

Feedback Report Form

Name of Participant: Prajakta Dilip Suryawanshi

Under the guidance of: Mr. Deoralikar Sir

Department: Information Technology

Date of Visit/Workshop: 14-07-202

Location (Project Site/Training Venue): Pune Office – Mukund Nagar

Technical Knowledge Gained

FEEDBACK:

Signature of Participant: _____ Date: _____