FEEDBACK FORM

Title of the Programme

Duration

1. Name & Designation

2. Name of the College

3. No. of Resource Persons
   Internal | External

4. Comments about the following: (Please tick the relevant box e.g. 5 - highest, 1 - lowest)
   i. Subject content
   ii. Coverage of syllabus
   iii. Technical Presentation by Internal Faculty
   iv. Technical Presentation by External Faculty
   v. Course Materials Supplied
   vi. Tutorials

5. Level of Excellence and Academic Standards of FDTP
   i. Ability to identify, formulate and solve the problems
   ii. Ability to use IT techniques and Tools to Deliver content

6. Developed new skills / improved the ones had already

7. The example and case studies helped to understand

8. Opinion / Suggestion / Effectiveness of the course:

Signature of the Participant

Date: