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| C:\Users\admin\Downloads\bamulogo4.png | **Dr. Babasaheb Ambedkar Marathwada University, Aurangabad**TEACHER FEEDBACK FORM |

Name of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail ID : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each item please indicate your level of satisfaction with the following rating (**A–Average, G -Good, E–Excellent, O–Outstanding)**

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| **I. About Course Curriculum**  | Sub**1** | Sub**2** | Sub**3** | Sub**4** | Sub**5** |
| a | The Course objectives & outcomes were clearly defined / identified |  |  |  |  |  |
| b | Content of Curriculum  |  |  |  |  |  |
| c | **Relevance** : Course material were relevant |  |  |  |  |  |
| d | **Quality :** Course material were of high quality and Up-to-date |  |  |  |  |  |
| e | **Organization:** Material were well organized. Assignment of reading material for each class was of appropriate length |  |  |  |  |  |
| f | The course provides focus on skill Development/ Employability / Entrepreneurship  |  |  |  |  |  |
| **II. About Infrastructure of the Department**  |
| a | Sufficient facilities are available in the department |  |
| b | Toilets/washrooms are hygienic and properly maintained. |  |
| c | Clean drinking water is available in the department and on the campus. |  |
| d | Number of PCs needed for the course are adequate  |  |
| e | Equipment in the labs are in working condition |  |
| f | Computer lab is accessible  |  |
| g | Internet facility is available  |  |

**III. Any other suggestions/comments:**

**Date: Signature of the Teacher**