


INTERNAL QUALITY ASSURANCE CELL



Academic Year:

TEACHERS FEEDBACK FOR DESIGN AND REVIEW OF SYLLABUS

Name of the Faculty:	
Name of the School:	
Course taught:	Program/Semester:

Please give your valuable feedback on design and review of syllabus. Select your ranking on the scale of 1 to 5 for each of the following parameters.

(1-Strongly disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly agree)

Sl.No.	Rating 	5	4	3	2	1
	Subject 					
1.	The Curriculum is well designed relevant to applications and scope.					
2.	The Course outcomes are well defined.					
3.	The Curriculum provides opportunity for conducting research and project related activities.					
4.	The Curriculum recommends relevant text and Reference books.					
5.	The Course is innovative and periodically updated.					
6.	The Curriculum reflects to build technical knowledge and skills as per the desire of the industries/society.					
7.	The Curriculum demands international and national importance.					

Comments/Suggestion (if any):

Date:

Signature:

For Office Use
(Internal Quality Assurance Cell)

(Authorized Signatory)