



Dr. C. V. RAMAN UNIVERSITY

Kargi Road Kota, Bilaspur (C.G.)

Ph. No. 07753-253818, 9993755877, Fax : 07753-253728

E-mail : rajivpeters@cvru.ac.in, tpo@cvru.ac.in

website : www.cvru.ac.in

Employer Feedback Form

FORM-I

Dear Employer,

Many graduates of our Department/Institute/University are already working in your organization. We are thankful to you for providing them employment with your prestigious company/Organization.

We shall very much appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form. It will help us to improve the Institute further and give you better employees in future.

Tick ✓ the number that best describes your level of satisfaction at each question: 1 - Excellent, 2 - Good, 3 - Satisfied, 4 - Average, 5 - Below Average

S.No	Criteria	1	2	3	4	5
1	General communication skills		✓			
2	Developing practical solutions to work place problems	✓				
3	Working as part of a team	✓				
4	Creative in response to workplace challenges		✓			
5	Their planning and organization skills		✓			
6	Self-motivated and taking on appropriate level of responsibility	✓				
7	Open to new ideas and learning new techniques	✓				
8	Using technology and workplace equipment	✓				
9	Ability to contribute to the goal of the organization	✓				
10	Technical knowledge/skill	✓				
11	Ability to manage/leadership qualities		✓			
12	Innovativeness, creativity		✓			
13	Relationship with seniors/peers/subordinates	✓				
14	Involvement in social activities		✓			
15	Ability to take up extra responsibility	✓				
16	Obligation to work beyond schedule if required		✓			

University Campus: Kargi Road, Kota, Bilaspur (C.G.) Pin Code: 495113 Ph. : +91-7753-253818, 9993755877, Fax: +91-7753-253728 email: rajivpeters@cvru.ac.in, tpo@cvru.ac.in Website: www.cvru.ac.in

COORDINATOR

Internal Quality Assurance Cell (IQAC)

**Dr. C.V. Raman University
Kota, Bilaspur (C.G.)- 495113**





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Ph. No. 07753-253818, 9993755877, Fax : 07753-253728

e-mail : rajivpeters@cvru.ac.in, tpo@cvru.ac.in

website : www.cvrucg.ac.in

On a scale of 1 to 10 how do you rate your overall satisfaction with CVRU students and the curriculum?

1	2	3	4	5	6	7	8	9	10
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If you were dissatisfied with any aspect, please comment further:

How could our programs be improved? What specific comments do you have regarding the curriculum?

Any other comment(s):

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E-mail : rajivpeters@cvru.ac.in, tpo@cvru.ac.in

website : www.cvruc.ac.in

Would you like to recruit more CVRU student?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Would you refer us to other organization(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Please feel free to speak in confidence with our TPO/ staff about any aspects of the program or students performance. If you would like TPO Dept. to contact you to discuss any issues, please provide your contact number.</p> <p>Phone: _____</p>		

Name: Akshay Bhardwaj

Designation: Sub. Engineer

Company/organization: Raipur Municipal Corporation

Date: 07/10/2016

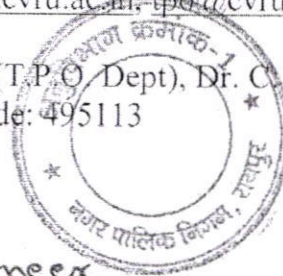
Please email the completed form to: rajivpeters@cvru.ac.in, tpo@cvru.ac.in

Or post it on the following Address: Rajiv Peters (T.P.O Dept), Dr. C. V. Raman University, Kargi Road, Kota, Bilaspur, Chhattisgarh. Pin Code: 495113

Name - O.P. Verma

Designation - Assistant Engineer

Raipur Municipal Corporation



[Signature]
सहायक अभियंता
जोन क्रमांक-01
नगर पालिक निगम, रायपुर

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[Signature]
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Ph. No.07753-253818, 9993755877, Fax : 07753-253728

E-mail : rajivpeters@cvru.ac.in, website : www.cvru.ac.in

Name: Ishan Kapoor Employer Feedback Form

FORM-I

Dear Employer,

Many graduates of our Department/College/Institute/University are already working in your organization. We are thankful to you for providing them employment with your prestigious Company/Organization.

We shall very much appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form. It will help us to improve the Institute further and give you better employees in future.

Tick ✓ the number that best describes your level of satisfaction at each question: 1 - far from satisfied, 2 - not satisfied, 3 - satisfied, 4 - happy, 5 - very happy

S.No	Criteria	1	2	3	4	5
1	General communication skills			✓		
2	Developing practical solutions to work place problems				✓	
3	Working as part of a team				✓	
4	Creative in response to workplace challenges				✓	
5	Their planning and organization skills			✓		
6	Self-motivated and taking on appropriate level of responsibility				✓	
7	Open to new ideas and learning new techniques					✓
8	Using technology and workplace equipment					✓
9	Ability to contribute to the goal of the organization				✓	
10	Technical knowledge/skill				✓	
11	Ability to manage/leadership qualities				✓	
12	Innovativeness, creativity				✓	
13	Relationship with seniors/peers/subordinates			✓		
14	Involvement in social activities			✓		
15	Ability to take up extra responsibility				✓	
16	Obligation to work beyond schedule if required			✓		



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e-mail : cvrutpo@gmail.com, website : www.cvrु.ac.in

On a scale of 1 to 10 how do you rate your overall satisfaction with CVRU students and the curriculum?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

If you were dissatisfied with any aspect, please comment further:

How could our programs be improved? What specific comments do you have regarding the curriculum?

How could our programs be improved? What specific comments do you have regarding the curriculum?

Any other comment(s):


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Would you like to recruit more CVRU student?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Would you refer us to other organization(s)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Please feel free to speak in confidence with our TPO/ staff about any aspects of the program or students performance. If you would like staff to contact you to discuss any issues, please provide your contact number.

Phone: _____

Name: Mr. Nishant Tiwari

Designation: Managing director

Company/organization: Blue Sapphire Motors, Bilaspur (C.G.)

Date: _____

Please email the completed form to _____

Or post it on the following Address: _____



Shruti

COORDINATOR

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Employer Feedback Form

Employee Name: Ms. Aditi Mishra

DATE: 8/11/2016

Designation: Manager Sales.

Dear Employer,

Many graduates of our Department/Institute/University are already working in your organization. We are thankful to you for providing them employment with your prestigious company/Organization.

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Tick ✓ the number that best describes your level of satisfaction at each question: 1 - Excellent, 2 - Good, 3 - Satisfied, 4 - Average, 5 - Below Average

S.No	Criteria	1	2	3	4	5
1	General communication skills		✓	✓		
2	Developing practical solutions to work place problems				✓	
3	Working as part of a team			✓		
4	Creative in response to workplace challenges		✓	✓		
5	Their planning and organization skills	✓				
6	Self-motivated and taking on appropriate level of responsibility		✓			
7	Open to new ideas and learning new techniques	✓				
8	Using technology and workplace equipment			✓		
9	Ability to contribute to the goal of the organization				✓	
10	Technical knowledge/skill		✓			
11	Ability to manage/leadership qualities		✓			
12	Innovativeness, creativity			✓		
13	Relationship with seniors/peers/subordinates		✓			
14	Involvement in social activities	Yes				
15	Ability to take up extra responsibility	Yes				
16	Obligation to work beyond schedule if required			✓		

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1	2	3	4	5	6	7	8	9 ✓	10
---	---	---	---	---	---	---	---	-----	----

If you were dissatisfied with any aspect, please comment further:

No, we were ~~not~~ dissatisfied with any aspects.

How could our programs be improved? What specific comments do you have regarding the curriculum?

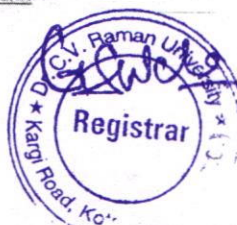
Any other comment(s):

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Would you like to recruit more CVRU student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you refer us to other organization(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please feel free to speak in confidence with our TPO/ staff about any aspects of the program or students performance. If you would like TPO Dept. to contact you to discuss any issues, please provide your contact number.		
Phone:		

Name: Pooja Sisodia

Designation: Manager - HR.

Company/organization: Pratigya Enterprises Pvt Ltd.

Date: 8/10/2016

Please email the completed form to: rajivpeters@cvru.ac.in, tpo@cvru.ac.in

Or post it on the following Address: Rajiv Peters (T.P.O. Dept), Dr. C. V. Raman University, Kargi Road, Kota, Bilaspur, Chhattisgarh. Pin Code: 495113

For Pratigya Enterprises Pvt Ltd.

Authorized Signatory

University Campus: Kargi Road, Kota, Bilaspur (C.G.) Pin Code: 495113 Ph. : +91-7753-253818, 9993755877, Fax: +91-7753-253728 email: rajivpeters@cvru.ac.in, tpo@cvru.ac.in Website: www.cvrु.ac.in

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Employer Feedback Form

FORM-I

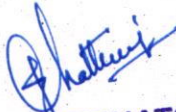
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4	Creative in response to workplace challenges				✓	
5	Their planning and organization skills				✓	
6	Self-motivated and taking on appropriate level of responsibility				✓	
7	Open to new ideas and learning new techniques					✓
8	Using technology and workplace equipment				✓	
9	Ability to contribute to the goal of the organization			✓		
10	Technical knowledge/skill				✓	
11	Ability to manage/leadership qualities				✓	
12	Innovativeness, creativity			✓		
13	Relationship with seniors/peers/subordinates				✓	
14	Involvement in social activities				✓	
15	Ability to take up extra responsibility					✓
16	Obligation to work beyond schedule if required			✓		


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On a scale of 1 to 10 how do you rate your overall satisfaction with CVRU students and the curriculum?

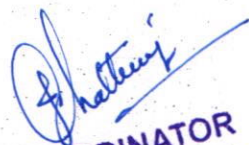
1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

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How could our programs be improved? What specific comments do you have regarding the curriculum?

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Any other comment(s):



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Ph. No.07753-253818, 9993755877, Fax : 07753-253728

e-mail : cvrutpo@gmail.com, website : www.cvrucg.ac.in

Would you like to recruit more CVRU student?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Would you refer us to other organization(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Please feel free to speak in confidence with our TPO/ staff about any aspects of the program or students performance. If you would like staff to contact you to discuss any issues, please provide your contact number.

Phone:

Name: Rishabh Jain

Designation: Senior Manager.

Company/organization: Elcon Instruments (P) Ltd.

Date: _____

Please email the completed form to _____

Or post it on the following Address: _____


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DR. C.V. RAMAN UNIVERSITY, KOTA, BILASPUR (C.G.)
STUDENT FEEDBACK FORM

Note:

- This form is to be filled only by students having at least 65% attendance.
- Please do not write your name or roll number on the form
- The information provided by you will be kept confidential and will be used only for student participation in quality enhancement.

Name of the Teacher: Mr. Vichayanth P. Karm

Course Code: 224611 (24)

Course Title: PS E

Department: B.E. DE

Class: 3rd year

Semester: 6th

Feedback (Curriculum, Teaching, Learning & Evaluation)

I. For each of the question, you are required to indicate your opinion by encircling the letter a, b, c or d.

1. **Course Content:**

- | | |
|--|--|
| <input checked="" type="radio"/> a) Can be covered in one semester | <input type="radio"/> c) Not enough for one semester |
| <input type="radio"/> b) Too much to be adequately covered in one semester | <input type="radio"/> d) Difficult to comment |

2. **Relevance of the course in the overall structure of program**

- | | |
|---|---|
| <input checked="" type="radio"/> a) Very relevant | <input type="radio"/> c) Not at all relevant |
| <input type="radio"/> b) Reasonably relevant | <input type="radio"/> d) Difficult to comment |

3. **Overlap with other courses**

- | | |
|--|---|
| <input checked="" type="radio"/> a) No overlap | <input type="radio"/> c) Repetition of several topics |
| <input type="radio"/> b) Some overlap | <input type="radio"/> d) Difficult to comment |

4. **Recommended Reading material was**

- | | |
|---|--|
| <input checked="" type="radio"/> a) Adequate and relevant | <input type="radio"/> c) Mostly inadequate |
| <input type="radio"/> b) To some extent adequate and relevant | <input type="radio"/> d) Cannot comment |

5. **Class tests/mid-semester tests were conducted**

- | | |
|--|--|
| <input checked="" type="radio"/> a) As per schedule and satisfactorily | <input type="radio"/> c) In an unsatisfactory manner |
| <input type="radio"/> b) Never | <input type="radio"/> d) But were inadequate |

6. **The class tests/mid-term tests were**

- | | |
|--|--|
| <input type="radio"/> a) Difficult | <input type="radio"/> c) Balanced |
| <input checked="" type="radio"/> b) Easy | <input type="radio"/> d) Out of Syllabus |

II. Using the rating scale below, please tick that best value that expresses your opinion.

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

	1	2	3	4	5
1. The teacher completes the entire syllabus in time				<input checked="" type="checkbox"/>	
2. The teacher has subject knowledge				<input checked="" type="checkbox"/>	
3. The teacher communicates clearly and inspires me by his/her teaching				<input checked="" type="checkbox"/>	
4. The teacher is punctual in the class				<input checked="" type="checkbox"/>	
5. The teacher comes well prepared for the class				<input checked="" type="checkbox"/>	
6. The teacher encourages participation and discussion in class				<input checked="" type="checkbox"/>	
7. The teacher uses teaching aids, handouts, gives suitable references, make presentations and conducts seminars/tutorials, etc.				<input checked="" type="checkbox"/>	
8. The teacher's attitude towards students is friendly & helpful				<input checked="" type="checkbox"/>	
9. The teacher is available and accessible in the Department				<input checked="" type="checkbox"/>	
10. The evaluation process is fair and unbiased				<input checked="" type="checkbox"/>	

(i) Comments/Suggestions for improvements of Curriculum _____

(ii) Comments/Suggestions for the teacher _____

(Please use additional sheet, if necessary)

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STUDENT FEEDBACK FORM

Note:

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Name of the Teacher: Mr. Dharmendra Singh
Course Code: 328414 (28)
Course Title: Digital electronics

Department: EEE
Class: 2nd year
Semester: 4th sem

Feedback (Curriculum, Teaching, Learning & Evaluation)

I. For each of the question, you are required to indicate your opinion by encircling the letter a, b, c or d.

1. **Course Content:**
 - a) ☒ Can be covered in one semester
 - b) ☐ Too much to be adequately covered in one semester
 - c) ☐ Not enough for one semester
 - d) ☐ Difficult to comment
2. **Relevance of the course in the overall structure of program**
 - a) ☐ Very relevant
 - b) ☐ Reasonably relevant
 - c) ☐ Not at all relevant
 - d) ☒ Difficult to comment
3. **Overlap with other courses**
 - a) ☐ No overlap
 - b) ☒ Some overlap
 - c) ☐ Repetition of several topics
 - d) ☐ Difficult to comment
4. **Recommended Reading material was**
 - a) ☒ Adequate and relevant
 - b) ☐ To some extent adequate and relevant
 - c) ☐ Mostly inadequate
 - d) ☐ Cannot comment
5. **Class tests/mid-semester tests were conducted**
 - a) ☒ As per schedule and satisfactorily
 - b) ☐ Never
 - c) ☐ In an unsatisfactory manner
 - d) ☐ But were inadequate
6. **The class tests/mid-term tests were**
 - a) ☒ Difficult
 - b) ☐ Easy
 - c) ☐ Balanced
 - d) ☐ Out of Syllabus

II. Using the rating scale below, please tick that best value that expresses your opinion.
(1-strongly disagree, 2-disagree, 3-neither agree nor disagree, 4-agree, 5-strongly agree)

	1	2	3	4	5
1. The teacher completes the entire syllabus in time			<input checked="" type="checkbox"/>		
2. The teacher has subject knowledge			<input checked="" type="checkbox"/>		
3. The teacher communicates clearly and inspires me by his/her teaching				<input checked="" type="checkbox"/>	
4. The teacher is punctual in the class				<input checked="" type="checkbox"/>	
5. The teacher comes well prepared for the class				<input checked="" type="checkbox"/>	
6. The teacher encourages participation and discussion in class				<input checked="" type="checkbox"/>	
7. The teacher uses teaching aids, handouts, gives suitable references, make presentations and conducts seminars/tutorials, etc.			<input checked="" type="checkbox"/>		
8. The teacher's attitude towards students is friendly & helpful				<input checked="" type="checkbox"/>	
9. The teacher is available and accessible in the Department				<input checked="" type="checkbox"/>	
10. The evaluation process is fair and unbiased				<input checked="" type="checkbox"/>	

(i) Comments/Suggestions for improvements of Curriculum _____

(ii)  Comments/Suggestions for the teacher _____

COORDINATOR

Internal Quality Assurance Cell

(Please use additional sheet, if necessary)





DR. C.V. RAMAN UNIVERSITY, KOTA, BILASPUR (C.G.)
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Name of the Teacher:

Ms. Durga Sharma

Department: EE

Course Code:

BE-EEV

Class:

II Year

Course Title:

NAS

Semester:

IV

Feedback (Curriculum, Teaching, Learning & Evaluation)

I. For each of the question, you are required to indicate your opinion by encircling the letter a, b, c or d.

1. Course Content:

a) <input checked="" type="radio"/> Can be covered in one semester b) <input type="radio"/> Too much to be adequately covered in one semester	c) <input type="radio"/> Not enough for one semester d) <input type="radio"/> Difficult to comment
--	---
2. Relevance of the course in the overall structure of program

a) <input type="radio"/> Very relevant b) <input type="radio"/> Reasonably relevant	c) <input type="radio"/> Not at all relevant d) <input checked="" type="radio"/> Difficult to comment
--	--
3. Overlap with other courses

a) <input checked="" type="radio"/> No overlap b) <input type="radio"/> Some overlap	c) <input type="radio"/> Repetition of several topics d) <input type="radio"/> Difficult to comment
---	--
4. Recommended Reading material was

a) <input checked="" type="radio"/> Adequate and relevant b) <input type="radio"/> To some extent adequate and relevant	c) <input type="radio"/> Mostly inadequate d) <input type="radio"/> Cannot comment
--	---
5. Class tests/mid-semester tests were conducted

a) <input checked="" type="radio"/> As per schedule and satisfactorily b) <input type="radio"/> Never	c) <input type="radio"/> In an unsatisfactory manner d) <input type="radio"/> But were inadequate
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6. The class tests/mid-term tests were

a) <input type="radio"/> Difficult b) <input type="radio"/> Easy	c) <input checked="" type="radio"/> Balanced d) <input type="radio"/> Out of Syllabus
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II. Using the rating scale below, please tick that best value that expresses your opinion.
(1-strongly disagree, 2-disagree, 3-neither agree nor disagree, 4-agree, 5-strongly agree)

		1	2	3	4	5
1.	The teacher completes the entire syllabus in time				<input checked="" type="checkbox"/>	
2.	The teacher has subject knowledge				<input checked="" type="checkbox"/>	
3.	The teacher communicates clearly and inspires me by his/her teaching					<input checked="" type="checkbox"/>
4.	The teacher is punctual in the class				<input checked="" type="checkbox"/>	
5.	The teacher comes well prepared for the class				<input checked="" type="checkbox"/>	
6.	The teacher encourages participation and discussion in class				<input checked="" type="checkbox"/>	
7.	The teacher uses teaching aids, handouts, gives suitable references, make presentations and conducts seminars/tutorials, etc.			<input checked="" type="checkbox"/>		
8.	The teacher's attitude towards students is friendly & helpful					<input checked="" type="checkbox"/>
9.	The teacher is available and accessible in the Department				<input checked="" type="checkbox"/>	
10.	The evaluation process is fair and unbiased				<input checked="" type="checkbox"/>	

(i) Comments/Suggestions for improvements of Curriculum _____

(ii) Comments/Suggestions for the teacher _____

(Please use additional sheet, if necessary)

COORDINATOR

Internal Quality Assurance Cell (IQAC)

Dr. C.V. Raman University

Kota, Bilaspur (C.G.)- 495113





DR. C.V. RAMAN UNIVERSITY, KOTA, BILASPUR (C.G.)
STUDENT FEEDBACK FORM

Note:

- i. This form is to be filled only by students having at least 65% attendance.
- ii. Please do not write your name or roll number on the form
- iii. The information provided by you will be kept confidential and will be used only for student participation in quality enhancement.

Name of the Teacher:

RAKESH GUPTA

Department: Economics

Course Code:

32

Class:

M.A.

Course Title:

History of Eco. Thought

Semester:

IIIrd sem.

Feedback (Curriculum, Teaching, Learning & Evaluation)

- I. For each of the question, you are required to indicate your opinion by encircling the letter a, b, c or d.
 1. Course Content:

a) Can be covered in one semester	e) Not enough for one semester
<input checked="" type="checkbox"/> b) Too much to be adequately covered in one semester	d) Difficult to comment
 2. Relevance of the course in the overall structure of program

a) Very relevant	c) Not at all relevant
<input checked="" type="checkbox"/> b) Reasonably relevant	d) Difficult to comment
 3. Overlap with other courses

a) No overlap	c) Repetition of several topics
<input checked="" type="checkbox"/> b) Some overlap	d) Difficult to comment
 4. Recommended Reading material was

a) Adequate and relevant	c) Mostly inadequate
<input checked="" type="checkbox"/> b) To some extent adequate and relevant	d) Cannot comment
 5. Class tests/mid-semester tests were conducted

a) As per schedule and satisfactorily	<input checked="" type="checkbox"/> c) In an unsatisfactory manner
b) Never	d) But were inadequate
 6. The class tests/mid-term tests were

a) Difficult	c) Balanced
<input checked="" type="checkbox"/> b) Easy	d) Out of Syllabus

- II. Using the rating scale below, please tick that best value that expresses your opinion.
(1-strongly disagree, 2-disagree, 3-neither agree nor disagree, 4-agree, 5-strongly agree)

	1	2	3	4	5
1. The teacher completes the entire syllabus in time				<input checked="" type="checkbox"/>	
2. The teacher has subject knowledge				<input checked="" type="checkbox"/>	
3. The teacher communicates clearly and inspires me by his/her teaching				<input checked="" type="checkbox"/>	
4. The teacher is punctual in the class			<input checked="" type="checkbox"/>		
5. The teacher comes well prepared for the class			<input checked="" type="checkbox"/>		
6. The teacher encourages participation and discussion in class			<input checked="" type="checkbox"/>		
7. The teacher uses teaching aids, handouts, gives suitable references, make presentations and conducts seminars/tutorials, etc.		<input checked="" type="checkbox"/>			
8. The teacher's attitude towards students is friendly & helpful			<input checked="" type="checkbox"/>		
9. The teacher is available and accessible in the Department				<input checked="" type="checkbox"/>	
10. The evaluation process is fair and unbiased				<input checked="" type="checkbox"/>	

- (i) Comments/Suggestions for improvements of Curriculum Best
- (ii) Comments/Suggestions for the teacher Good

COORDINATOR
Internal Quality Assurance Cell (IQAC)
Dr. C.V. Raman University
Kota, Bilaspur (C.G.)-495113

(Please use additional sheet, if necessary)





DR. C.V. RAMAN UNIVERSITY, KOTA, BILASPUR (C.G.)
STUDENT FEEDBACK FORM

Note:

- i. This form is to be filled only by students having at least 65% attendance.
- ii. Please do not write your name or roll number on the form
- iii. The information provided by you will be kept confidential and will be used only for student participation in quality enhancement.

Name of the Teacher:

RAKESH GUPTA

Department: Economics

Course Code:

32

Class: M.A.

Course Title:

HISTORY OF ECO. THOUGHT

Semester: IIIrd Sem

Feedback (Curriculum, Teaching, Learning & Evaluation)

I. For each of the question, you are required to indicate your opinion by encircling the letter a, b, c or d.

1. Course Content:

a) Can be covered in one semester

b) Too much to be adequately covered in one semester

c) Not enough for one semester

d) Difficult to comment

2. Relevance of the course in the overall structure of program

a) Very relevant

b) Reasonably relevant

c) Not at all relevant

d) Difficult to comment

3. Overlap with other courses

a) No overlap

b) Some overlap

c) Repetition of several topics

d) Difficult to comment

4. Recommended Reading material was

a) Adequate and relevant

b) To some extent adequate and relevant

c) Mostly inadequate

d) Cannot comment

5. Class tests/mid-semester tests were conducted

a) As per schedule and satisfactorily

b) Never

c) In an unsatisfactory manner

d) But were inadequate

6. The class tests/mid-term tests were

a) Difficult

b) Easy

c) Balanced

d) Out of Syllabus

II. Using the rating scale below, please tick that best value that expresses your opinion.

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

		1	2	3	4	5
1.	The teacher completes the entire syllabus in time				<input checked="" type="checkbox"/>	
2.	The teacher has subject knowledge				<input checked="" type="checkbox"/>	
3.	The teacher communicates clearly and inspires me by his/her teaching				<input checked="" type="checkbox"/>	
4.	The teacher is punctual in the class			<input checked="" type="checkbox"/>		
5.	The teacher comes well prepared for the class			<input checked="" type="checkbox"/>		
6.	The teacher encourages participation and discussion in class			<input checked="" type="checkbox"/>		
7.	The teacher uses teaching aids, handouts, gives suitable references, make presentations and conducts seminars/tutorials, etc.		<input checked="" type="checkbox"/>			
8.	The teacher's attitude towards students is friendly & helpful			<input checked="" type="checkbox"/>		
9.	The teacher is available and accessible in the Department				<input checked="" type="checkbox"/>	
10.	The evaluation process is fair and unbiased				<input checked="" type="checkbox"/>	

(i) Comments/Suggestions for improvements of Curriculum

NOT GIVEN

(ii) Comments/Suggestions for the teacher

NOT GIVEN

(Please use additional sheet, if necessary)

COORDINATOR

Internal Quality Assurance Cell (IQAC)
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Kota, Bilaspur (C.G.)- 495113

