Students' Feedback Form

1. Programme of Study	□ UG
,	□ UG √D Masters
	□ M.Phil.
	□ Ph.D.
2. Faculty of Study	m 6.7
,,	☐ Science ☐ Social Sciences
	☐ Arts
	☐ Education
	☐ Management Studies
	☐ Music and Fine Arts
	□ Commerce
	☐ Interdisciplinary
	☐ Mathematical Sciences
	□ Law
3. Name of the Department	Tept of cont. Eder & Extension
4. Semester of Study	√Z I
	<u> </u>
	□ V □ VI
	☐ BeyondVI
5. Do you agree to sharing your phone number	Z Doyona / /
with the National Assessment and	Vac.
Accreditation Council (NAAC) regarding your	es·
Teaching – Learning experience in the university?	,
6. Mention your phone number if you said "Yes"	0010107070
to the question stated above?	8810687970
· ·	- 4
7. Residence	☐ Hostel
	PG/Rented Local
	□ NCR
	□ Other
8. Gender	Female
	☐ Malc
	☐ Others
9. Category	General General
-	□ OBC
	□ SC
	□ ST
	□ EWS
	□ PwD
	☐ Other

10. Academic

For each question of statement please give your level of experience by putting one tick against the statement. A higher score indicates a better experience

	Below Average	Average	Good	Very Good	Excellent	Don't Know	Not Applica ble
Content of Syllabi of thecourses	0	. 0	0	.0/	· O	0	0
Experiencewithextend and delivery of syllabuscoveredintheclass	0	0	0	0	0	0	0
Use of teachingaids and ICT intheclasstofacilitateteaching	0	0	0	Ø	0	0	0
ExperiencewithInternalassessment	0	0	0	Ø	0	0	0
Student Teacher Interaction	0	0	0	0	0/	0	0
Use of non-traditionalmethods of evaluationlikequiz,assignments,seminar,presentati onetc	0	0	0	V	0	0	0
Integrationoftheory and practical classes	0	0	0	0	0	0	0
Stimulationforinnovativethinking	0	0	0	0	0	0	0
OverallsLearningexperience	0	0	0	0	0	0	0
Conditionof Lab Equipment	0	0	V	0	0	0	0
AvailabilityofOnlineresources	0	0	0	0	V	0	0
Researchfacilities in the Department for research projects // M. Phill. // Ph.D.	0	0	0	0	6	0	0
Opportunitytoparticipateinseminar//workshop//conference	0	0	Ø	0	0	0	0
Experiencewithresearchguidance	0	0	0	0	0	0	0
Participationincoacademic and culturalevents	0	0	V	0	0	0	0

11. Infrastructure

For each question of statement please give your level of experience by putting one tick against the statement. A higher score indicates a better experience.

	Below Average	Average	Good	Very Good	Excellent	Don't Know	Not Applica
ClassroomFacilities (LCD//Audio/Computeretc)	0	0	0	0	19	0	ble O
Food Outlets/Canteens	0	0	0	0	19/	0	0
LibraryReading Room Facility	0	0	0	0	0/	0	0
Librarydigitalresources and readingmaterialsupport	0	0	0	0	V	0	0
InternetFacility	0	0	\O^	0	0	0	0
UniversityWebsite	0	0	0	0	10/	0	0
DepartmentWebsite	0	0	0	5	· O	0	0
Sportsfacilities	0	0	0	0	V	0	0
HostelFacility	0	0	$ \mathcal{O} $	0	0	0	0
Drinking Water Facility	O /	0	Ó	0	0	0	0
WashroomFacilities	0	0	10/	0	0	0	0

12. Support System

For each question of statement please give your level of experience by putting one tick against the statement. A higher score indicates a better experience.

Parameters	Below Average	Average	Good	Very Good	Excellent	Don't Know	Not Applica ble
Experienceoftheadmissionprocesstothepro gramme you have enrolledin	0	0	0	19	0	0	0
Helpreceived by OrientationprogrammeoftheDepartment	0	0	0	0	0	0	0
ExperiencewithUniversity'sAdministrativ eStaffs	0	0	0	0	0	0	0
ExperiencewithDepartment'sAdministrati veStaffs	0	0	0	0	6	0	0
Experiencewith Announcement of Result	0	0	0	6	0	0	0
ExperiencewithAvailability of Marksheet	0	0	0	6	0	0	0

Experience with Evolution						1	
ExperiencewithEvaluation Process	O	0	O	0	0	0	0
Provision of Transport facility	0	0	0	Ø	0	0	0
Availability of Healthcare Facility	0	0	0	0	0	0	0
Functioning of Placement cell of the University	0	0	0	0	Ø	0	0
Functioning of Placement cell of the Department	0	0	0	6	0	0	0

13. Skills developed during Course of Study

For each question of statement please give your level of experience by putting one tick against the statement. A higher score indicates a better experience.

	Below Average	Average	Good	Very Good	Excellent	Don't Know	Not Applica ble
IT Skills	0	0	0	9	9	0	0
Analytical Skills	0	0	0	0	Ø	0	0
Critical Skills	0	0	0	0	8	0	0
Leadership Qualities	0	0	0	Ø	0	0	0
Time Management	0	0	0	9	0	0	0
Clarity of Career Perspective	0	0	0	0		0	0
Team Work/ Collaboration Skills	0	0	0	6	0	0	0
Problem Solving Skills	0	0	Ø	0	0	0	0
Entrepreneurial/ Job Skills	0	0	6	0	0	0	0
Communication Skills	0	0	0	0	0	0	0

14. Overall University Experience

For each question of statement please give your level of experience by putting one tick against the statement. A higher score indicates a better experience.

	Below Average	Average	Good	Very Good	Excellent	Don't Know	Not Applica ble
Your Overall Academic Experience	0	0	0	10	0	0	0
Would You Recommend this University to others	0	0	0	0	0	0	0

15. Sugges	tions, if any:		
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			a application of the state