



QUALITY ASSURANCE CELL

FEEDBACK FROM TEACHERS

Dear Faculty Member,

You are requested to give your valuable Feedback based on your observation and experience by putting a tick (√) mark in the appropriate box.

Name of the Faculty _____ Name of the School _____

Designation _____ Emp I.D. _____ Contact No. _____

RATING ⇒		Poor [1]	Fair [2]	Good [3]	Great [4]	Excellent [5]
1.	Students' satisfaction for the contents of the existing course					
2.	The Curriculum is well designed relevant to applications and scope					
3.	The Course outcomes are well defined					
4.	The Curriculum provides opportunity for conducting research and project related activities					
5.	The Curriculum is balanced with regard to theoretical and practical knowledge					
6.	The Curriculum recommends relevant text and reference books					
7.	The Course is innovative and periodically updated					
8.	The Curriculum reflects to build technical knowledge and skills as per the desire of the industries/society					
9.	The Curriculum demands international and national importance					
10.	Participation of the students during course delivery in the class					

Comments/Suggestion (if any)

Date

Signature

