

BABE KE AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
INTERNAL QUALITY ASSURANCE CELL (IQAC)
DAUDHAR, MOGA, PUNJAB
FACULTY FEEDBACK FORM

This questionnaire is intended to collect information relating to your satisfaction towards the curriculum, teaching, learning and evaluation. The information provided by you will be kept confidential and will be used as important feedback for quality improvement of the programme of Institution.

Date :- _____

Department:.....

Name of the Faculty:.....

Designation:

Date of Joining:

Mobile

E-mail.

TICK (✓) THE APPROPRIATE CHOICE FOR EACH POINT
(1 –Below average, 2 - Average, 3 – Good, 4 – Very Good)

S. No	Curriculum, Teaching, Learning and Evaluation:	1	2	3	4
1.	Syllabus is suitable to the course.				
2.	Aims and objectives of the syllabi are well defined and clear to teachers & students				
3	Sufficient number of prescribed books are available in the library/department.				
4	The course/syllabus has good balance between theory and application.				
5	The course/syllabus of this subject increased my knowledge and perspective in the subject area.				
6	Infrastructural facilities, such as teacher's rooms, class rooms, reading rooms and toilets are available in the department				
7	Canteen facility is available for the faculty.				
8	Tests and examinations are conducted well in time with proper coverage of all units in the syllabus.				
9	I have the freedom to adopt new techniques/strategies of teaching such as seminar presentations, group discussions and learners' participations.				
10	The environment in the department is conducive to teaching and research.				
11	The administration is teacher friendly				
12	The Institute provides adequate and smooth support for projects and research facilities.				
13	The Institute provides adequate funding and support to faculty members for upgrading their skills and qualifications.				
14	Provisions for professional development are non-discriminatory and fair.				
	GRAND TOTAL				

Signature of Faculty