



STUDENTS FEEDBACK FORM

Name of the Student:

Centre Name:.....

Course:.....

Rating Scale: 1- 5 with 5 being Extraordinary

Sl.No	Feedback on	1	2	3	4	5
1	Fulfilment of subjects					
2	Coverage of Fundamental concepts					
3	Depth of coverage of syllabus					
4	Relevance with Practical/Lab Work					
5	Teaching Approach					
6	Overall rating of the Curriculum					

Any suggestions for improvement

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Signature of the student