



Student feedback form on Ambience

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| Name of the Student | |
| Department | |
| Designation | |
| Academic Year | |

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

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|---------------|---------------|----------|-------------|----------|
| Excellent (5) | Very Good (4) | Good (3) | Average (2) | Poor (1) |
|---------------|---------------|----------|-------------|----------|

| Sl.No | Statements | Excellent | Very Good | Good | Average | Poor |
|---------------------------------|---------------------------------|-----------|-----------|------|---------|------|
| Institutional Facilities | | | | | | |
| 1 | Library Facilities | | | | | |
| 2 | Central Computing Center | | | | | |
| 3 | Training and Placement | | | | | |
| 4 | Sports and Games | | | | | |
| 5 | Literary Activities | | | | | |
| Department Facilities | | | | | | |
| 1 | Laboratory Infrastructure | | | | | |
| 2 | Laboratory Equipment's | | | | | |
| 3 | Department Library | | | | | |
| 4 | Classrooms | | | | | |
| General Amenities | | | | | | |
| 1 | Facilities for Physical fitness | | | | | |
| 2 | Medical / First Aid | | | | | |
| 3 | Safety Measures | | | | | |
| 4 | Wi-Fi Connectivity | | | | | |
| 5 | E-learning resources | | | | | |

Any Suggestion

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Signature with
Date