Detail Report on Feedback

Date: Friday, October 12, 2012

Faculty Name: Dr V N Bajpai
Subject Name: Strategic Management
SEMESTER: 4
Course: PGDM
Section: A

Parameters

1. The Syllabus and learning objective were properly defined with clarity about the depth in each course. 4.11111111111111111111
2. Coverage of syllabus is through. Comprehensive and done in time. 4.074074074074074074
3. The Faculty acts as a role model and regular without missing any class. 4.185185185185185185185185185
4. The faculty clearly set fourth his/her expectations of the students. 4.148148148148148148148148148148
5. The faculty is able to handle the doubts and clarifications quite effectively and satisfactorily. 4.22222222222222222222
6. Faculty voice and expression are loud and clear. 4.148148148148148148148148148148
7. The faculty is able to control the class and create confidence among the students. 4.11111111111111111111
8. Outside the class the faculty provides help in solving my problems. 4.22222222222222222222
9. The class is interactive with faculty providing enough opportunity for the two-way communication. 4.11111111111111111111
10. The faculty uses teaching aids (like White board, OHP, Power point etc.) effectively. 4.296296296296296296296296
11. Faculty is very systematic, objective and unbiased in my evaluation. 4.22222222222222222222

Average score on above 11 parameters: 4.168350168350168350

12. Overall evaluation for the faculty for the course is? 4.11111111111111111111

Note: The above scores are on a scale of 1 to 5
Note: Number of students appeared in the feedback: 27

Signature

Name of faculty

Date

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Industry Mentor Feedback Form

Date: .............

Name of Industry Mentor: .........................................................

Designation: ..............................................................

Organization: .............................................................

Address: ...........................................................................

..............................................................................

..............................................................................

Phone: (O) .................................................................

: (M) ...........................................................................

E-Mail: ...........................................................................

Name Of The Student: ..........................................................

(To be assessed)

* Kindly assess the student on the following parameters:

1 - Poor, 2 – Average, 3- Good, 4- Very Good, 5- Outstanding

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Parameter</th>
<th>Scale-1</th>
<th>Scale-2</th>
<th>Scale-3</th>
<th>Scale-4</th>
<th>Scale-5</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Communication</td>
<td></td>
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<tr>
<td>2</td>
<td>Team Spirit</td>
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<tr>
<td>3</td>
<td>Quality of work</td>
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<tr>
<td>4</td>
<td>Initiative for work assigned</td>
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<tr>
<td>5</td>
<td>Punctuality &amp; regularity</td>
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<td>6</td>
<td>Creativity in deliverance</td>
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</tbody>
</table>

Remarks:

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Signature with Date