## **Detail Report on Feedback**

Date

Friday, October 12, 2012

Faculty Name

Dr V N Bajpai

Subject Name

Strategic Management

SEMESTER:

4

Course:

**PGDM** 

Section

Α

| Parameters  |                         |
|---|-------------------------|
|   |                         |
| 1.The Syllabus and learning objective were properly defind with clarity about the depth in each     | 4.111111111111111111    |
| 2. Coverage of sylabus is through ,Comprehensive and done in time                                   | 4.074074074074074       |
| 3.The Faculty act as a role model and regular without missing any class.                            | 4.185185185185185       |
| 4.The faculty clearly set fourth his/her expectationsof the students.                               | 4.148148148148148148    |
| 5. The faculty is able to handle the doubts and clarifications quite effectively and satisfactorily | 4.2222222222222222      |
| 6 Faculty voice and expression are loud and clear.  | 4.148148148148148148    |
| 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.                               | 4.222222222222222222    |
| 9. The class is interactive with faculty providing enough opprtunity for the two way communication. | 4.111111111111111111111 |
| 10. The faculty uses teaching aids (Like White board , OHP, Power point etc.) effectively.          | 4.296296296296296296    |
| 11. Faculty is very systematic, objective and unbiased in my evaluation                             | 4.22222222222222222     |
| Average score on above 11 parameters  | 4.168350168350168350    |
| I2.Overall evalulation for the faculty for the course is?   | 4.1111111111111111111   |
| Note: The above scores are on a scale of 1 to 5   |                         |
| Note: Number of students appeared in the feed back  | 27                      |
| Signature   |                         |
|   |                         |
| Name of faculty   |                         |
| Date  |                         |

## I.T.S- Institute of Technology & Science Mohan Nagar, Ghaziabad Phone: 0120 - 2811128

## **Industry Mentor Feedback Form**

| Date :                                |       |   |  |
|---------------------------------------|-------|---|--|
| Name of Industry Mentor:              |       |   |  |
| Designation:                          |       |   |  |
| Organization:                         |       | * * * * * * * * * * * * * * * * * * *   |  |
| Address                               | 1     |   |  |
|                                       |       |   |  |
|                                       |       |   |  |
| Phone                                 | : (0) |   |  |
|                                       | : (M) |   |  |
| E-Mail                                | 1     |   |  |
| Name Of The Student: (To be assessed) |       | , |  |
|                                       |       |   |  |

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

| S.No. | Parameter                    | Scale-1 | Scale-2 | Scale-3 | Scale-4 | Scale-5 |
|-------|------------------------------|---------|---------|---------|---------|---------|
| 1     | Communication                |         |         |         |         |         |
| 2     | Team Spirit                  |         |         |         | 8       |         |
| 3     | Quality of work              |         |         |         | 10      |         |
| 4     | Initiative for work assigned |         |         |         |         |         |
| 5     | Punctuality & regularity     | -       |         | 9       |         | 12,     |
| 6     | Creativity in deliverance    | -       | ,       |         | 3       |         |

| Signa | ture | with | Date |
|-------|------|------|------|

Remarks:

<sup>\*</sup> Kindly assess the student on the following parameters: