** NRrhlx<+ ;qok fodkl laxBu f”k{k.k lfefr }kjk lapkfyr**

 **¼mPp f’k{kk foHkkx ls ekU;rk izkIr ,oa ia- jfo’kadj 'kqDy fo’ofo|ky; ls LFkk;h lac/n½**

**foiz dyk okf.kT; ,oa 'kkjhfjd f’k{kk egkfo|ky;**

**ia- jfo’kadj fo’ofo|ky; ifjlj ds cktw] Mwej rkykc ]jk;iqj ¼N-x-½**

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 **iath;u dza-&17951 Phone No. 9406082000**

**Feedback Form for Faculty**

**Name of Teacher: ………………………………… Session: ………………………………**

**Department: ……………………………………… Date: ………………………………….**

|  |  |  |
| --- | --- | --- |
| **Content** | **Particular** | **Scale** |
| **Good** | **Very Good** | **Excellent** | **Average** | **Poor** |
| Environment of Department/Class | * Furniture
* Ventilation
* Arrangement of Light
 |  |  |  |  |  |
| Behaviour of Head of the Department and other staff | * Principal
* Head of the Department
* Teaching Staff
* Non-Teaching Staff
 |  |  |  |  |  |
| Basic Amenities | * Sitting Arrangement
* Curriculum
* Library
* Toiletries
* Drinking Water
* Canteen
 |  |  |  |  |  |
| Exchange of Information by Department | * Head of the Department
* Faculty Members
 |  |  |  |  |  |
| Any Suggestions: |  |