INTERNAL QUALITY ASSURANCE CELL
FEEDBACK FOR CURRICULA / SYLLABI REVISION

Choose your Appropriate Role   ○ Student   ○ Teacher   ○ Alumni   ○ Employer   ● Parents

Parents

Faculty

_____

Department

_____

Program For Feedback

_____

Parents/Guardians

| Enter your parents/Guardians |

Ward Name

| Enter your ward name |

Relationship: ○ Sun   ○ Daughter   ○ Guardianship

Occupation

| Enter your occupation |

Ward Enrollment No

| Enter your enrollment no |

Ward Department

| Enter your department |

Program Name

| Enter your Program Name |

Year/Semester

Enter your Year/Semester

Academic Year

Enter your academic year

Email ID

Enter Your Email Id

Mobile No

Enter your Mobile No

Please give your valuable feedback ratings (on the scale of 4 points, 4 is highest)

1. Professional Competencies: The syllabi/ courses are able to achieve the intended Outcomes   ○ 4   ○ 3 ○ 2 ○ 1

2. Rate the sequencing of the contents in the syllabi/ courses   ○ 4   ○ 3 ○ 2 ○ 1

3. Rate the adequacy of coverage and credit allocation in syllabi/courses   ○ 4   ○ 3 ○ 2 ○ 1

4. Rate the adequacy of textbooks and reference materials mentioned in syllabi   ○ 4   ○ 3 ○ 2 ○ 1

5. Rate the syllabi content in terms of active engagement of the students   ○ 4   ○ 3 ○ 2 ○ 1

6. Rate the depth of the syllabus for the course in relation to the   competencies expected by industry/global scenarios   ○ 4   ○ 3 ○ 2 ○ 1

7. The syllabi/course will help in adding competitiveness among learners and helps in carrier progression   ○ 4 ○ 3 ○ 2 ○ 1

Area of Feedback

Enter your area of feedback

Suggestion

Enter your Suggestion

Response Needed on Email : ● Yes ○ NO

Submit