



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 (√) 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

LIBRARY (tick (√) 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	

ADMINISTRATION [tick (√) in the relevant cell]

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

Overall Rating of the Programme [tick (√) 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					