

कार्यालय प्राचार्य शासकीय महाविद्यालय बरही, कटनी (म0प्र0)

सत्र— 2020 — 2021

माता—पिता / अभिभावक

नाम :-

पता :-

मो0 नं0 :-

1. प्रवेश प्रक्रिया

(अ) उत्कृष्ट (ब) बहुत अच्छा (स) अच्छा (द) औसत खराब

2. अधोसंरचना

(अ) उत्कृष्ट (ब) बहुत अच्छा (स) अच्छा (द) औसत खराब

3. महाविद्यालय स्टाफ का व्यवहार

(अ) उत्कृष्ट (ब) बहुत अच्छा (स) अच्छा (द) औसत खराब

4. पुस्तकालय की व्यवस्था

(अ) उत्कृष्ट (ब) बहुत अच्छा (स) अच्छा (द) औसत खराब

5. खेलकूद एवं सांस्कृतिक गतिविधियाँ

(अ) उत्कृष्ट (ब) बहुत अच्छा (स) अच्छा (द) औसत खराब

6. विद्यार्थियों का मार्गदर्शन

(अ) उत्कृष्ट (ब) बहुत अच्छा (स) अच्छा (द) औसत खराब

7. अनुशासन

(अ) उत्कृष्ट (ब) बहुत अच्छा (स) अच्छा (द) औसत खराब

8. रोजगार के लिए मार्गदर्शन एवं प्रशिक्षण

(अ) उत्कृष्ट (ब) बहुत अच्छा (स) अच्छा (द) औसत खराब

9. अध्यापन व्यवस्था

(अ) उत्कृष्ट (ब) बहुत अच्छा (स) अच्छा (द) औसत खराब

10. कोई सुझाव —

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हस्ताक्षर

कार्यालय प्राचार्य शासकीय महाविद्यालय बरही, कटनी (म0प्र0)

सत्र – 2022 – 2023

भूतपूर्व विद्यार्थी

नाम :-

पिता का नाम :-

पता :-

मो0 नं0 :- कब उत्तीर्ण हुए:-

अभी क्या कर रहे है –

1. क्या महाविद्यालय विद्यार्थियों के संपूर्ण विकास के लिए विभिन्न गतिविधियाँ चलाता है।

(अ)सहमत (ब) कभी-कभी (स) असहमत

2. क्या आप महाविद्यालय के विकास में योगदान करना चाहते हैं।

हाँ या नहीं।

यदि हाँ तो किस प्रकार.....

3. विद्यार्थियों के शिकायतों के निवारण की व्यवस्था।

(अ)उत्कृष्ट (ब) बहुत अच्छी (स) अच्छी (द) औसत खराब

4. क्या आप भूतपूर्व विद्यार्थियों के संगठन में शामिल होना चाहेंगे?

(अ)हाँ (ब) नहीं

5. पहले की तुलना में महाविद्यालय के विकास का स्तर कैसा है।

(अ)उच्च (ब) औसत (स) खराब

6. महाविद्यालय का कोई यादगार पल–

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7. कोई सुझाव –

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हस्ताक्षर



Student Feedback Form for Syllabus Based the Academic Year -----

(Filled feedback form, send to igac@slbsrsv.ac.in)

Name: Course:Department:.....

Years/Semester: Address.....

Mobile..... E-mail.....

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

5	4	3	2	1
Extremely Good	Very Good	Good	Average	Poor

S.N.	Particulars	Rating
1	Learning value (in terms of skills, concepts, knowledge, analytical abilities, or broadening perspectives)	
2	Depth of the course content	
3	Extent of coverage of course	
4	Extent of effort required by students	
5	Relevance/learning value of project/ report	
6	Overall rating	

You may write your option as 1, 2, 3 or 4 in given blank box.

2. The syllabus was

1)Challenging	2) adequate	3) inadequate	4) dull	5) irrelevant	<input type="text"/>
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3. Your background for benefiting from the course was

1) Highly relevant	2) Relevant	3) partly relevant	4) mostly irrelevant	5) completely irrelevant	<input type="text"/>
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4. How much of the syllabus was taught in class?

1) 90 to 100	2).75 to 90%	3) 50 to 75%	4) 40 to 50%	5) less than 40%	<input type="text"/>
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5. What is your opinion about the library holdings for the course?

1) excellent	2) adequate	3) inadequate	4) poor	5) very poor	<input type="text"/>
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6. Were you able to get the prescribed readings?

1) very good	2) good	3) average	4) poor	5) very poor	<input type="text"/>
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7. The internal evaluation system as it exists is

1) very good	2) good	3) average	4) poor	5) very poor	<input type="text"/>
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8. In your opinion, how much of the total weightage of a course should the internal assessment account for?

1) 100%	2) 75%	3) 50%	4) 25%	5) below 25%	<input type="text"/>
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9. How do you rate the student-teacher relationship in the College as a whole?

1) very good	2) good	3) satisfactory	4) unsatisfactory	5) very poor	<input type="checkbox"/>
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10. How do you rate the student-teacher relationship in your department?

1) very good	2) good	3) satisfactory	4) unsatisfactory	5) very poor	<input type="checkbox"/>
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11. How do you find the College administrative offices?

1) very helpful	2) helpful	3) indifferent	4) unhelpful	5) cumbersome	<input type="checkbox"/>
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12. How do you rate the health care facilities?

1) very good	2) good	3) average	4) poor	5) very poor	<input type="checkbox"/>
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13. Did you participate in any of the extracurricular activities of the Department / College?

1) very often	2) often	3) sometimes	4) rarely	5) never	<input type="checkbox"/>
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14. What was the attitude of teachers to extracurricular activities?

1) co-operative	2) indifferent	3) discouraging	<input type="checkbox"/>
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15. Is the internal assessment system conducive to [tick (✓) in the relevant cell]

Contents	Extremely Good	Very Good	Good	Average	Poor
Understanding the course					
Early discovery of difficulties					
Interaction with the teacher					
regular work					

16. Overall Rating of the Programme [tick (✓) in the relevant cell]

S.No.	Contents	Very good	Good	Average	Poor	Very poor
1	Academic content					
2	Fairness of evaluation					
3	Interaction with faculty					
4	Interaction with administration					
5	Library facilities					
6	Computer facilities					
7	Extra-curricular activities					
8	Sports facilities					

24. If you have other comments to offer on the course and the instructor you may do so below or on a separate sheet.

Date

Place

Student's signature



Questionnaire - 2

Student Feedback on Teachers (Separate for each Teacher)

(Filled feedback form, send to iqac@slbsrsv.ac.in)

Name of the Student: ----- Department: -----

Semester/Term/Year: ----- E-mail -----

Address: ----- Mobile. -----

Students are required to rate the courses on the following attributes using the 4 -point scale shown.



Name of the Teacher: -----

[Tick (✓) in the relevant cell]

Parameters	A Very Good	B Good	C Satisfactory	D Unsatisfactory
1. Knowledge base of the teacher (as perceive by you)				
2. Communication Skills (in terms of articulation and comprehensibility)				
3. Sincerity / Commitment of the teacher				
4. Interest generated by the teacher				
5. Ability to integrate course material with environment/other issues, to provide a broader perspective				
6. Ability to integrate content with other courses				
7. Accessibility of the teacher in and out of the class (includes availability of the teacher to motivate further study and discussion outside class)				
8. Ability to design quizzes/tests/ assignments /examinations and projects to evaluate students understanding of the course				
9. Provision of sufficient time for feedback				
10. Overall rating				

Date
Place

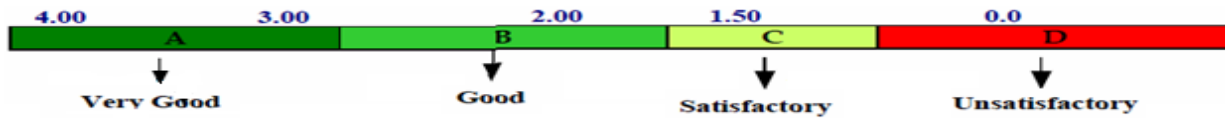
Student Signature



EMPLOYEE FEEDBACK FORM

Name -----Designation -----

College/Institute -----Date -----



Tick the number that best describes your level of satisfaction at each at question:-

S. No.	How Satisfied are you with the student's work performance in each of these areas	Very Good	Good	Satisfactory	Unsatisfactory
1	General communication skills				
2	Developing practical solutions to work place problems				
3	Working as part of a team				
4	Creative in response to workplace challenges				
5	Self-motivated and taking on appropriate level of responsibility				
6	Open to new ideas and learning new techniques				
7	Using technology and workplace equipment				
8	Ability to contribute to the goal of the organization				
9	Technical knowledge/skills				
10	Ability to manage/leadership qualities				
11	Innovativeness, Creativity				
12	Relationship with seniors/peers/subordinates				
13	Involvement in social activities				
14	Ability to take up extra responsibility				

Employee signature