



**Form 5**

**Feedback Form**

**Section A:**

1. Name & Designation of Participant(Optional) : \_\_\_\_\_

2. Organization with Address (Optional): \_\_\_\_\_

\_\_\_\_\_

3. Title of the STC: \_\_\_\_\_

4. Dates of the STC: \_\_\_\_\_

**Section B**

A. Please rate the following (on a scale of 0-10):

- |  |                          |  |
|--|--------------------------|--|
| i. Academic Structure and Organization:<br>Comments:                               | <input type="checkbox"/> | (Very Poor–0, Excellent–10)            |
| ii. Academic Contents & Selection of Topics<br>Comments:                           | <input type="checkbox"/> | (Useless–0, Innovative–10)             |
| iii. Overall quality of Lecture Notes/Handouts/Examples:<br>Comments:              | <input type="checkbox"/> | (Routine–0, Interesting and useful–10) |
| iv. Overall quality of Theory Lectures<br>Comments:                                | <input type="checkbox"/> | (Poor–0, Excellent–10)                 |
| v. Level of treatment of subject:<br>Comments:                                     | <input type="checkbox"/> | (Dull and Boring–0, Excellent–10)      |
| vi. Lab Demonstrations/Assignments/Practice sessions:<br>Comments:                 | <input type="checkbox"/> | (Poor–0, Excellent–10)                 |
| vii. Question/Answer/Discussion encouraged:<br>Comments:                           | <input type="checkbox"/> | Poor–0, Excellent–10)                  |
| viii. Administration and Logistics:<br>(Boarding, Lodging, Food etc.)<br>Comments: | <input type="checkbox"/> | (Poor–0, Excellent–10)                 |

B. Please tick the appropriate response:

- i. Have you found the STC useful?  
 Strongly Yes     Yes     Neutral     No     Strongly No
- ii. Will you recommend this STC to your colleagues?  
 Strongly Yes     Yes     Neutral     No     Strongly No



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iii. Shall you be using the knowledge gained during this STC in your teaching or for Personal/Professional advancement?

- Strongly Yes       Yes       Neutral       No       Strongly No

iv. Your overall assessment of the STC:

- Waste of time       Visit to exotic location       Career compulsion       Useful       No comments

v. How much in depth concept, clarity and a different vision to treat a given unit you gained with your existing knowledge?

- Over 80%       Over 60%       Around 20%

C. Lectures/Demos/Discussions that you expected but were not covered/included

D. What aspects of the proceedings will you include in your curriculum/teaching/pedagogy practice upon your return to your Institution

E. Please list here any aspects/persons/staffs/faculty etc. that you may wish to single out for appreciation

F. Final remarks & suggestions for improvement:



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**Centre for Educational Technology**



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\_\_\_\_\_  
Signature (Optional)