REGIONAL TRAINING INSTITUTE /CENTRE, ............
(FORM FOR EVALUATION OF IMPACT OF TRAINING)

(To be retuned to the RTI/RTC by the user office concerned within 21 days from the date of completion of three month form the last date of the course)

Name of Course:…………………………………….
Duration: From................to......................

Office of the ……………………………………….
…………………………………………………
…………………………………………………..
…………………………………………………..

PART - I

(To be filled up by the trained on completion of three months after the course for submission to his Supervising Officer within seven days)

<table>
<thead>
<tr>
<th>Name of the Officials</th>
<th>Branch in which working</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If this is different from the area in which trained, duration of working in the relevant branch.

Has the training imparted been useful in improving your performance?
If so briefly mention the improvement/contribution you made as a result of training.
If not, state the reasons.

Signature:……………………
Name:…………………………
Designation:………………..
Date:………………………….
PART – II
(To be filled up by the concerned branch of the office in which the trained official is working for submission to Administration Wing seven days.)

<table>
<thead>
<tr>
<th>Name of the Branch.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State whether the official has able to apply the knowledge and skill acquired through training.</td>
<td></td>
</tr>
<tr>
<td>Has the official shown improvement in performance?</td>
<td></td>
</tr>
<tr>
<td>If not, what specific issues need to be covered in training so as to bring out the desired performance?</td>
<td></td>
</tr>
<tr>
<td>Does the official required future training in the area?</td>
<td></td>
</tr>
</tbody>
</table>

Signature: (SO/AAO)*                      Signature: (AO/SAO)*                      Signature: (Group Officer)

Name:                                              Name:                                              Name:

Designation:                                   Designation:                                       Designation:

Date:                                                Date:                                                Date:

* May be struck off if not applicable.

PART – III
(To be filled up by the Administration Wing for forwarding to the RTI/RTC concerned within seven days.)

<table>
<thead>
<tr>
<th>If officials is not working in the area in which trained, why was he sent for this training?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How soon the official is likely to be utilized in the area in which trained?</td>
<td></td>
</tr>
<tr>
<td>Remarks, if any.</td>
<td></td>
</tr>
</tbody>
</table>

Signature:……………………………..

Name:……………………………..

Designation:……………………………..

Date:……………………………..