

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
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Trainer Name & Signature

SOFTLAB INC.

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School/College Authorized Person