

# Paathshala®

## Training Completion Feedback Form

Training Form No.: \_\_\_\_\_

Date: \_\_\_\_\_

School/College Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date of Training: From \_\_\_\_\_ To \_\_\_\_\_

Training of Modules:  Core System  Billing  Accounting  Result Management  
 Library  Store  Payroll  SMS  Attendance  
 Other \_\_\_\_\_

### To be filled by trainee

Are you satisfied with this training?  Yes  No

If no, how can we help you? \_\_\_\_\_

Rate the training: \_\_\_\_\_ (out of 10) Rate the trainer: \_\_\_\_\_ (out of 10)

Remarks: \_\_\_\_\_

S.N. Name

Contact No.

Post

Signature

Trainer Name & Signature

**SOFTLab** inc.

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School/College Authorized Person

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