UNI PRODUCTION SYSTEMS FZC

TRAINEE EVALUATION FORM

REFERENCE NO.:	TEF/2026/_08_____	**TEF Reference No.:**	
DATE:	**23 June 2026**		
NAME OF EMPLOYEE:	**Subramanian Parli Viswanathan**		
DEPARTMENT:	**Supply Chain**		
TRAINING PROGRAM/SUBJECT:	**IMS Awareness Training**		
TRAINING TIME & VENUE:	**10:00 – UNI Office**		
TRAINER NAME & COMPANY:	**Marius van Noordwyk - UNI**		

TRAINING FEEDBACK/SURVEY:

SN.	DESCRIPTION	EVALUATE	COMMENTS
1.	Was the subject appropriate to your training needs and requirement?	☒ Yes ☐ No	
2.	Has the objective of the training been served?	☒ Yes ☐ No	
3.	Was the subject interesting?	☒ Yes ☐ No	
4.	How do you evaluate the trainer?	☒ Excellent ☐ Good ☐ Average ☐ Poor	
5.	Did you get any study material for this training? Do you feel it is helpful to you?	☐ Yes ☐ No	**N/A**
6.	Was it useful for enhancing your present/future knowledge & skills which are relevant to your present job?	☒ Yes ☐ No	
7.	Did the training encourage exchanging of information and expression of ideas successfully?	☒ Yes ☐ No	
8.	Was the instruction clear and understandable?	☒ Yes ☐ No	
9.	Was the length of the training sufficient for the topic?	☒ Yes ☐ No	
10.	How do you rate the overall quality of this training?	☐ Excellent ☒ Good ☐ Average ☐ Poor	

Trainee Signature:		**Date:** (dd/mm/yyyy)	**23.06.2026**

Version: 00
Issue Date: 3/2/2023
Ref No: UNI-PRD-HR-09

UNI PRODUCTION SYSTEMS FZC

TRAINEE EVALUATION FORM

REFERENCE NO.:	TEF/2026/_07_____	**TEF Reference No.:**	
DATE:	**23 June 2026**		
NAME OF EMPLOYEE:	**Rahul Pai**		
DEPARTMENT:	**Engineering**		
TRAINING PROGRAM/SUBJECT:	**IMS Awareness Training**		
TRAINING TIME & VENUE:	**10:00 – UNI Office**		
TRAINER NAME & COMPANY:	**Marius van Noordwyk - UNI**		

TRAINING FEEDBACK/SURVEY:

SN.	DESCRIPTION	EVALUATE	COMMENTS
1.	Was the subject appropriate to your training needs and requirement?	☒ Yes ☐ No	
2.	Has the objective of the training been served?	☒ Yes ☐ No	
3.	Was the subject interesting?	☒ Yes ☐ No	
4.	How do you evaluate the trainer?	☒ Excellent ☐ Good ☐ Average ☐ Poor	
5.	Did you get any study material for this training? Do you feel it is helpful to you?	☐ Yes ☐ No	**N/A**
6.	Was it useful for enhancing your present/future knowledge & skills which are relevant to your present job?	☒ Yes ☐ No	
7.	Did the training encourage exchanging of information and expression of ideas successfully?	☒ Yes ☐ No	
8.	Was the instruction clear and understandable?	☒ Yes ☐ No	
9.	Was the length of the training sufficient for the topic?	☒ Yes ☐ No	
10.	How do you rate the overall quality of this training?	☐ Excellent ☒ Good ☐ Average ☐ Poor	

Trainee Signature:		**Date:** (dd/mm/yyyy)	**23.06.2026**

UNI PRODUCTION SYSTEMS FZC

TRAINEE EVALUATION FORM

REFERENCE NO.:	TEF/2026/_04_____	**TEF Reference No.:**	
DATE:	**23 June 2026**		
NAME OF EMPLOYEE:	**Mark Mendoza**		
DEPARTMENT:	**Engineering**		
TRAINING PROGRAM/SUBJECT:	**IMS Awareness Training**		
TRAINING TIME & VENUE:	**10:00 – UNI Office**		
TRAINER NAME & COMPANY:	**Marius van Noordwyk - UNI**		

TRAINING FEEDBACK/SURVEY:

SN.	DESCRIPTION	EVALUATE	COMMENTS
1.	Was the subject appropriate to your training needs and requirement?	☒ Yes ☐ No	
2.	Has the objective of the training been served?	☒ Yes ☐ No	
3.	Was the subject interesting?	☒ Yes ☐ No	
4.	How do you evaluate the trainer?	☒ Excellent ☐ Good ☐ Average ☐ Poor	
5.	Did you get any study material for this training? Do you feel it is helpful to you?	☐ Yes ☐ No	**N/A**
6.	Was it useful for enhancing your present/future knowledge & skills which are relevant to your present job?	☒ Yes ☐ No	
7.	Did the training encourage exchanging of information and expression of ideas successfully?	☒ Yes ☐ No	
8.	Was the instruction clear and understandable?	☒ Yes ☐ No	
9.	Was the length of the training sufficient for the topic?	☒ Yes ☐ No	
10.	How do you rate the overall quality of this training?	☐ Excellent ☒ Good ☐ Average ☐ Poor	

Trainee Signature:		**Date:** (dd/mm/yyyy)	**23.06.2026**

UNI PRODUCTION SYSTEMS FZC

TRAINEE EVALUATION FORM

REFERENCE NO.:	TEF/2026/_05_____	**TEF Reference No.:**	
DATE:	**23 June 2026**		
NAME OF EMPLOYEE:	**Irfanulla Khan**		
DEPARTMENT:	**Business Development**		
TRAINING PROGRAM/SUBJECT:	**IMS Awareness Training**		
TRAINING TIME & VENUE:	**10:00 – UNI Office**		
TRAINER NAME & COMPANY:	**Marius van Noordwyk - UNI**		

TRAINING FEEDBACK/SURVEY:

SN.	DESCRIPTION	EVALUATE	COMMENTS
1.	Was the subject appropriate to your training needs and requirement?	☒ Yes ☐ No	
2.	Has the objective of the training been served?	☒ Yes ☐ No	
3.	Was the subject interesting?	☒ Yes ☐ No	
4.	How do you evaluate the trainer?	☒ Excellent ☐ Good ☐ Average ☐ Poor	
5.	Did you get any study material for this training? Do you feel it is helpful to you?	☐ Yes ☐ No	**N/A**
6.	Was it useful for enhancing your present/future knowledge & skills which are relevant to your present job?	☒ Yes ☐ No	
7.	Did the training encourage exchanging of information and expression of ideas successfully?	☒ Yes ☐ No	
8.	Was the instruction clear and understandable?	☒ Yes ☐ No	
9.	Was the length of the training sufficient for the topic?	☒ Yes ☐ No	
10.	How do you rate the overall quality of this training?	☐ Excellent ☒ Good ☐ Average ☐ Poor	

Trainee Signature:		**Date:** (dd/mm/yyyy)	**23.06.2026**

UNI PRODUCTION SYSTEMS FZC

TRAINEE EVALUATION FORM

REFERENCE NO.:	TEF/2026/_02_____	**TEF Reference No.:**	
DATE:	**23 June 2026**		
NAME OF EMPLOYEE:	**Hanan Aktar**		
DEPARTMENT:	**Supply Chain**		
TRAINING PROGRAM/SUBJECT:	**IMS Awareness Training**		
TRAINING TIME & VENUE:	**10:00 – UNI Office**		
TRAINER NAME & COMPANY:	**Marius van Noordwyk - UNI**		

TRAINING FEEDBACK/SURVEY:

SN.	DESCRIPTION	EVALUATE	COMMENTS
1.	Was the subject appropriate to your training needs and requirement?	☒ Yes ☐ No	
2.	Has the objective of the training been served?	☒ Yes ☐ No	
3.	Was the subject interesting?	☒ Yes ☐ No	
4.	How do you evaluate the trainer?	☒ Excellent ☐ Good ☐ Average ☐ Poor	
5.	Did you get any study material for this training? Do you feel it is helpful to you?	☐ Yes ☐ No	**N/A**
6.	Was it useful for enhancing your present/future knowledge & skills which are relevant to your present job?	☒ Yes ☐ No	
7.	Did the training encourage exchanging of information and expression of ideas successfully?	☒ Yes ☐ No	
8.	Was the instruction clear and understandable?	☒ Yes ☐ No	
9.	Was the length of the training sufficient for the topic?	☒ Yes ☐ No	
10.	How do you rate the overall quality of this training?	☐ Excellent ☒ Good ☐ Average ☐ Poor	

Trainee Signature:	H Aktar	**Date:** (dd/mm/yyyy)	**23.06.2026**

UNI PRODUCTION SYSTEMS FZC

TRAINEE EVALUATION FORM

REFERENCE NO.:	TEF/2026/_03_____	**TEF Reference No.:**	
DATE:	**23 June 2026**		
NAME OF EMPLOYEE:	**Faisal Naeem**		
DEPARTMENT:	**Maintenance and Reliability**		
TRAINING PROGRAM/SUBJECT:	**IMS Awareness Training**		
TRAINING TIME & VENUE:	**10:00 – UNI Office**		
TRAINER NAME & COMPANY:	**Marius van Noordwyk - UNI**		

TRAINING FEEDBACK/SURVEY:

SN.	DESCRIPTION	EVALUATE	COMMENTS
1.	Was the subject appropriate to your training needs and requirement?	☒ Yes ☐ No	
2.	Has the objective of the training been served?	☒ Yes ☐ No	
3.	Was the subject interesting?	☒ Yes ☐ No	
4.	How do you evaluate the trainer?	☒ Excellent ☐ Good ☐ Average ☐ Poor	
5.	Did you get any study material for this training? Do you feel it is helpful to you?	☐ Yes ☐ No	**N/A**
6.	Was it useful for enhancing your present/future knowledge & skills which are relevant to your present job?	☒ Yes ☐ No	
7.	Did the training encourage exchanging of information and expression of ideas successfully?	☒ Yes ☐ No	
8.	Was the instruction clear and understandable?	☒ Yes ☐ No	
9.	Was the length of the training sufficient for the topic?	☒ Yes ☐ No	
10.	How do you rate the overall quality of this training?	☐ Excellent ☒ Good ☐ Average ☐ Poor	

Trainee Signature:		**Date:** (dd/mm/yyyy)	**23.06.2026**

UNI PRODUCTION SYSTEMS FZC

TRAINEE EVALUATION FORM

REFERENCE NO.:	TEF/2026/_01_____	**TEF Reference No.:**	
DATE:	**23 June 2026**		
NAME OF EMPLOYEE:	**Dickson Yip**		
DEPARTMENT:	**Engineering**		
TRAINING PROGRAM/SUBJECT:	**IMS Awareness Training**		
TRAINING TIME & VENUE:	**10:00 – UNI Office**		
TRAINER NAME & COMPANY:	**Marius van Noordwyk - UNI**		

TRAINING FEEDBACK/SURVEY:

SN.	DESCRIPTION	EVALUATE	COMMENTS
1.	Was the subject appropriate to your training needs and requirement?	☒ Yes ☐ No	
2.	Has the objective of the training been served?	☒ Yes ☐ No	
3.	Was the subject interesting?	☒ Yes ☐ No	
4.	How do you evaluate the trainer?	☒ Excellent ☐ Good ☐ Average ☐ Poor	
5.	Did you get any study material for this training? Do you feel it is helpful to you?	☐ Yes ☐ No	**N/A**
6.	Was it useful for enhancing your present/future knowledge & skills which are relevant to your present job?	☒ Yes ☐ No	
7.	Did the training encourage exchanging of information and expression of ideas successfully?	☒ Yes ☐ No	
8.	Was the instruction clear and understandable?	☒ Yes ☐ No	
9.	Was the length of the training sufficient for the topic?	☒ Yes ☐ No	
10.	How do you rate the overall quality of this training?	☐ Excellent ☒ Good ☐ Average ☐ Poor	

Trainee Signature:	DyP	**Date:** (dd/mm/yyyy)	**23.06.2026**

UNI PRODUCTION SYSTEMS FZC

TRAINEE EVALUATION FORM

REFERENCE NO.:	TEF/2026/_06_____	**TEF Reference No.:**	
DATE:	**23 June 2026**		
NAME OF EMPLOYEE:	**Adel Maache**		
DEPARTMENT:	**Engineering**		
TRAINING PROGRAM/SUBJECT:	**IMS Awareness Training**		
TRAINING TIME & VENUE:	**10:00 – UNI Office**		
TRAINER NAME & COMPANY:	**Marius van Noordwyk - UNI**		

TRAINING FEEDBACK/SURVEY:

SN.	DESCRIPTION	EVALUATE	COMMENTS
1.	Was the subject appropriate to your training needs and requirement?	☒ Yes ☐ No	
2.	Has the objective of the training been served?	☒ Yes ☐ No	
3.	Was the subject interesting?	☒ Yes ☐ No	
4.	How do you evaluate the trainer?	☒ Excellent ☐ Good ☐ Average ☐ Poor	
5.	Did you get any study material for this training? Do you feel it is helpful to you?	☐ Yes ☐ No	N/A
6.	Was it useful for enhancing your present/future knowledge & skills which are relevant to your present job?	☒ Yes ☐ No	
7.	Did the training encourage exchanging of information and expression of ideas successfully?	☒ Yes ☐ No	
8.	Was the instruction clear and understandable?	☒ Yes ☐ No	
9.	Was the length of the training sufficient for the topic?	☒ Yes ☐ No	
10.	How do you rate the overall quality of this training?	☐ Excellent ☒ Good ☐ Average ☐ Poor	

Trainee Signature:		**Date:** (dd/mm/yyyy)	**23.06.2026**