

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

Training & Duration:						
Sl. No.	Particulars	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Relevance: I found the Training relevant.					
2	Institute:					
i	Suitability: I found the institute most suitable for this training.					
ii	Resource Persons: Resource Persons were knowledgeable.					
iii	Service/Facility: Services and facilities were good.					
iv	Environment: Training 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 Agency:					
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 RCSC, 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:

Agency:

Date:

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