**STUDENT'S FEEDBACK**

**NEHRU GRAM BHARATI (DEEMED TO BE UNIVERSITY)**

**FORM-I**

***Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Academic Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

This questionnaire is intended to collect information relating to your satisfaction towards the faculty, teaching, learning and evaluation. The information provided by you will be kept confidential and will be used as important feedback for quality improvement of the programme of studies/institution.

**Directions:**

For each item please indicate your level of satisfaction with the following statement by choosing  a score between 1 and 5.

**(1 – strongly disagree, 2 - disagree, 3 – neither agree nor disagree, 4 – agree, 5 – strongly agree)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Teaching, Learning and Evaluation:** | | 1 | 2 | 3 | 4 | 5 |
| 1 | The teacher completes the entire syllabus in time. |  |  |  |  |  |
| 2 | The teacher discusses topics and interact in the class |  |  |  |  |  |
| 3 | The teacher communicates clearly and inspires me by his teaching. |  |  |  |  |  |
| 4 | The teacher is punctual in the class. |  |  |  |  |  |
| 5 | The teacher comes well prepared for the class. |  |  |  |  |  |
| 6 | The teacher encourages participation and discussion in class. |  |  |  |  |  |
| 7 | The teacher uses modern teaching aids, handouts, suitable  references, power point presentation, web-resources, etc. |  |  |  |  |  |
| 8 | The teacher's attitude towards the students is friendly & helpful. |  |  |  |  |  |
| 9 | The teacher is available and accessible in the Department. |  |  |  |  |  |
| 10 | The evaluation process is fair and unbiased. |  |  |  |  |  |
| 11 | Regular and timely feedback is given on our performance. |  |  |  |  |  |
| 12 | Periodical assessments are conducted as per schedule. |  |  |  |  |  |
| 13 | I have learnt and understood the subject material/s in this course. |  |  |  |  |  |

Any other comments:

Signature of the Student

**STUDENT'S FEEDBACK**

**NEHRU GRAM BHARATI (DEEMED TO BE UNIVERSITY)**

**FORM-I-1**

***Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Academic Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

This questionnaire is intended to collect information relating to your satisfaction towards facilities and services provided for creating conducive atmosphere for teaching and learning. The information provided by you will be kept confidential and will be used as important feedback for quality improvement of the programme of studies/institution.

**Directions:**

For each item please indicate your level of satisfaction with the following statement by choosing  a score between 1 and 5.

**(1 – strongly disagree, 2 - disagree, 3 – neither agree nor disagree, 4 – agree, 5 – strongly agree)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Statement** | | 1 | 2 | 3 | 4 | 5 |
| 1 | The prescribed books/reading materials are available in the library/  seminar |  |  |  |  |  |
| 2 | Reading room and common room are available in the faculty/college  building. |  |  |  |  |  |
| 3 | Available reading space in library/seminar is satisfactory. |  |  |  |  |  |
| 4 | The library/seminar staff are cooperative and helpful. |  |  |  |  |  |
| 5 | Photocopying facility in the library/Department is available and  satisfactory. |  |  |  |  |  |
| 6 | Internet facilities are available in the department. |  |  |  |  |  |
| 7 | Online educational resources are available and accessible. |  |  |  |  |  |
| 8 | The office staff in the department are helpful. |  |  |  |  |  |
| 9 | Results and attendance records are displayed on time |  |  |  |  |  |
| 10 | Toilets/washrooms are hygienic and properly maintained. |  |  |  |  |  |
| 11 | Clean drinking water is available in the department and on the campus. |  |  |  |  |  |
| 12 | Grievances/problems are redressed/solved well in time. |  |  |  |  |  |
| 13 | The functioning of the placement cell(s) in the university/department  is satisfactory. |  |  |  |  |  |
| 14 | Equipment in the lab(s) are in working condition. |  |  |  |  |  |
| 15 | The campus is green and eco friendly. |  |  |  |  |  |
| 16 | The buildings/classrooms are accessible to differently abled persons. |  |  |  |  |  |
| 17 | The classrooms are clean and well maintained. |  |  |  |  |  |
| 18 | The campus has adequate power supply. |  |  |  |  |  |

Any other comments:

Signature of the Student

**Students Feedback On Curriculum**

**FORM-I-2**

Rate the Particulars by Putting tick mark in appropriate cell:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | Particulars | High | Moderate | Poor |
| 1 | The sequence of the courses (subjects) in the curriculum. |  |  |  |
| 2 | Size of the syllabus in terms of the load on the student. |  |  |  |
| 3 | The Objectives stated for each of the course. |  |  |  |
| 4 | The Offering of the electives in terms of their relevance to the specialized stream. |  |  |  |
| 5 | How do you rate the electives offered in relation to the technological advances. |  |  |  |
| 6 | Content of the courses encourages extra learning/ self learning. |  |  |  |
| 7 | How do you rate the percentage (Number) of courses having Practical component ? |  |  |  |
| 8 | How do you rate the domain used for designing/performing the experiments in the laboratory. |  |  |  |

Suggestions for further Improvement, if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of the Student (Optional):

Programme & Semester :