

## Faculty Feedback Form (Facilities) # 20..... - 20..... (Odd / Even Sem)

**Optional Entries**

Name of the Faculty : ..... Mobile : .....

**Mandatory Entries**

Designation : ..... Department : .....

Gender : .....

*Provide your feedback as per the following points so as to improve the quality of education further:(5 – Strongly Agree; 4- Agree; 3-Neither Agree nor Disagree; 2- Disagree; 1- Strongly Disagree)*

S. No.	Parameter	5	4	3	2	1
1	Availability of teaching aids such as multimedia projectors, speakers etc. in classrooms / tutorial rooms					
2	Library space and ambience, timings and usage					
3	Adequacy of number of titles in library, journals and magazines relating to different courses					
4	Adequacy of internet facilities in terms of availability of terminals, bandwidth & speed					
5	Drinking water facilities & their maintenance					
6	Availability of Washroom, Amenities & their maintenance					
7	Canteen facilities					
8	Medical & first aid facilities					
9	Housekeeping & maintenance					
10	Sports facilities in the campus					
11	Training and Placement related activities					
12	Mentoring system to help students at an individual level					
13	Grievance Redressal					
14	Activities and Events conducted at department / college level including Social Outreach Programs / Club Activities					
15	Conduct of Sessionals and PUTs, frequency and transparency					
16	Conduct of University/Board Exams					

**Any additional thing you want to share with us / measures to be taken to improve the overall ambience of the college?**

Date

Signature (Optional) :