

Feedback Form

(To be filled-in by trainee after completion of training under NPCB)

1. Name of the trainee :
2. Designation :
3. Current place of Posting :
with complete address
4. Telephone Nos. : (O).....
(R)
(M).....
5. Email ID :
6. Name of the specialty training :
obtained
7. Name of the training center :
8. Period of current training :
9. No. of Cases handled independently :
During training (Cases of ECCE/IOL,
SICS, Phaco Emulsification, Medical
Retina etc.)
10. Whether any training obtained :
earlier under NPCB?
 - a. If yes, in what speciality :
 - b. Period of previous training :
11. Summary of knowledge and skills :
gained during present training
12. How do you propose to utilize the :
knowledge gained during the training?
- Please elaborate.

13. Any shortcoming/hindrance faced :
during the training and how best it
can be solved?
14. Any trainer attached to you? :
If so, name of the trainer attached
15. Methods of teaching & practical work :
16. Suggestions/Remarks :

(Signature of the trainee)

Place:

Date: