

The Institute of Chartered Accountants of India

CERTIFICATE COURSE/PROGRAMME/ SEMINAR ON GST

Location:

Date:

FEEDBACK FORM

Name of the Participant _____

Membership no. _____

FACULTY NAME 1:

Topic:

Excellent	Good	Moderate	Poor

FACULTY NAME 2 :

Topic:

Excellent	Good	Moderate	Poor

FACULTY NAME 3:

Topic:

Excellent	Good	Moderate	Poor

FACULTY NAME 4:

Topic:

Excellent	Good	Moderate	Poor

Any further suggestions on any of aforesaid aspects:

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Signature