 **IQAC/2018/22**

 Shree Santkrupa Shikshan Sanstha’s

 **Shree Santkrupa Institute of Engineering and Technology**

 Ghogaon (Shivajinagar), Tal-karad, Dist-Satara

 **Faculty Feedback Form**

 **Academic Year-\_\_\_\_\_**

**Name of The Faculty:- ……………………………………………………………….**

**Designation and Department:- ……………………………………………………….**

**Mobile Number and Email Id:- ………………………………………………………**

 **Put( Tick Mark)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr No** | **Questions** | **Below****Average** | **Average** | **Good** | **Very Good** | **Excellent** |
| 01 | How do you rate our courses that can meet the vision mission of our college |  |  |  |  |  |
| 02 | Aims and the objectives of the curriculum are well defined and clear to teachers and students? |  |  |  |  |  |
| 03 | The course/syllabus has a good balance between theory and laboratories |  |  |  |  |  |
| 04 | The courses have enough hours to teach. |  |  |  |  |  |
| 05 | The course/syllabus of the subject taught increased my knowledge and perspective in the respective subject |  |  |  |  |  |
| 06 | The program of studies carries enough optional subjects |  |  |  |  |  |
| 07 | The books prescribed/listed as reference material are relevant, updated and appropriate |  |  |  |  |  |
| 08 | Laboratories are well equipped and maintained to cover almost experiments from the program |  |  |  |  |  |
| 09 | Faculties are permitted to attend the different FDPs  |  |  |  |  |  |

**\*Any suggestions to improve:**

**1.**

**2.**

**3.**

 **Dated Sign of Faculty**