Give title and location of course here [1]

Foo, boo, too, institution.
Tee, mee, bee, city, country

You need not give your name, or sign this document. A consolidated summary of this document will be emailed to all participants, or displayed on the website of Dr. Partha.

Ref. : tabletest3.tex
Date : 99999999x

No.	Aspect being evaluated	For each aspect of evaluation, put a ✓tick mark (checkmark) in the appropriate box.					Remarks, if any
		V.Good	Good	Fair	Bad	V.Bad	
1.	Organisation and structure						
2.	Explanations and presentations						
3.	Quality of visuals						
4.	Quality of demos						
5.	Handout material						
6.	Technical content of topics covered						
7.	Punctuality and time management.						
8.	Time spent on each topic						
9.	Response to your questions						
10.	Your overall opinion of the course						
What other topics should have been covered in this course ?							
What topics need to be covered in more detail ?							
What topics need not have been included in this course ?							

Please indicate any general remarks or suggestions you may have, on the other side of this form, if necessary.

THANK YOU

[1] This document was made using LaTeX . Design criteria for this form may be found at : `http://drpartha.org.in/publications/evaluate1.pdf`