

**STUDENT'S FEEDBACK FORM**

Date.....

PROGRAMME: \_\_\_\_\_ BATCH/YEAR: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

Sr.	SUBJECT/ NAME OF FACULTY → FEEDBACK CRITERIAS ↓	Sub. 1:	Sub. 2:	Sub. 3:	Sub. 4:	Sub. 5:
		Name of Teacher:	Name of Teacher:	Name of Teacher:	Name of Teacher:	Name of Teacher:
1	Course coverage & regularity in pace of course delivery					
2	Methodology of teaching					
3	Advance availability of topics/ units to be covered in the next class					
4	Knowledge dessimination by the faculty					
5	Ability & willingness to clarify doubts and making understand the concepts					
6	Command of the faculty on the subject					
7	Encouragement & guidance to participate in individual and group activities					
8	Presentation communication					
9	Fairness of internal evaluation					

NOTE: Forms are to be separately filled up for Theory &amp; Practical Classes and/or Tutorial Classes

Only POINTS are to be given in the Table for different criterias for the same teacher as follows:

(a.) Excellent / Outstanding: 5, (b.) Very Good: 4, (c.) Good: 3 (d.) Average: 2 and (e.) Below Average: 1

1	Any suggestion regarding library facility	
2	Any suggestion regarding Internet Facility	
3	Any suggestion regarding Extra Co-Curricular activity / Co-Curricular activity	
4	Any other suggestions	

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