Dorein

Training Evaluation Form

Name: NAEEM SARWAR	Nationali	Nationality:		STAWI	
Mobile No: 056 2100857	_email:	galem	sarwa	v 143 @	gmail.com
Date: 31. Aug. 2023	Training Location: DUBAI				
Instructions: Please indicate your level of a	greement w	ith the s	tatements	listed belov	v in #1-11.
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
 The objectives of the training were clearly defined. 	0	0	0	0	0
Participation and interaction were encouraged.	9	0	0	0	0
3. The topics covered were relevant to me.	0	0	0	0	0
4. The content was organized and easy to follow.	0	9	0	0	0
5. The materials distributed were helpful.	0	0	0	0	0
6. This training experience will be useful in my work.	0	0	0	0	0
7. The trainer was knowledgeable about the training topics.	0	0	0	0	0
8. The trainer was well prepared.		0	0	0	0
9. The training objectives were met.	0	9	0	0	0
10. The time allotted for the training was sufficient.	0	9	0	0	0
11. The meeting room and facilities were adequate and comfortable.	0		0	0	0
12. Overall experience or com EDMS was my Fire				md 1	havo
enjoyed a lot to le	arn Fr	rom 1	Mr. So	ayis.	He is
k new ledge in Docume	nt Con	nt vo	lling	Vaste	