Benazir Bhutto Shaheed
Youth Development Program
POST TRAINING FEEDBACK FORM

BBSYDP

Date: ☐☐-☐☐-☐☐☐☐

1. Basic Information
   a. Name of Trainee: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   b. Father's Name :- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   c. Trainee's CNIC: ☐☐☐☐☐-☐☐☐☐☐☐☐-☐
   d. Trainee's Reg. No:- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   e. Name of Training course: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   f. Course Code : -- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   g. Duration of Training :- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   h. Address : --------- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   i. District / City: -- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   j. Phone No: ------- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   k. Fax No: ---------- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   l. Cell No: ---------- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   m. Email : ---------- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Have you acquired a Job? | Yes | No | (If yes please mention the following)
   a. Name of Company : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   b. Place of Posting : – ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   c. Pay Package : ------- ☐☐☐☐☐☐☐☐☐☐
      i. Basic Pay : ☐☐☐☐☐☐☐☐☐☐
      ii. Allowances :- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   d. Fringe Benefits : ---- ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. Has the training helped you in acquisition of job? | Yes | No
   How: Briefly _____

4. Has the training helped you in starting your own business? | Yes | No
   How: Briefly _____

5. Suggestion to improve training: Briefly
   _____

Signature: _____