



# TRUBA INSTITUTE OF PHARMACY, BHOPAL

## STUDENTS FEEDBACK FORM

Academic year.....

Date of

Semester.....

Feedback.....

Branch ..... Section

.....

Sl.No.	Description	Subject Name and Code					
(A)	<b>Course Contents</b>						
1	Has the Teacher covered entire Syllabus as prescribed by University? (Yes/No)						
2	Has the Teacher covered relevant topics beyond Syllabus (Yes/ No)						
3	Effectiveness of Teacher in terms of						
i	Technical content						
ii	Communication skills						
iii	Use of Non print teaching aids						
iv	Availability beyond normal classes and co-operation to solve individual problems						
v	Pace on which contents were covered						
vi	Overall effectiveness						
4	How do you rate the contents of the curricular ?						
5	How do you rate lab facilities, if applicable?						

**(Rating : 5-Excellent, 4-Very Good, 3- Good, 2- Average, 1- Below Average)**

1	Any suggestion regarding library facility	
2	Any suggestion regarding Internet Facility	
3	Any suggestion regarding Co-Curricular activity	
4	Any suggestion regarding Extra Co-Curricular activity	
5	Any other suggestions	

Name and Signature of the student (Optional)

Attendace %.....

CGPA %.....