

FEEDBACK FORM

SHIVAJI UNIVERSITY KOLHAPUR Feedback Form for Student/Teaching/Non-Teaching staff only

Name of the College:-

Name of the Lead College:-

Faculty:-

Name of the Program:-

- A) Your observations about program organized by your College under lead College Scheme

1	Very Good	
2	Good	
3	Satisfactory	
4	Not Satisfactory	

- B) Whether you have benefited by the program?

Yes

No

- C) Form the following, in which you have benefited by the program

		Yes	No
1	Knowledge up gradation		
2	New information received		
3	Scope for artistic skills		
4	Development of research attitude		
5	Improvement in communication skills		
6	6Helful in personality development		

Other benefits: -

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- D) What type of programs Institute/College would have to organize in future:-

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SHIVAJI UNIVERSITY KOLHAPUR
Feedback Form for College only

Name of the College:-

Name of the Lead College:-

A) Your observations form reports received from students/teachers/non-teaching Staff about program organized by your College under lead College Scheme

Sr. No	Name of the program	Very good %	Good%	Satisfactory %	Not satisfactory%
1					
2					
3					
4					
5					
6					
7					

B) What are the difficulties faced by you while organizing this program?

C) To overcome the difficulties in organization, what will be the suggested remedies?

Principal

Signature Stamp