



## Faculty feedback form on Curriculum

Name of the Faculty	
Department	
Designation	
Academic Year	

**Directions:** Please indicate your level of satisfaction with the following statement by marking (✓) between 1 and 5.

Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
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S.No	Statements	Excellent	Very Good	Good	Average	Poor
1	Curriculum relevance to the course					
2	Course content followed by corresponding reference books/materials					
3	The course/syllabus has good balance between theory and laboratories.					
4	The course/syllabus of this subject increased my knowledge and perspective in the subject					
5	The Course/Program of studies carries sufficient number of optional subjects.					
6	Organization support for research activities, paper publication etc					

Any Suggestion .....

Signature with Date