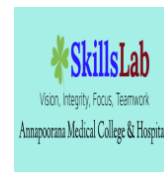




# Skills Lab

## Annapoorana Medical College & Hospitals, Salem



### Training Feedback Form

Trainee Name : Batch :  
Student's Registration No : Date :  
Trainer's Name : Department :  
Name of the Manikin :

S. No	Particulars	Agree	Strongly Agree	Disagree	Strongly Disagree
1.	Time is adequate for discussion				
2.	Demonstration is sufficient for hands on training				
3.	The Lab is safe and ambience is good				
4.	Briefing provided at the beginning of the course is informative				

Suggestions / Comments if any:

Trainee's signature:

Mobile No: