

Chaitanya Multiple Campus
(Affiliated to Tribhuvan University)
Internal Quality Assurance Committee (IQAC)

Faculty Feedback Form

All responses and respondent identities will be confidential and reviewed only by the IQAC, Campus Chief or Provost. Do not provide comments that are personal in nature and that could be perceived as discriminatory.

Academic Year										
Term										
Faculty Name										
Faculty Registered Number										
Number of Credits										
Type of Course	Compulsory		Major Subject					Minor Subject		
I. Information on the Respondent: (Tick (v) Appropriately)										
1. Percentage of classes attended										
	0-20		20-40		40-60		60-80		80-100	
2. Number of hours per week spent on the course (Other than lecture hours)										
	0-2		2-4		4-6		6-8		8-10	
3. Preparation for the course by the student:										
(i)	Have done part of this course earlier									
(ii)	Has adequate prior exposure to the prerequisites									
(iii)	Had to pickup relevant additional topics through concurrent study									
(iv)	Have no exposure to the background material									
4. The expectations for taking the course by the student are:										
(a)	Enhance by skill base in the area of specializations									
(b)	Get exposed to a relevant subject									
(c)	Curiosity									
(d)	Better Employment Opportunity									
(e)	Complete Course requirements									
(f)	To Improve CGPA									



II. About the Course Information on the Respondent: (Tick (v) Appropriately)						
Depth of Coverage						
UG level		Graduate level		Advance level		
Standard of test and assignments						
High		Normal		Easy		
	A	B	C	D	E	
Coverage of the syllabus						
Organisation of the Course						
Emphasis on fundamentals						
Emphasis of fundamentals						
Coverage of modern/advanced topics						
Availability of text books/study materials						
Usefulness of tests and assignments						
Overall rating of the Course						
What benefit you derived from the course?						
About the Instructor: Information on the Respondent: (Tick (v) Appropriately)						
	A	B	C	D	E	
1. Pace of the Teaching/lecture						
2. Comment of the Subject						
3. Clarity of expression						
4. Level of preparation						
5. Level of interaction						
6. Accessibility outside the class						
7. Others (please specify)						
A: Excellent		B: Very Good		C: Good		D: Satisfactory
						E: Poor


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Student's Feedback Form

Academic year..... Semester..... Date of Feedback.....

Course/Class/Branch

Dear Student, You are requested to give your fair and frank opinion about teaching of the faculty. It will help us to improve and maintain the quality of teaching. Your response will remain confidential

Section A

S.N	Indicator	Very poor	Poor	Average	Good	Excellent
1	Ability to bring conceptual clarity and promotion of thinking ability by teacher					
2	Motivation provided					
3	Teachers communication skill					
4	Teachers regularity & punctuality					
5	Teachers subject knowledge					
6	Completion & coverage of course					
7	Complements theory with practical example					
8	Teacher interaction and guidance outside class					
9	Teachers computer/IT skill, if applicable					
	<u>Teachers overall performance</u>					

Section B

S.N	Indicator	Very poor	Poor	Average	Good	Excellent
1	Results of tests declared within 2 weeks of it being conducted					
2	Adequate number of assignments/cases given					
3	Suitable to teach your juniors					
4	Suitable to teach you any other subject					
5	Syllabus is adequate in your opinion					
6						
7						
8						
9						



Section C

- a. What are strengths of the teacher? (viz. ability of teaching not bad but course is not completed in time)
- b. What are the areas of weaknesses in teacher? (viz. not able to teach weak student)
- c. Any other suggestions regarding curriculum, subjects, faculty etc.

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

1	Library Facility*	
2	Internet Facility*	
3	Co-Curricular activities*	
4	Any other suggestions	

Name and Signature of the student(Optional)

Attendance%.....

CGPA%.....

Please e-mail the completed form to jqaccmc@gmail.com

OR

Post it on the following address:

Coordinator, Internal Quality Assurance Cell (IQAC) ,

Signature

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Parent Feedback Form

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Parent/Guardian _____ Date: _____ Child/ Grade(s) _____

Parent feedback form

Name of the Student:

Name of the Parent:

Contact No:

Address:

Sr. No.	Parameters	Excellent	Very Good	Good	Satisfactory
1.	Overall infrastructure of the Institute				
2.	Overall Academic progress of your ward in this Institute				
3.	Overall Personality Development of your ward in this Institute				
4.	Teaching standard at this Institute				
5.	Teacher approach towards the student				
6.	Follow up of the class teacher towards parents				
7.	Concept & organization of the parent meet.				

Opinion about Institution's Vision/ Mission:

Suggestions (if any):

Signature of the parent

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Alumni Feedback Form

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Alumni Name			
Father's Name			
Date of Birth (DD/MM/YY)			
Year of Passing out		Branch	
Permanent Address			
Contact No.		Mobile No.	
E-Mail ID			
Present Organization			
Designation		Present Location	

Kindly select the appropriate options as per the following criteria.

A - Highly Efficient	B - Efficient	C - Satisfactory	D - Below Satisfaction
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I. FEEDBACK ABOUT COLLEGE (Point No. 1 to 5)			
1. Do you feel proud to be associated with CMCA as an Alumni?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. How do you rate development activities organized by the College for your overall development?	A	<input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
3. Are you willing to contribute to the development of the College?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
4. Were / Are your grievances properly handled at the College?			
4. (a) As a student	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
4. (b) As an alumni	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
5. Rate the adequacy of following as they were During your tenure as student at Arya:-			
• Laboratories & Equipments	A	<input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
• Library	A	<input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
• Computer Facilities	A	<input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
• Internet & Wi-Fi	A	<input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
• R&D Projects	A	<input type="checkbox"/>	B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
II. FEEDBACK ABOUT DEPARTMENT & FACULTY (Point No. 6 to 9)			
6. Have you obtained sufficient technical know-how (both in theory and practise) at CMCA?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
7. Is the education imparted at CMCA useful and relevant in your present job?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
8. Were the HOD's & Faculties cooperative?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

9. Rate the following academic initiatives taken by the college to improve technical know - how of the students.
- Industry Oriented Projects A B C D
 - Seminars & Workshop A B C D
 - Online Examinations A B C D
 - Special Training Classes for bridging Industry Academic gap A B C D

III. FEEDBACK ABOUT TRAINING & Student Counseling & Placement Committee (Point No. 10 to 16)

10. Has the T&P Cell provided ample **On campus** placement opportunities? Yes No
11. Has the T&P Cell provided sufficient **Off campus** placement opportunities? Yes No
12. Have you availed Career counseling and guidance for higher studies from T&P Cell? Yes No
13. If you are invited to deliver A Guest Lecture/ A Special Talk / A Motivational Session for your juniors, will you be interested? Yes No
14. Do you like to join the college Alumni Association? Yes No
15. Have you participated in any Alumni meet as of now? Yes No
16. Do you receive regular updates from the college through Mails/ Calls/ SMS etc? Yes No

IV. GENERALIZED EXPERIENCE SHARING (Point No. 17 to 20)

17. Have you ever been appreciated by your
- Company. If yes, please share details _____
 - Faculty. If yes, please share details _____
 - Peers. If yes, please share details _____

18. Have you made any significant achievement as:
- A student of CMCA. If yes, please share details _____
 - An Employee of your organization. If yes, please share details _____

19. Most Memorable Moment in the college.

20. Suggestion for improvements
- Department _____
 - College _____

