INTERNAL QUALITY ASSURANCE CELL
FEEDBACK FOR CURRICULA / SYLLABI REVISION

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

Alumni

Faculty

Department

Program For Feedback

 Name

Enter your Name

Father's Name

Enter your father's name

Program Passed from IU

Enter your program passed from IU

Year of Passing

Enter your year of passing

Department

Enter your department

Present Organization :   ○ Present Organization Type   ○ Self Employed   ○   Private Sector   ○ **Public Sector**   ○ **Academic**   ● Other

Name of the Organization

Enter your name of the organization

Organization Website

Enter your organization website

Email Id (Institutional)

Enter your Email Id (Institutional)

Email Id

Enter your Email Id

Mobile No

Enter your Mobile No

Higher Education (After Passing out from IU)

Select Higher Education :

Master Degree ○
Ph.D. ○
Not Applicable ○
Other ●

Name of the Program

Enter your name of the program

Year of Admission

Enter your Year of admission

Name of Institution

Enter your name of Institution

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 Feedback

Suggestion

Enter your Suggestion

Response Needed on Email : ⦿ **Yes   No** ○

Submit