



**KERALA WATER AUTHORITY**  
**TRAINING CENTRE**  
**(CENTRE FOR WATER EDUCATION)**

**ONLINECOURSE FEEDBACK FORM**

Dear Participants,

Your feedback on the Training Programme provides scope for further development and improvement in the course content. Success of Training Activities are measured by the feedback received from stakeholders. You may give your valuable feedback in the space beside/below each aspect and forward by e mail to [ectrainingkwa@gmail.com](mailto:ectrainingkwa@gmail.com).

Name of Programme:

Date and Time:

**A. About arrangements of the programme (Please mark)**

1. How did you come about to know about the programme?

- ☒ A. From Office e-mail
- B. From Head of Office
- C. From Office staff
- D. From other contacts

2. How many days in advance were you intimated about the programme?

- A. More than 2 weeks
- B. 10-14days
- C. 5-9 days
- ☒ D. 1-4 days



3. Which factor encouraged your nomination for the programme?

- ✓ A. Application in the present job  
B. Application in future jobs  
C. Preparation for Departmental Examination  
D. To improve the knowledge/skill level

4. How many days in advance were you intimated about confirmation of your nomination?

- A. More than 2 weeks  
B. 10-14days  
C. 5-9 days  
✓ D. 1-4 days

5. Please provide scope for improvements on the above aspects

അന്തരീക്ഷത്തിന് മികച്ച എടി മനോരമ  
ആയതിന് വേണ്ടി

B. About execution of the programme

(Please mark ✓ in a scale of 1 to 5)

5-Excellent 4-Very Good 3-Average 2-Poor 1-Very Poor

1. Duration of Programme

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

2. Relevance of the Programme to you

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

3. Course content

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

4. Quality of online presentation

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐



5. Please provide remarks for improvements on the above aspects

ജോയ്ന്ത് കൗൺസിലർ പങ്കാളിയായത് മൂലം  
മികച്ചതാണ്

C. About the Trainer

(Please mark ✓ in a scale of 1 to 5)

5-Excellent 4-Very Good 3-Average 2-Poor 1-Very Poor

1. Verbal communication

5 ☐

4 ☒

3 ☐

2 ☐

1 ☐

2. Non- verbal communication

5 ☐

4 ☐

3 ☐

2 ☒

1 ☐

3. Imparting sufficient knowledge about the subject

5 ☐

4 ☒

3 ☐

2 ☐

1 ☐

4. Improving your skills on the subject

5 ☐

4 ☒

3 ☐

2 ☐

1 ☐

5. Elevating attitude towards executing subject work

5 ☐

4 ☐

3 ☒

2 ☐

1 ☐

6. Overall coverage of subject

5 ☐

4 ☒

3 ☐

2 ☐

1 ☐

7. Interaction with the participants during the programme,  
including clarifying queries

5 ☐

4 ☒

3 ☐

2 ☐

1 ☐

8. In a scale of 10, how would you rate the trainer, based on the  
above aspects?

8



9. Please provide scope for improvements on the above aspects

പൊതുവായിട്ട് പരിമിതമായതാണ്, പരിധിയിൽ ഉൾപ്പെട്ട ചില കാര്യങ്ങൾക്കാണ് മാത്രം പരിധി.

#### D. General aspects

(Please mark ✓ in a scale of 1 to 5)

5-Excellent 4-Very Good 3-Average 2-Poor 1-Very Poor

##### 1. Sequencing of the sessions

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

##### 2. Study materials provided

5 ☐ 4 ☐ 3 ☐ 2 ☒ 1 ☐

##### 3. Achieving your expectations about the programme

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

##### 4. Aspects which were most useful in the Programme

പ്രായോഗികവും വാസ്തവപരമായതുമായിരുന്നു. സാമ്പത്തിക കാര്യങ്ങൾക്കായിട്ടും അടുത്ത കാലത്തുള്ള വളരെ ഉപയോഗപ്രദമായ ചർച്ച.

##### 5. Any other remarks related to the programme

- ① ഉപയോഗപ്രദമായ പരിധിയിൽ ഉൾപ്പെട്ട ചില കാര്യങ്ങൾക്കാണ് മാത്രം പരിധി.
- ② മുൻകാലത്തും ഇതേ പൊതുവായിട്ട് പരിമിതമായതാണ്.
- ③ വാസ്തവപരമായതായിരുന്നു. സാമ്പത്തിക കാര്യങ്ങൾക്കായിട്ടും അടുത്ത കാലത്തുള്ള വളരെ ഉപയോഗപ്രദമായ ചർച്ച.

Signature 

Please provide your Name, Designation and Office

(Optional)

SHAJINESH K, METER INSPECTOR

P.H. SECTION I, MALAPPRAD







**KERALA WATER AUTHORITY**  
**TRAINING CENTRE**  
**(CENTRE FOR WATER EDUCATION)**

**ONLINECOURSE FEEDBACK FORM**

Dear Participants,

Your feedback on the Training Programme provides scope for further development and improvement in the course content. Success of Training Activities are measured by the feedback received from stakeholders. You may give your valuable feedback in the space beside/below each aspect and forward by e mail to [ectrainingkwa@gmail.com](mailto:ectrainingkwa@gmail.com).

Name of Programme: *Refresher Course to meter reader & meter inspection*

Date and Time: *29.30. Time 10 AM to 5 PM*

A. About arrangements of the programme (Please mark)

1. How did you come about to know about the programme?
  - A. From Office e-mail
  - B. From Head of Office ✓
  - C. From Office staff ✓
  - D. From other contacts
2. How many days in advance were you intimated about the programme?
  - A. More than 2 weeks ✓
  - B. 10-14days
  - C. 5-9 days ✓
  - D. 1-4 days



9. Please provide scope for improvements on the above aspects

D. General aspects

(Please mark  $\checkmark$  in a scale of 1 to 5)

5-Excellent 4-Very Good 3-Average 2-Poor 1-Very Poor

1. Sequencing of the sessions

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

2. Study materials provided

5 ☐ 4 ☐ 3 ☒ 2 ☐ 1 ☐

3. Achieving your expectations about the programme

5 ☒ 4 ☐ 3 ☒ 2 ☐ 1 ☐

4. Aspects which were most useful in the Programme

*All class are useful.*

5. Any other remarks related to the programme

Name: *M. J. G.*



Signature

Please provide your Name, Designation and Office (Optional)

*Designation: Deployed meter Reader*



5. Please provide remarks for improvements on the above aspects

C. About the Trainer

(Please mark ✓ in a scale of 1 to 5)

5-Excellent 4-Very Good 3-Average 2-Poor 1-Very Poor

1. Verbal communication

5 ☒ 4 ☐ 3 ☐ 2 ☐ 1 ☐

2. Non-verbal communication

5 ☒ 4 ☐ 3 ☐ 2 ☐ 1 ☐

3. Imparting sufficient knowledge about the subject

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

4. Improving your skills on the subject

5 ☒ 4 ☐ 3 ☐ 2 ☐ 1 ☐

5. Elevating attitude towards executing subject work

5 ☐ 4 ☒ ☐ ☐ ☐

6. Overall coverage of subject

5 ☐ 4 ☒ ☐ ☐ 1 ☐

7. Interaction with the participants during the programme, including clarifying queries

5 ☒ 4 ☐ 3 ☐ 2 ☐ 1 ☐

8. In a scale of 10, how would you rate the trainer, based on the above aspects?

*Last 3 classes are, rate - 10  
1<sup>st</sup> class rate - 5*





9. Please provide scope for improvements on the above aspects

D. General aspects

(Please mark  $\checkmark$  in a scale of 1 to 5)

5-Excellent 4-Very Good 3-Average 2-Poor 1-Very Poor

1. Sequencing of the sessions

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

2. Study materials provided

5 ☐ 4 ☐ 3 ☐ 2 ☒ 1 ☐

3. Achieving your expectations about the programme

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

4. Aspects which were most useful in the Programme

All classes are very useful especially meter reader sessions.

5. Any other remarks related to the programme

1. Provide classes at the time of new policemen coming.

2. Please provide a class "How to handle snakes & insects in meter box & animal at the time of m. reading"

Signature

Please provide your Name, Designation and Office

(Optional) Name: Anil M

Designation: Deployed Meter Reader







**KERALA WATER AUTHORITY**  
**TRAINING CENTRE**  
**(CENTRE FOR WATER EDUCATION)**

**ONLINECOURSE FEEDBACK FORM**

Dear Participants,

Your feedback on the Training Programme provides scope for further development and improvement in the course content. Success of Training Activities are measured by the feedback received from stakeholders. You may give your valuable feedback in the space beside/below each aspect and forward by e mail to [ettrainingkwa@gmail.com](mailto:ettrainingkwa@gmail.com).

Name of Programme: *Refresher course to meter readers and meter inspectors*

Date and Time: *29-01-2021*  
*30-01-2021*

A. About arrangements of the programme (Please mark)

1. How did you come about to know about the programme?
  - A. From Office e-mail ✓
  - B. From Head of Office
  - C. From Office staff
  - D. From other contacts
2. How many days in advance were you intimated about the programme?
  - A. More than 2 weeks ✓
  - B. 10-14days
  - C. 5-9 days
  - D. 1-4 days



9. Please provide scope for improvements on the above aspects

D. General aspects

(Please mark  $\checkmark$  in a scale of 1 to 5)

5-Excellent 4-Very Good 3-Average 2-Poor 1-Very Poor

1. Sequencing of the sessions

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

2. Study materials provided

5 ☐ 4 ☐ 3 ☒ 2 ☐ 1 ☐

3. Achieving your expectations about the programme

5 ☒ 4 ☐ 3 ☒ 2 ☐ 1 ☐

4. Aspects which were most useful in the Programme

*All class are useful.*

5. Any other remarks related to the programme

Name: *M. J. G.*



Signature

Please provide your Name, Designation and Office (Optional)

*Designation: Deployed meter Reader*



3. Which factor encouraged your nomination for the programme?
- A. Application in the present job
  - B. Application in future jobs
  - C. Preparation for Departmental Examination
  - D. To improve the knowledge/skill level ✓
4. How many days in advance were you intimated about confirmation of your nomination?
- A. More than 2 weeks
  - B. 10-14days
  - C. 5-9 days ✓
  - D. 1-4 days
5. Please provide scope for improvements on the above aspects

B. About execution of the programme

(Please mark ✓ in a scale of 1 to 5)

5-Excellent 4-Very Good 3-Average 2-Poor 1-Very Poor

1. Duration of Programme

5 ☒ 4 ☐ 3 ☐ 2 ☐ 1 ☐

2. Relevance of the Programme to you

5 ☒ 4 ☐ 3 ☐ 2 ☐ 1 ☐

3. Course content

5 ☒ 4 ☐ 3 ☐ 2 ☐ 1 ☐

4. Quality of online presentation

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐





5. Please provide remarks for  
improvements on the above aspects

C. About the Trainer

(Please mark ✓ in a scale of 1 to 5)

5-Excellent 4-Very Good 3-Average 2-Poor 1-Very Poor

1. Verbal communication

5 ☒ 4 ☐ 3 ☐ 2 ☐ 1 ☐

2. Non-verbal communication

5 ☒ 4 ☐ 3 ☐ 2 ☐ 1 ☐

3. Imparting sufficient knowledge about the subject

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

4. Improving your skills on the subject

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

5. Elevating attitude towards executing subject work

5 ☐ 4 ☒ ☐ ☐ 1 ☐

6. Overall coverage of subject

5 ☐ 4 ☒ ☐ ☐ 1 ☐

7. Interaction with the participants during the programme,  
including clarifying queries

5 ☐ 4 ☒ 3 ☐ 2 ☐ 1 ☐

8. In a scale of 10, how would you rate the trainer, based on the  
above aspects?

First class - Rate - 8

Last three class - Rate - 10

