

**HARYANA POWER GENERATION CORPORATION LIMITED***An ISO:9001, ISO:14001 and OHSAS:18001 certified Company**Corporate Identity No. U45207HR1997SGC033517**Regd. Office :C-7, Urja Bhawan, Sec-6, Panchkula,**email: training@hpgcl.org.in, Website: www.hpgcl.org.in*

From

Chief Engineer/Administration
HPGCL, Panchkula

To

- 1) All Chief Engineers, HPGCL.
- 2) Chief Financial Officer, HPGCL, Panchkula.
- 3) Controller of Accounts, HPGCL, Panchkula.
- 4) Company Secretary, HPGCL, Panchkula.
- 5) All FA & CAOs, HPGCL
- 6) SE/Technical (HQ), HPGCL, Panchkula
- 7) SE/FTPS, HPGCL, Faridabad.
- 8) RE/Hydel, HPGCL, Yamunanagar.
- 9) All Dy. Secy./Under Secy. HPGCL, Panchkula.
- 10) All XENs/Training, HPGCL.

Memo No. CP-5/HR & TRG-01/Vol-1

Dated: 09.03.2020

Subject: Regarding training governance methods- Trainings Feedback & Effectiveness.

It is submitted that various trainings/seminars are arranged & carried out at different trainings institutes/organizations viz. HPTI, HIPA, CBIP, PMI, ESCI, NPTI etc. time to time for HPGCL employees for enhancing their knowledge & efficiency. In this context, enclosed please find herewith the Training Feedback Form and Training Effectiveness Evaluation Form for its filling & submission after each training.

Duly filled Training Feedback Form shall be submitted by each trainee to his controlling officer and its one copy to his respective training division & O/o Xen/HR & Training, HPGCL, Panchkula (training@hpgcl.org.in), within one week after the training. The trainee will also demonstrate/discuss & share the training learning/ knowledge & material with his colleagues & staff in the office after the training. The controlling officer of the trainee shall fill up the Training Effectiveness Evaluation Form after one month of the training and submit it to their respective training division and one copy to O/o Xen/HR & Training, HPGCL, Panchkula. Moreover, trainees shall also submit/forward a copy of training material (hard/soft) to Xen/Training of their respective site and at HPGCL centralized library under Xen/Training, PTPS, Panipat (trainingcellptps@gmail.com), for its retention, storage & future reference.

The office of Xens/Training shall upkeep & maintain the documented record of all the trainees & trainings of their respective site in co-ordination with the trainees and their controlling officers.

This is for your kind information and compliance in letter & spirit please.


XEN/HR & Training,
For Chief Engineer/Administration
HPGCL, Panchkula.

D/A: As Above

Cc:

1. SPS to Managing Director, HPGCL, Panchkula
2. SPS to Director/Generation, HPGCL, Panchkula
3. SPS to Director/Technical, HPGCL, Panchkula
4. PA to Chief Engineer/Admn., HPGCL, Panchkula.
5. XEN/IT, HPGCL, Panchkula- for uploading the enclosed Forms on HPGCL website please.

TRAINING EFFECTIVENESS EVALUATION FORM

(To be filled & submit by the Controlling Officer of the trainee employee after one month of the training)

Title of Training Course/Module	
Training Venue/Place	
Duration of Training (Dates & Period)	
Employee's Name & Designation	
Employee Code of Employee's	
Employee's office Address	

[Please rate (√) the degree of Evaluation/Assessment in respect of the trainee w.r.t the following testimonials. 5 stands for excellent, 4 for very good, 3 for good, 2 for average and 1 for poor].

Reaction/Response/Satisfaction	5	4	3	2	1
<input type="checkbox"/> How much useful and relevant the training for the trainee?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How much did the trainee appreciate/like the learning intervention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How much interesting was the training course for Learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning	5	4	3	2	1
<input type="checkbox"/> To what degree did the trainee increase his knowledge/skills of the subject?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How will the course affect the ability of trainee to perform job after training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> To what degree trainee demonstrate/discuss/share the learning in office?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How much knowledge transfer occurs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behaviour/Impact	5	4	3	2	1
<input type="checkbox"/> How much trainee behavior change as a result of the training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How much training impact t on the performance and attitude of the trainee?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How much learning of trainee actualised/implemented at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How much trainee confident to share his new skills & knowledge with his peers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Result/Outcomes	5	4	3	2	1
<input type="checkbox"/> How much improvement in skills & performance of the trainee after training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Morale & confidence of the trainee after the training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Quality & efficiency of trainee's work after the training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How much utilization of trainee's knowledge at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How much this training met your office expectations/requirements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall	5	4	3	2	1
<input type="checkbox"/> How much the training overall influence the performance of the trainee?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Report/Comments

Name & Designation of the Controlling officer
of the trainee with stamp & signature

TRAINING FEEDBACK FORM

(To be filled by the participants/trainees within one week after the training)

Title of Training Course/Module	
Training Venue/Place	
Duration of Training (Dates & Period)	
Employee's Name & Designation	
Employee Code of the Employee	
Employee's office Address	

[Please rate (√) your level of agreement in respect of the training w.r.t the following testimonials. 5 stand for excellent, 4 for very good, 3 for good, 2 for average and 1 for poor].

Course	5	4	3	2	1
<input type="checkbox"/> Was the training course relevant/ beneficial to your job profile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Quality of the Course/topics contents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How much interesting was the training course for Learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How will the course affect your ability to perform your job from now on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About Trainer(s)/Mentor(s)					
<input type="checkbox"/> Knowledge, command & preparedness of the subject?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Presentations/Explanation of concepts with examples?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Questions/queries answered/handled by the Trainers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Open exchange of ideas, participation & group interaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training Arrangements					
<input type="checkbox"/> Class room facilities- Audio/visual equipments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Sitting arrangement-Adequate & comfortable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How was the quality of eatables/refreshments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Hygienic/Sanitary conditions- rooms/Mess/Staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Was the environment of training suitable for learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Structure of Training					
<input type="checkbox"/> Were training sessions properly scheduled & supervised?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Was this training appropriate for your level of experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Was the duration of the training programme adequate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Quality & usefulness of the training materials, if provided?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall					
<input type="checkbox"/> Improvement in your knowledge & skills of the subject after the training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Confidence for sharing/implementation of Knowledge & skills in office/work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> How do you rate the training overall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Report & Suggestions

Signature of the Employee/Trainee

