

AMALTAS INSTITUTE OF MEDICAL SCIENCE

Village - Bangar, Dist.- Dewas, Ujjain – Dewas High Way

Date-

FEEDBACK FORM OF TEACHER

1.	Name of the Student:
	Course & batch:
2.	Name of the Teacher:
	Subject & Designation:

(tick ($\sqrt{}$) in the relevant cell)

S.N.	Particulars	Satisfactory	Non-satisfactory
1)	Plan of teaching material		
2)	Presentation		
3)	Communication skills		
4)	Encouragement of student participation.		
5)	Sincerity & commitment of the teacher		
6)	Depth & extent of the topic content including project		
	work, if any.		
7)	Language & voice		
8)	Time- schedule management		
9)	Opportunity for small group work & its efficiency.		
10)	Proper attention of the teacher on practical skill		



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FEEDBACK FORM OF INFRASTRUCTURE FACILITIES

<u>LIBRARY</u> (tick ($\sqrt{}$) in the relevant cell)

1. Are the required number of titles in your subject available in the library?	Yes	No
2. Are you satisfied with the cataloguing and arrangement of books in the library?	Yes	No
3. Are you satisfied with the available reading space in the library?	Yes	No
4. Is the Library Staff co-operative and helpful?	Yes	No
5. Are you able to make use of Xerox facility in the library?	Yes	No

<u>**ADMINISTRATION**</u> [tick ($\sqrt{}$) in the relevant cell]

6. Is the departmental office helpful in	Yes	No
administrative matters		
7. Cleanliness of the department & washrooms.	Yes	No
8. Are you provided with enough & good	Yes	No
drinking water?		
9. Are you happy with the food served in the	Yes	No
present canteen?		
10. Do you think that your grievances are	Yes	No
redressed in time?		

Overall Rating of the Programme [tick ($\sqrt{}$) in the relevant cell]

SN	Item	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)	Hostel facilities					
8)	Recreational facilities					
9)	Extra-curricular					
	activities					
10)	Sports facilities					