



CIVIL AVIATION AUTHORITY EXAMINATION FEEDBACK FORM

CAAF-021-LCXX-1.0

Personnel Licensing Directorate

Name of Examinee: _____
(Optional)

Ref No.: _____
(Optional)

Name of Organization: _____

Name/ Place of Examination: _____

Date of Examination: _____

Email/ Contact No.: _____
(Optional)

Select/ check the suitable option among the following:-

FEEDBACK REGARDING EXAMINATION ENVIRONMENT:



Very Poor



Poor



Average



Good



Very Good



Excellent

FEEDBACK REGARDING INSTRUCTOR:



Very Poor



Poor



Average



Good



Very Good



Excellent

FEEDBACK REGARDING EXAMINER:



Very Poor



Poor



Average



Good



Very Good



Excellent

SUGGESTIONS FOR IMPROVEMENT:

Examinee's Signature

NOTE:

* Fill the format & return to Director Licensing, Personnel Licensing Directorate, HQCAA, Karachi or email at Director.pel@caapakistan.com.pk or contact at Tel: 021-99072641, Fax: 021-99242699.

** This form is a confidential document and will not be shared with Examiner/ instructor.