Teachers Feedback Form

INTERNAL QUALITY ASSURANCE CELL [IQAC], R. U., RANCHI
* All information will be kept strictly CONFIDENTIAL

Email *

drmrssujatasingh@gmail.com

Name *

DR. SUJATA SINGH

Mobile Number *

9006750244

Name of the Department *

Choose ▼

Designation *

Choose ▼

Nature of Service *

Permanent ▾

Date of Joining the University PG Department *

MM	DD	YYYY
11 /	05 /	1996

Please Rate our efforts

1= Average, 2= Good, 3= Very Good, 4= Excellent, 5= Outstanding

1. Please rate the Vision, Philosophy and Objectives of the University. *

	1	2	3	4	5	
Average	○	○	○	○	⊙	Outstanding

2. Your overall rating regarding teaching, learning and academic environment *

	1	2	3	4	5	
Average	○	○	○	○	⊙	Outstanding

3. Aims and objectives of the syllabi are well defined and clear to teachers and students. *
Please rate.

	1	2	3	4	5	
Average	○	○	○	○	●	Outstanding

4. How do you rate the Library resources in your department? *

	1	2	3	4	5	
Average	○	○	○	○	●	Outstanding

5. How do you rate the computer facilities made available for ICT based online teaching to *
students?

	1	2	3	4	5	
Average	○	○	○	○	●	Outstanding

6. How do you rate the Infrastructural resources in your department ? *

	1	2	3	4	5	
Average	○	○	○	○	●	Outstanding

7. Is the Curriculum need based and as per current trends in society? Please rate. *

	1	2	3	4	5	
Average	○	○	○	○	●	Outstanding

8. How do you rate the career opportunities provided to you in terms of Orientation/ FIP/ Refresher Programmes? *

	1	2	3	4	5	
Average	○	○	○	○	●	Outstanding

9. How do you rate the recognition/ appreciation of your work by the University? *

	1	2	3	4	5	
Average	○	○	○	○	●	Outstanding

10. Please rate whether the authorities are approachable and accessible. *

	1	2	3	4	5	
Average	○	○	○	○	●	Outstanding

11. Your Overall perception for the Curriculum: *

	1	2	3	4	5	
Average	○	○	○	○	●	Outstanding

Google Forms