दिये गए एक बॉक्स में टिक <input checked="" type="checkbox"/> करें.)						
	व्याख्याता का नाम	विषय का नाम	सत्रों की संख्या	उत्कृष्ट (5)	बहुत अच्छा (4)	अच्छा (3)	औसत (2)	खराब (1)
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

आवश्यकतानुसार व्याख्याता मूल्यांकन अगले पृष्ठ पर जारी किया जा सकता है

C. आपकी विशेष टिप्पणी :		(यदि आवश्यकता हो, पिछले पृष्ठ पर जारी रखें)	
पाठ्यक्रम के बारे में :			
व्याख्याता के बारे में : (व्याख्याता का नाम उल्लेख करें)			

प्रतिभागी परिचय :

नाम :	N/EIS: <input type="checkbox"/>	पदनाम :
नियुक्ति स्थल :	e-mail Address :	
दूरभाष क्रमांक :	(मो.) :	(कार्यालय) :

प्रतिभागी के हस्ताक्षर



WCL

Form - 1

PARTICIPANT'S FEEDBACK

Date:

(for Non Executives)

Programme Coordinator to obtain feedback from every participant and keep in Programme File.

NAME OF TRAINING INSTITUTE :

Program Name :		Program Code (if any) :		
		Program Dates :	From	To
Venue :		Residential Status :	Residential <input type="checkbox"/>	Non-Residential <input type="checkbox"/>

(Please take a few minutes to think about the entire program, and give your comments)

A. COURSE EVALUATION:							Please <input checked="" type="checkbox"/> tick any one in each box				
A1	Has Programme contributed to enhance your knowledge and skills?	Very High (5) <input type="checkbox"/>	Quite High (4) <input type="checkbox"/>	Average (3) <input type="checkbox"/>	Uncertain (2) <input type="checkbox"/>	No (1) <input type="checkbox"/>					
A2	How was the coverage and content of the Program?	Excellent (5) <input type="checkbox"/>	Very Good (4) <input type="checkbox"/>	Good (3) <input type="checkbox"/>	Average (2) <input type="checkbox"/>	Below Average (1) <input type="checkbox"/>					
A3	How do you find classroom / infrastructure arrangements of the Programme?	Excellent (5) <input type="checkbox"/>	Very Good (4) <input type="checkbox"/>	Good (3) <input type="checkbox"/>	Average (2) <input type="checkbox"/>	Below Average (1) <input type="checkbox"/>					
A4	How do you find hostel arrangement of the programme?	Excellent (5) <input type="checkbox"/>	Very Good (4) <input type="checkbox"/>	Good (3) <input type="checkbox"/>	Average (2) <input type="checkbox"/>	Below Average (1) <input type="checkbox"/>					

B. SPEAKER EVALUATION: Please evaluate each speaker on the basis of his/her punctuality, confidence on the subject, and communication abilities. Tick one box against the name of every speaker.

	Speaker's Name	Name of Topic	Nos. of Sessions Taken	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speaker Evaluation may continue overleaf (if required)

C. YOUR SPECIAL COMMENTS (Continue overleaf, if required)

About the Program :	
About the Speakers (mention speaker's name)	

Participant's Profile

Name :	EIS :	DESIG.:
Place of Posting :	e-mail Address :	
Contact Number	(Mobile) :	(Office)

Participant's signature



WCL

Form – IA

PARTICIPANT'S FEEDBACK

Date: _____

(for EXECUTIVES only)

Programme Coordinator to obtain feedback from every participant and keep in Programme File.

NAME OF TRAINING INSTITUTE :

Program Name :		Program Code (if any) :		
		Program Dates :	From	To
Venue :		Residential Status :	Residential <input type="checkbox"/>	Non-Residential <input type="checkbox"/>

(Please take a few minutes to think about the entire program, and give your comments)

A. COURSE EVALUATION: Please tick any one in each box

A1	Has Programme contributed to enhance your knowledge and skills?	Very High (5) <input type="checkbox"/>	Quite High (4) <input type="checkbox"/>	Average (3) <input type="checkbox"/>	Uncertain (2) <input type="checkbox"/>	No (1) <input type="checkbox"/>
A2	How was the coverage and content of the Program?	Excellent (5) <input type="checkbox"/>	Very Good (4) <input type="checkbox"/>	Good (3) <input type="checkbox"/>	Average (2) <input type="checkbox"/>	Below Average (1) <input type="checkbox"/>
A3	How do you find classroom / infrastructure arrangements of the Programme?	Excellent (5) <input type="checkbox"/>	Very Good (4) <input type="checkbox"/>	Good (3) <input type="checkbox"/>	Average (2) <input type="checkbox"/>	Below Average (1) <input type="checkbox"/>
A4	How do you find hostel arrangement of the programme?	Excellent (5) <input type="checkbox"/>	Very Good (4) <input type="checkbox"/>	Good (3) <input type="checkbox"/>	Average (2) <input type="checkbox"/>	Below Average (1) <input type="checkbox"/>

B. FACULTY EVALUATION: Please evaluate each faculty on the Scale of 05 to 01

		Excellent – 5	Very Good – 4	Good – 3	Average – 2	Poor – 1
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in the box against the name and parameters of faculty.

	Faculty's Name	Name of Topic	Nos. of Sessions Taken	Subject Knowledge	Coverage	Communication abilities	Total
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faculty Evaluation may continue overleaf (if required)

C. YOUR SPECIAL COMMENTS (Continue overleaf, if required)

About the Program :	
Suggestions for future	

Participant's Profile :

Name :	EIS :	DESIG.:
Place of Posting :	e-mail Address :	
Contact Number	(Mobile) :	(Office)

Participant's signature



Form – 2

Course Evaluation Report

Date:

Programme Coordinator to obtain feedback from every participant and keep in Programme File.

Name of Training Institute :

Program Name :	Program Code (if any) :		
	Program Dates :		<i>From</i> _____ <i>To</i> _____
Venue :	Residential Status :		Residential Non-Residential

(1)	Name of Participants as per registration register (2)	About Contribution to knowledge/ skill (3)	About Coverage and Content of Course (4)	About Class Room and Infra-structure (5)	About Hostel Arrangement (6)	B. About Faculty (7)
			A1	A2	A3	A4
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						

37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
		Average :				
Overall Average of all above 5 (A1, A2, A3, A4 and B) :						

Instruction for Programme Coordinator:

- 1 Against each participant as under column-1, write his feedback given through Form-5 on a scale of 1 - 5 under columns 3 to 7 considering the first element as '5' and the last element as '1'.
- 2 Write average of each of column 3 to 7, after the list of all participants; and 'Overall Average' in the next row.
- 3 If the 'Overall Average' is less than 3, mark below this training as 'nonconforming' otherwise 'conforming'.

Tick one referring to the instruction 3 above	The Course is	
	CONFORMING	NON-CONFORMING

Prepared by : Programme Coordinator (Name) :

Date :

Signature

Distribution :

- 1 Original copy to Training Institute I/c - for information, and if this training is 'non-conforming' deciding the suitable actions overleaf.
- 2 Copy to Programme File - for record.



Form – 2A

Date:

**PROGRAMME-WISE
FACULTY SCORE SHEET**

Programme Coordinator to Evaluate feedback from every participant and keep in Programme File.

Name of Training Institute :				
Program Name :	Program Code (if any) :			
	Program Dates :		<i>From</i>	<i>To</i>
Venue :	Residential Status :			
				<input type="checkbox"/> <i>Residential</i>
			<input type="checkbox"/> <i>Non-Residential</i>	

		Name of Faculty													
FACULTY EVALUATION															Average
SN	Name of Participant	1	2	3	4	5	6	7	8	9	10	11	12		
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
Total															
Average															

Programme Co-Ordinator



FACULTY EVALUATION REPORT

Form - 2B

		1	2	3	4	5	6	7	8	9	10	
Details of Programme	Name of Course											
	Prg Code											
	Date of Session											
	No of Sessions											
SN	Name of Faculty	Average Score of each Programme										Progressive
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
		Average Score										

Programme Co-Ordinator



FEED BACK FORM

FROM CONTROLLING AUTHORITY / REPORTING INCHARGE

To be filled by Participant.

Form 3A

Name of Training Programme					
Organiser :					
Duration of Training :	Start Date:		End Date:		
	Topic of Session	Learning			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

* Separate Sheet may be attached if requires

Particular	Participant	Controlling Authority / Reporting Incharge
Name		
Designation		
Department		
Unit / Area		
Mobile Number		
E mail		

To be filled by Participant's Controlling Authority / Reporting Incharge to Validate the Assessment

A. Learning & Application from the Training Attended:

Whether the participant had learned something and applying on his routine activity.		To Great Extent (5)	Somewhat (4)	Less (3)	Very Less (2)	Not at all (1)
1	Learning from The Trg Prog.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Application of the Learning					

B. Change Factor:

Whether change has taken place with the participant in terms of :			Relevant Change (5)	Somewhat Change (4)	Less Changed (3)	Very Less Changes (2)	No Change (1)
			1	Attitudinal Development / Motivational Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Knowledge Development	Increased (5)	<input type="radio"/>	Somewhat Increased (4)	Less Increased (3)	Very Less Increased (2)	Not at all (1)
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Skill Development	Increased (5)	<input type="radio"/>	Somewhat Increased (4)	Less Increased (3)	Very Less Increased (2)	Not at all (1)
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Suggestions /Comments for further improvements

Name of the Controlling Authority / Reporting Incharge

Signature



Assessment Summary

Form 3B

To be filled by Programme Co-ordinator after receiving all responses (or 60%) from all participant's Controlling Authority / Reporting Incharge

Name of Training Programme			
Organiser :			
Duration of Training	Start Date:	End Date:	

A Quantitative Assessment Summary

		Percentage of Responses in variuos ratings					Total
		(5)	(4)	(3)	(2)	(1)	
1	Learning from The Trg Prog.						
2	Application of the Learning						
4	Attitudinal Development						
5	Knowledge Development						
6	Skill Development						
	Overall Effectiveness						
	Effectiveness Percentage						

Signature of Programme Co-Ordinator

Date: _____



Bio-data of Faculty (Part-I)

To be filled by Faculty

PERSONAL DETAILS	Name			
	Address			
	Age (Date of Birth)	___ / ___ / 19___	___ Years	
	Educational Qualification			
	Paper Publication			
	Workshop/ Conferences Attended			
JOB PROFILE	Present Job (Post)			
	Name of Organisation			
	Experience as Faculty	Subject	Years	
	Experience in Training & Development	Specialisation	Years	
	Experience in Any Other Fields (NGO / CSR etc)	Specialisation	Years	
Special Achievement (if any)				
CORPORATE TRAINING	Details of Experience in Corporate Training (CPSU / Govt. / Private Sector etc)			
	Name of Reference (Details)			

Separate Sheet may be attached (if require)

Signature of Faculty



Bio-data of Faculty (Part-II)

Form-F2

To be filled by Approving Authority

	Observation Points	Grading in the Scale of 1 to 5 (Max 5)				
		5	4	3	2	1
1	Opening of the Topic	5	4	3	2	1
2	Coverage of the Subject	5	4	3	2	1
3	Connect with the Participants	5	4	3	2	1
4	Summing up the concept	5	4	3	2	1

Faculty Approved for :

SN	SUBJECT	Date	Proposer	Approver
1				
2				
3				
4				
5				
6				
7				



Approval of Course Material / Hand Outs

Form-F3

Name of the Institute :

Name of the Faculty

Name of the Course

Duration of the Course DD MM YYYY to DD MM YYYY

Topic / Subject

	Observation Points	Observation
a	Coverage of the Topic	
b	Relevance to the subject	
c	Content of the Reading Material	
d	Legibility of course Material	

Course Material	Digital	Printed	Remarks
Reading Materials			
Hands Out Notes			

Study Material / Handout presented by the faculty found appropriate and suited with requirements of the Subject and kept in records.

Dated :

Signature
Course Coordinator



Name of the Institute :

List of Approved Faculties

Form-F4

	Name of the Faculty	Subject(S)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Signature
Head of the Institute