

Name of the Training Programme:

Date From.....to.....

Venue

Name & address of the participant:

Contact No.

Suggestions/Views regarding the programme attended:

Note: send your suggestions/views to the Deputy Director In-charge , MSME-TI, Ettumanur & Thiruvalla through e-mail msmeti-ettu@dcmsme.gov.in or msmetithiruvalla@yahoo.in