

Madha Nagar, Kundrathur, Chennai - 69

Phone: +91 - 97908 57567

INTERNAL QUALITY ASSURANCE CELL (IQAC) QUESTIONNAIRE FOR OVERALL RATING OF PROGRAMME STUDENTS FEEDBACK FORM

Name	of	the	Stuc	lent:
------	----	-----	------	-------

Register Number:

Programme Name:

Academic Year:

Kindly make a tick mark ($\sqrt{}$) in the appropriate box

S. No.	Description	Excellent	Good	Satisfactory	Unsatisfactory
1	Faculty turns up to the class in time				
2	Faculty comes well prepared in the topic				
3	Faculty speaks clear and fluent				
4	Usage of black board by the faculty				
5	Faculty engages classes regularly and maintains decorum and discipline				
6	The teacher has an effective communication skills				
7	The teacher uses creative methods of teaching				
8	Faculty covers the syllabus completely in right time				
9	The teacher sets effective an question paper				
10	Transparency in evaluation				
11	Motivation for self-study/ assignment/ seminar				
12	The teacher takes an interest in the betterment of the weaker students				
13	Career Guidance and Counseling provided by Faculty				
14	General Library				The s
15	Participation in extension activities				

Comments/ Suggestions if any,

Signature	
Signature	 •