

A. S. College, Khanna
ALUMNI FEEDBACK ON COURSES

Brief Alumni Information :

1. Full Name : _____
2. Programme / Course Studied : _____
3. Name of Department : _____
4. Period of Study (eg. 2019-2022) : _____
5. E-Mail I.D. : _____
6. Mobile no. : _____
7. Address for Correspondence : _____

Please rate the courses taught during your tenure in the college on the following using the 4-point scale as shown on the following parameters:

4:00	3:00	2:00	1:50	0.0
A	B	C	D	
Very Good Good	Satisfactory	Unsatisfactory		

Sl. No.	Parameter		Semesters (B.A./B.Sc./B.Com./B.C.A./B.Voc/ M.A./M.Sc.)											
			1 st Sem.	2 nd Sem.	3 rd Sem.	4 th Sem.	5 th Sem.	6 th Sem.	7 th Sem.	8 th Sem.	9 th sem.	10 th Sem.		
1.	Course content	1. Very Good												
		2. Good												
		3. Satisfactory												
		4. Unsatisfactory												
2.	Availability of reading material (Library /Internet/Others)	1. Very Good												
		2. Good												
		3. Satisfactory												
		4. Unsatisfactory												
3.	Use of Innovative teaching methods (Group discussion, field exercises, role play & others)	1. Very Good												
		2. Good												
		3. Satisfactory												
		4. Unsatisfactory												
4.	Learning value (in terms of knowledge, concepts, manual skills, analytical abilities, and in broadening one's perspective)	1. Very Good												
		2. Good												
		3. Satisfactory												
		4. Unsatisfactory												
5.	Overall Rating	1. Very Good												
		2. Good												
		3. Satisfactory												
		4. Unsatisfactory												

Signature : _____

A. S. College, Khanna

Feedback / Suggestion from Parents

Brief Parents Information:-

1. Full Name : _____
2. Address : _____

Fill in the box with the number given below :

- 1) Curricular
2) Infrastructure
3) Fee Structure
4) Teacher-Student relation
5) Non-Teaching/Staff-Student relation
6) Extra-curricular activity
7) Financial aid (fee freeship etc.)

5-Excellent

4-Very Good

3 - Good

2- Fair

1-Bad

Suggestion if any :

Signature of the Parent/Guardian: _____

Name of Student : (_____)

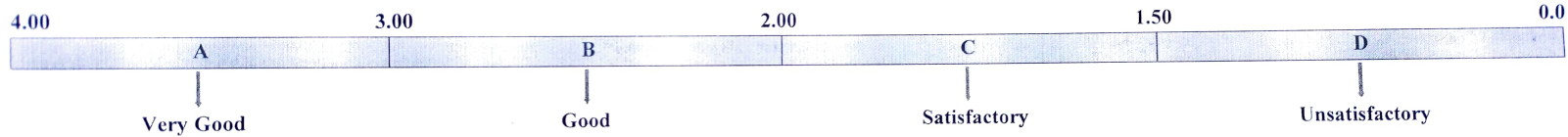
Dept. & Semester of student: _____

A.S. College, Khanna
Student Feedback Form On Teachers

Class : _____

Semester / Term / Year : _____

Please rate the teachers on the following parameters using the 4 -point scale shown (A, B, C, D):



Parameters	TEACHERS NAME (in initial)									
	Name (Initial) 1	Name (Initial) 2	Name (Initial) 3	Name (Initial) 4	Name (Initial) 5	Name (Initial) 6	Name (Initial) 7	Name (Initial) 8	Name (Initial) 9	Name (Initial) 10
1. Knowledge base of the teacher (as perceived by you)										
2. Communication skills (in terms of articulation and comprehensibility)										
3. Sincerity / Commitment of the teacher (in terms of preparedness and interest in taking classes)										

Parameters

	Name (Initial) 1	Name (Initial) 2	Name (Initial) 3	Name (Initial) 4	Name (Initial) 5	Name (Initial) 6	Name (Initial) 7	Name (Initial) 8	Name (Initial) 9	Name (Initial) 10
4. Interest generated by the teacher in the class										
5. Ability to integrate course material with environment / other issues, to provide a broader perspective										
6. Accessibility and availability of the teacher in the department for academic consultations										
7. Initiative taken in formulating topics/ tests/assignments/examinations / seminars and projects										
8. Regularity in taking classes										
9. Completion of the course in a thorough and satisfactory manner										
10. Fairness in evaluating student performance and awarding grades.										
11. Overall rating (Please leave this blank)										

Below 50% - US - D / 50% - 70% - C / 70% - 85% - B / 85% & above - A