INTERNAL QUALITY ASSURANCE CELL
FEEDBACK FOR CURRICULA / SYLLABI REVISION

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

Teacher

Faculty

Department

Program For Feedback

Department

Enter your department

Institute Name

Enter your Institute Name

Teacher Name

Enter your Teacher Name

Designation

Enter Your Designation

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