## **Feedback Format**

## **Department of Manpower and Employment**

DME 20	

Program	Name	:
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District :

Division :

**Program conducted date/s:** 

**DME-30** 

		1.G.N.D.	1.Business	Pre Training		Post Training		
N O	Name	2.Address 3.Tel	2.Business started date	Monthly net Income (LKR)	Number of employees	Monthly net Income (LKR)	Number of Employees	Maximum of loan installment can be repayable for a month (LKR)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								