

FEEDBACK FORM

Course Code : _____ Course Title: _____ Venue: _____

Starting Date: _____ Duration : _____ Coordinator : _____

I. Ratings by participants on the scale of 10.

10	9
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8	7	6
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5	4	3
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2	1	0
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□-----Tick mark in relevant boxes-----□

1. Structure of course	Very well Planned	Well Planned	Less Planned	No Planning											
	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			
2. Course Material	Very Relevant	Relevant	Less Relevant	Not Relevant											
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3. Teaching Faculty	Very Effective	Effective	Less Effective	Not Effective											
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4. Hands on session	Very Useful	Useful	Useful	Not Useful											
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5. Food Quality (if applicable)	Excellent	Very Good	Just OK	Poor											
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6. Interaction with Faculty	Excellent	Very Good	Just OK	Poor											
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7. Usefulness of Course	Very Useful	Useful	Useful	Not Useful											
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8. Overall impression	Very beneficial	Beneficial	Less Beneficial	No Beneficial											

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II Which topic of the Course You found :

Most Useful

Least Useful

III Your suggestions /Comments for further improvements

Date : - _____

Name & Signature(Optional)
(Participant)

Name & Signature
(Coordinator)