**FEEDBACK FORM**

1- Name:-.................................. 2-M/F:.....3-Age:-..........

4- Address:-.................................................

..................................................

5-Mobile:-……………………………… 6- Occupation.....................

7- Are You(Please tick)(i) - Parent ......(ii)- Institution officer ............

(iii)- Special Teacher ............Other:..............................

8- Name of Program:-............................................................

9:-Program Venue :-...........................................Date :-............

10:-How did you like the Training program/Workshop.

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11. How did you like the arrangements made by the host in the program?

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12:-You can give suggestions related to this program.

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Date Signature