



Jain Vishva Bharati Institute (Deemed to be University) Ladnun, Rajasthan

Form 1 : Students Feedback Form

Teacher's Name:.....Department.....
Title of the course.....

1. Mark your opinion about the effectiveness of the teacher and curriculum in respect of the following attributes on a scale of 1 to 5 (5: Excellent, 4: Very Good, 3: Good, 2: Average, 1: Poor)

Sr. No.	Statements	Please Tick				
1.	Command over the subject./ विषय पर कमांड/पकड़					
2.	Is well prepared and organized./ अच्छी तरह से तैयारी के साथ कक्षा में आते है/आती है					
3.	Makes the subject clear and understandable./ विषय को स्पष्ट एवं समझने योग्य बना देता है।/ देती है					
4.	Inspired interest in the subject at large/बड़े पैमाने पर विषय में रुचि प्रेरित की					
5.	Requires work that is challenging and worthwhile through assignments/ seminars/ tests./ चुनौतीपूर्ण और सार्थक कार्य असाइनमेंट/सेमिनार/परीक्षण के माध्यम से करवाए जाते हैं					
6.	Evaluates performance of students fairly/छात्रों के प्रदर्शन का निष्पक्ष मूल्यांकन करता है/ करती है					
7.	Effectively manages the class time/ कक्षा के समय का प्रभावी ढंग से प्रबंधन करता है/ करती है					
8.	Completes the course in balanced and timely manner/ पाठ्यक्रम को संतुलित एवं समयबद्ध तरीके से पूरा करवाया है					

2. Please tick the appropriate response: True False

1.	My impression is that the Instructor worked hard for the course and tried his/her best./ मेरी धारणा यह है कि प्रशिक्षक ने पाठ्यक्रम के लिए कड़ी मेहनत की और अपना सर्वश्रेष्ठ प्रयास किया।		
2	I feel that the course should be taught by this Instructor again./ मुझे लगता है कि इस प्रशिक्षक द्वारा पाठ्यक्रम दोबारा पढ़ाया जाना चाहिए।		
3	I feel that the Instructor, at most times, was able to give or find answers to the questions in the class/मुझे लगता है कि प्रशिक्षक अधिकांश समय कक्षा में प्रश्नों के उत्तर देने या खोजने में सक्षम था।		

Signature of the Student:

class:

Name of the Student:

Date:

This feedback is strictly confidential

Questions for feedback from the students

Teacher's Name:.....Department.....

Title of the course.....

Answer each question in the space provided:/ प्रत्येक प्रश्न का उत्तर दिए गए स्थान पर दें:

1. What does the teacher do particularly well?/ शिक्षक विशेष रूप से क्या अच्छा करते हैं?

2. What could the teacher do even better? / शिक्षक क्या और भी बेहतर कर सकते हैं?

3. What do you like or dislike about the course? / पाठ्यक्रम के बारे में आपको क्या अच्छा अथवा अच्छा नहीं लगा ?

Signature of the Student:

class:

Name of the Student:

Date:

This feedback is strictly confidential



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Form 2 : Teacher Feedback Form

Name of the Teacher.....

Name of the Department.....

Designation.....

Name of Program.....

Title of the course.....

Please Rate the following attributes on a scale of 1 to 5 (5: Excellent, 4: Very Good, 3: Good, 2: Average, 1: Poor)

Sr. No.	Statements	Rating				
		5	4	3	2	1
1.	The course content is updated and sufficient to bridge the gap between industry standards/ current global scenario and academics.					
2.	Syllabus imparts substantial learning values (in terms of skills, concepts, knowledge, analytical abilities, broadening perspectives					
3.	Sufficient reference material and books are available in the library for the / topics mentioned in the syllabus.					
4.	Course content is applicable to real life situations.					
5.	Overall rating.					

✓ What innovative initiatives would you like to incorporate for the course?-----

✓ Any suggestion for improvement of syllabus:-----

Date:

Signature:

This feedback is strictly confidential



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Form 3 : Employer Feedback Form

Essential Information

Name Of the Organization/ Company /Institute-----
Address-----
Nature of firm ----- year -----Number of students recruited-----
Contact----- Email -----

Please Rate the following attributes on a scale of 1 to 5 (5: Excellent, 4: Very Good, 3: Good, 2: Average. 1: Poor]

Sr. No.	Statements	Rating				
1.	Communication skills					
2.	Openness to new ideas and learning new technologies (lite long learning)					
3.	Ethical and moral values					
4.	Ability to work in a team					
5.	Commitment and devotion to work					
6.	Punctuality and sincerity					
7.	Overall performance					

Suggestions for improvement:-----

Date:

Signature

Name

Designation

This feedback is strictly confidential



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Form 4 : Alumni Feedback Form

Essential Information

Name -----
Name of the organization you belong to -----
Designation ----- Contact No. -----
Mail ID.----- Year of passing-----
Department----- Course (Program)-----

Please Rate the following attributes on a scale of 1 to 5 (5: Excellent, 4: Very Good, 3: Good, 2: Average, 1: Poor]

Sr. No.	Statements	Rating				
1.	The activities organized by Department/ Institute met out the objectives of overall development of the students.					
2.	The facilities provided by the Department/ Institute (Lab/Equipment/ Computer Facilities/ Internet Lab Wi-Fi and Seminar hall) were up to the mark.					
3.	The programme was challenging					
4.	Learning values (in terms of concepts, knowledge' skills, analytic abilities y or broadening perspectives, applicability to real life situations)					
5.	Your Continuous Contact With Institute					
6.	Overall rating					

➤ Which Courses helped you the most in your professional growth:-----

➤ Suggestions for improvement: -----

Date:

Signature: