

Name of Student : _____ Roll No. : _____ Class : _____ Div. : _____

Name of Faculty : _____ Sub. : _____ Date : _____

Kindly help us to evaluate the performance of the above faculty by tick marking the appropriate box. Please feel free to express yourselves as your replies will be kept confidential.

Evaluation Criteria :

	EXC	GOOD	SAT	POOR	V. POOR
1) Putting across the matter. (Subject / Presentation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Generating interest among student ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Subject knowledge (As perceived by you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Usage of Black board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Ability to encourage student participation in the class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Accessibility of the teacher in and out of the class room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Punctuality (In reaching the class and leaving the class)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any Other Suggestions / Comments :

STUDENTS FEEDBACK

Class:-

Please give a rating of your course on the following :-

9	8	7	6	5	4	3	2	1
Extremely Good	Very Good	Good	Moderately Good	Moderate	Somehow Tolerable	Poor	Very Poor	Extremely Poor

S	Particulars	Rating
1	Learning value (in terms of skills, concepts, knowledge, analytical abilities, or broadening perspectives)	
2	Applicability/relevance to real life situations	
3	Depth of the course content	
4	Extent of coverage of course	
5	Extent of effort required by students	
6	Relevance/learning value of project/ report	
7	Overall rating	
8.	Suggestions :-	

Feed Back Form (Parent / Student / Others)(Put V in Box)Least (1) Best (5)

طالب علم / والدین کی رائے

<u>Particulars\Score</u>	<u>1(Least)</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5(Best)</u>
Overall Infrastructure کالجز کی عمارت / بنیادی سہولیات					
Teaching Faculty اساتذہ					
Co-op from Support staff آفس اسٹاف کا تعاون					
Others(includes Library / Canteen/ Gymkhana etc) دیگر چیزیں (لائبریری / کینٹین / جمخانہ)					

Any Suggestions for improvements

* بہتری کے لئے مشورہ :

STUDENT PROFILE & FEED BACK FORM

A) Name of the Student: _____

B) Class: _____ Div: _____ SCN: _____ Roll No: _____

C) Year of Passing HSC _____ Board: _____ Place: _____

D) HSC Percentage/Class obtained (Tick (v) the Appropriate Box) Mention %:

Pass Class		II nd Class		Ist Class		Above Ist Class	
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E) Parents Qualification (Tick (v) the Appropriate Box)

<u>Relationship</u>	<u>SSC</u>	<u>HSC</u>	<u>Graduation</u>	<u>Post Graduation</u>
Father				
Mother				
Elder Brother/Sister				

F) Are you Working?: Yes No

G) Details of Job/Self Employment (If any): _____

H) Yours Monthly Income / Salary: _____

I) Additional Course / Qualification: ((Details) _____

J) Did you avail Book Bank facility from Library: Yes No

K) Your Overall opinion about Quality of teaching in the College: (Tick (v) Appropriate Box)

Poor		Good		Very Good		Excellent
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L) Your opinion about the overall Infrastructure facilities in the College: (Tick (v) Appropriate)

Poor		Good		Very Good		Excellent
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M) Mobile No: _____ Email Id: _____

N) Signature of the Student: _____
