**Annexure 6/11**

**FEEDBACK FORM *(to be completed by a staff, please tick/cross the ratings appropriately)***

|  |  |
| --- | --- |
| **Professional Development & Duration:** |  |
| **Sl. No.** | **Particulars** | **StronglyAgree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| **1** |  | **Relevance:** I found the Professional Development relevant. |  |  |  |  |  |
| **2** |  | **Institute:** |  |
|  | i | **Suitability:** I found the Institute most suitable for this Professional Development. |  |  |  |  |  |
|  | ii | **Resource Persons:** Resource Persons were knowledgeable. |  |  |  |  |  |
|  | iii | **Service/Facility:** Services and facilities were good. |  |  |  |  |  |
|  | iv | **Environment:** Professional Development environment was conducive. |  |  |  |  |  |
| **3** |  | **I had no problems in processing my:** |  |
|  | i | Security Clearance Certificate |  |  |  |  |  |
|  | ii | Audit Clearance Certificate |  |  |  |  |  |
|  | iii | Medical Certificate |  |  |  |  |  |
| **4** |  | **Support from my College/OVC:** |  |
|  | i | Nomination/Selection was transparent, fair and merit-based. |  |  |  |  |  |
|  | ii | Processing was on time. |  |  |  |  |  |
|  | iii | Dealing Official(s) was professional in service delivery. |  |  |  |  |  |
| **5** |  | **Support from RUB, if applicable:** |  |
|  | i | Clarification(s) sought was clear. |  |  |  |  |  |
|  | ii | Clarification(s) sought was prompt. |  |  |  |  |  |
|  | iii | Dealing Official(s) was professional in service delivery. |  |  |  |  |  |
| **6** |  | **Areas for improvement:** |
| **7** |  | **Any other observation/recommendation:** |

**Name & Signature: College/OVC: Date:**

*Thank you for completing this form. Information shall be used for the purpose of improving service delivery only.*