



शासकीय महात्मा गांधी स्नातकोत्तर महाविद्यालय खरसिया  
जिला-रायगढ़ (छ.ग.)

[Government Mahatma Gandhi P. G. College Kharsia, Distt.- Raigarh (C.G.)]



Website : [www.mgcollegekharsia.in](http://www.mgcollegekharsia.in)

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OFFICE OF THE PRINCIPAL

GOVERNMENT MAHATMA GANDHI P. G. COLLEGE KHARSIA, DISTT.- RAIGARH (C.G.)

CERTIFICATE

This is to Certify that online/offline feedbacks have been received from students of the college from session 2016-17 to session 2020- 21 for academic/ non-academic activities, etc. for evaluation of infrastructure, administration etc. Received feedback report, action details and certified copies of feedback documents are attached below for your kindly perusal.

PRINCIPAL  
Government Mahatma Gandhi P.G.  
College Kharsia, Dist.-Raigarh (C.G.)

FEEDBACK

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Arushi Khandari Roll No: 20191101  
Class: B.A. (Hons.) Subject: Accounting Semester: 2nd Session: 2021  
Date: 10/01/2022

**Student Feedback Form for Teacher**  
Name of Teacher: Dr. Anshu Singh Name of Teacher: Dr. Anshu Singh  
Name: Accounting Name: Accounting

Sl. No.	Criteria	Yes	No	Remarks
1	Qualification			
2	Experience			
3	Teaching Method			
4	Availability			
5	Interest			
6	Communication			
7	Feedback			
8	Overall			

**Student Feedback Form for Teacher**  
Name of Teacher: Dr. Anshu Singh Name of Teacher: Dr. Anshu Singh  
Name: Accounting Name: Accounting

Sl. No.	Criteria	Yes	No	Remarks
1	Qualification			
2	Experience			
3	Teaching Method			
4	Availability			
5	Interest			
6	Communication			
7	Feedback			
8	Overall			

**Student Feedback Form for Office**

Sl. No.	Criteria	Yes	No	Remarks
1	Infrastructure			
2	Library			
3	Staff			
4	Overall			

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: J. P. Saha Father's name: Mr. P. P. Saha  
 Class: B.A. (H) 1st Sem Roll No: \_\_\_\_\_  
 Faculty Name: M. G. College PG: 1001/1/2019 Section: 1001/1/2019

**Student Feedback Form for Teacher**  
 Name of Teacher: Prof. P. P. Saha  
 Date: 11/10/20

**Student Feedback Form for Teacher**  
 Name of Teacher: Prof. P. P. Saha  
 Date: 11/10/20

S. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1. Quality of Content	5	✓				
2. Quality of Delivery	5	✓				
3. Clarity of Explanation	5	✓				
4. Use of Examples	5	✓				
5. Use of Language	5	✓				
6. Use of Visual Aids	5	✓				
7. Overall Performance	5	✓				

**Student Feedback Form for Teacher**  
 Name of Teacher: \_\_\_\_\_  
 Date: \_\_\_\_\_

S. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1. Quality of Content						
2. Quality of Delivery						
3. Clarity of Explanation						
4. Use of Examples						
5. Use of Language						
6. Use of Visual Aids						
7. Overall Performance						

**Student Feedback Form for Office**  
 Name of Teacher: \_\_\_\_\_  
 Date: \_\_\_\_\_

S. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1. Quality of Content						
2. Quality of Delivery						
3. Clarity of Explanation						
4. Use of Examples						
5. Use of Language						
6. Use of Visual Aids						
7. Overall Performance						

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: P. P. Saha Father's name: Mr. P. P. Saha  
 Class: B.A. (H) 1st Sem Roll No: \_\_\_\_\_  
 Faculty Name: M. G. College PG: 1001/1/2019 Section: 1001/1/2019

**Student Feedback Form for Teacher**  
 Name of Teacher: P. P. Saha  
 Date: 11/10/20

**Student Feedback Form for Teacher**  
 Name of Teacher: P. P. Saha  
 Date: 11/10/20

S. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1. Quality of Content	5	✓				
2. Quality of Delivery	5	✓				
3. Clarity of Explanation	5	✓				
4. Use of Examples	5	✓				
5. Use of Language	5	✓				
6. Use of Visual Aids	5	✓				
7. Overall Performance	5	✓				

**Student Feedback Form for Teacher**  
 Name of Teacher: \_\_\_\_\_  
 Date: \_\_\_\_\_

S. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1. Quality of Content						
2. Quality of Delivery						
3. Clarity of Explanation						
4. Use of Examples						
5. Use of Language						
6. Use of Visual Aids						
7. Overall Performance						

**Student Feedback Form for Office**  
 Name of Teacher: English  
 Date: \_\_\_\_\_

S. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1. Quality of Content						
2. Quality of Delivery						
3. Clarity of Explanation						
4. Use of Examples						
5. Use of Language						
6. Use of Visual Aids						
7. Overall Performance						

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Shiksha Kumbh Name of Teacher: Shiksha Kumbh  
Date: 10/01/2023 Page: Commerce Semester:   
Faculty Name: Commerce PG: 11/11/23 Session: 2022-23

**Student Feedback Form for Teacher**  
Name of Teacher: Shiksha Kumbh

Page:

S	Items	Response	Yes	No	Remarks	Other
1	Quality of Lecture					
2	Clarity of Lecture					
3	Interest in the subject					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of whiteboard					
7	Use of projector					
8	Use of computer					
9	Use of internet					
10	Use of mobile phone					
11	Use of tablet					
12	Use of smart TV					
13	Use of smart board					
14	Use of smart pen					
15	Use of smart board					
16	Use of smart board					
17	Use of smart board					
18	Use of smart board					
19	Use of smart board					
20	Use of smart board					

**Student Feedback Form for Teacher**  
Name of Teacher: Shiksha Kumbh

Page:

S	Items	Response	Yes	No	Remarks	Other
1	Quality of Lecture					
2	Clarity of Lecture					
3	Interest in the subject					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of whiteboard					
7	Use of projector					
8	Use of computer					
9	Use of internet					
10	Use of mobile phone					
11	Use of tablet					
12	Use of smart TV					
13	Use of smart board					
14	Use of smart pen					
15	Use of smart board					
16	Use of smart board					
17	Use of smart board					
18	Use of smart board					
19	Use of smart board					
20	Use of smart board					

**Student Feedback Form for Teacher**  
Name of Teacher: Shiksha Kumbh

Page:

S	Items	Response	Yes	No	Remarks	Other
1	Quality of Lecture					
2	Clarity of Lecture					
3	Interest in the subject					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of whiteboard					
7	Use of projector					
8	Use of computer					
9	Use of internet					
10	Use of mobile phone					
11	Use of tablet					
12	Use of smart TV					
13	Use of smart board					
14	Use of smart pen					
15	Use of smart board					
16	Use of smart board					
17	Use of smart board					
18	Use of smart board					
19	Use of smart board					
20	Use of smart board					

**Student Feedback Form for Office**

Page:

S	Items	Response	Yes	No	Remarks	Other
1	Quality of Lecture					
2	Clarity of Lecture					
3	Interest in the subject					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of whiteboard					
7	Use of projector					
8	Use of computer					
9	Use of internet					
10	Use of mobile phone					
11	Use of tablet					
12	Use of smart TV					
13	Use of smart board					
14	Use of smart pen					
15	Use of smart board					
16	Use of smart board					
17	Use of smart board					
18	Use of smart board					
19	Use of smart board					
20	Use of smart board					

Signature: Shiksha Kumbh  
Date: 10/01/2023

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Shiksha Kumbh Name of Teacher: Shiksha Kumbh  
Date: 10/01/2023 Page: Commerce Semester:   
Faculty Name: Commerce PG: 11/11/23 Session: 2022-23

**Student Feedback Form for Teacher**  
Name of Teacher: Shiksha Kumbh

Page:

S	Items	Response	Yes	No	Remarks	Other
1	Quality of Lecture					
2	Clarity of Lecture					
3	Interest in the subject					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of whiteboard					
7	Use of projector					
8	Use of computer					
9	Use of internet					
10	Use of mobile phone					
11	Use of tablet					
12	Use of smart TV					
13	Use of smart board					
14	Use of smart pen					
15	Use of smart board					
16	Use of smart board					
17	Use of smart board					
18	Use of smart board					
19	Use of smart board					
20	Use of smart board					

**Student Feedback Form for Teacher**  
Name of Teacher: Shiksha Kumbh

Page:

S	Items	Response	Yes	No	Remarks	Other
1	Quality of Lecture					
2	Clarity of Lecture					
3	Interest in the subject					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of whiteboard					
7	Use of projector					
8	Use of computer					
9	Use of internet					
10	Use of mobile phone					
11	Use of tablet					
12	Use of smart TV					
13	Use of smart board					
14	Use of smart pen					
15	Use of smart board					
16	Use of smart board					
17	Use of smart board					
18	Use of smart board					
19	Use of smart board					
20	Use of smart board					

**Student Feedback Form for Teacher**  
Name of Teacher: Shiksha Kumbh

Page:

S	Items	Response	Yes	No	Remarks	Other
1	Quality of Lecture					
2	Clarity of Lecture					
3	Interest in the subject					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of whiteboard					
7	Use of projector					
8	Use of computer					
9	Use of internet					
10	Use of mobile phone					
11	Use of tablet					
12	Use of smart TV					
13	Use of smart board					
14	Use of smart pen					
15	Use of smart board					
16	Use of smart board					
17	Use of smart board					
18	Use of smart board					
19	Use of smart board					
20	Use of smart board					

**Student Feedback Form for Office**

Page:

S	Items	Response	Yes	No	Remarks	Other
1	Quality of Lecture					
2	Clarity of Lecture					
3	Interest in the subject					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of whiteboard					
7	Use of projector					
8	Use of computer					
9	Use of internet					
10	Use of mobile phone					
11	Use of tablet					
12	Use of smart TV					
13	Use of smart board					
14	Use of smart pen					
15	Use of smart board					
16	Use of smart board					
17	Use of smart board					
18	Use of smart board					
19	Use of smart board					
20	Use of smart board					

Signature: Shiksha Kumbh  
Date: 10/01/2023

### M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)

Student Feedback Form

Name of Student: Prisha Khatiwala Father's name: Manoj Khatiwala  
 Date: 13/06/20 Subject: Chemistry Semester: 1  
 Faculty Name (Mentor/Teacher): Dr. S. S. Patil PG No.: 11118/19 Section: SC020 - 21

Student Feedback Form for Teacher  
 Name of Teacher: Manoj Khatiwala  
 Page: Teacher's feedback form

Sr.	Rating	Teacher	100%	75%	50%	25%	0%
1	Quality of Lecture						
2	Quality of content						
3	Quality of delivery						
4	Availability of resources						
5	Availability of lab						
6	Availability of library						
7	Availability of internet						
8	Availability of other facilities						
9	Availability of other facilities						
10	Availability of other facilities						

Student Feedback Form for Teacher  
 Name of Teacher: Manoj Khatiwala  
 Page: sample of marking, management

Sr.	Rating	Teacher	100%	75%	50%	25%	0%
1	Quality of Lecture						
2	Quality of content						
3	Quality of delivery						
4	Availability of resources						
5	Availability of lab						
6	Availability of library						
7	Availability of internet						
8	Availability of other facilities						
9	Availability of other facilities						
10	Availability of other facilities						

Student Feedback Form for Teacher  
 Name of Teacher: Manoj Khatiwala  
 Page: sample

Sr.	Rating	Teacher	100%	75%	50%	25%	0%
1	Quality of Lecture						
2	Quality of content						
3	Quality of delivery						
4	Availability of resources						
5	Availability of lab						
6	Availability of library						
7	Availability of internet						
8	Availability of other facilities						
9	Availability of other facilities						
10	Availability of other facilities						

Student Feedback Form for C/P  
 Name of Teacher: Manoj Khatiwala  
 Page: sample

Sr.	Rating	Teacher	100%	75%	50%	25%	0%
1	Quality of Lecture						
2	Quality of content						
3	Quality of delivery						
4	Availability of resources						
5	Availability of lab						
6	Availability of library						
7	Availability of internet						
8	Availability of other facilities						
9	Availability of other facilities						
10	Availability of other facilities						

*Manoj Khatiwala*  
 Chemistry Department  
 M.G. Arts & Science College Kharsia

### M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)

Student Feedback Form

Name of Student: LEKHARAJ SIDER Father's name: SHARDH SIDER  
 Date: 13/06/20 Subject: Chemistry Semester: 1  
 Faculty Name (Mentor/Teacher): Dr. S. S. Patil PG No.: 11118/19 Section: SC020 - 5

Student Feedback Form for Teacher  
 Name of Teacher: S. S. PATIL  
 Page: sample

Sr.	Rating	Teacher	100%	75%	50%	25%	0%
1	Quality of Lecture						
2	Quality of content						
3	Quality of delivery						
4	Availability of resources						
5	Availability of lab						
6	Availability of library						
7	Availability of internet						
8	Availability of other facilities						
9	Availability of other facilities						
10	Availability of other facilities						

Student Feedback Form for Teacher  
 Name of Teacher: S. S. PATIL  
 Page: sample

Sr.	Rating	Teacher	100%	75%	50%	25%	0%
1	Quality of Lecture						
2	Quality of content						
3	Quality of delivery						
4	Availability of resources						
5	Availability of lab						
6	Availability of library						
7	Availability of internet						
8	Availability of other facilities						
9	Availability of other facilities						
10	Availability of other facilities						

Student Feedback Form for Teacher  
 Name of Teacher: S. S. PATIL  
 Page: sample

Sr.	Rating	Teacher	100%	75%	50%	25%	0%
1	Quality of Lecture						
2	Quality of content						
3	Quality of delivery						
4	Availability of resources						
5	Availability of lab						
6	Availability of library						
7	Availability of internet						
8	Availability of other facilities						
9	Availability of other facilities						
10	Availability of other facilities						

Student Feedback Form for C/P  
 Name of Teacher: S. S. PATIL  
 Page: sample

Sr.	Rating	Teacher	100%	75%	50%	25%	0%
1	Quality of Lecture						
2	Quality of content						
3	Quality of delivery						
4	Availability of resources						
5	Availability of lab						
6	Availability of library						
7	Availability of internet						
8	Availability of other facilities						
9	Availability of other facilities						
10	Availability of other facilities						

*S. S. Patil*  
 Chemistry Department  
 M.G. Arts & Science College Kharsia

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Chaitanya Kumar Saha Roll No.: 1001001001  
 Date: 10/05/2023 Subject: English Teacher: P.K.  
 Faculty Name/Address: CUMCUBU, Jh. No. 751 014, B.V. Page: 22/23

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
 Name of Teacher: P.K.      Name of Teacher: P.K. Saha  
 Paper: Intermediate      Paper: Intermediate

S. No.	Items	Excellent	Good	Average	Poor	Very Poor
1	Depth of subject matter		✓			
2	Relevance of subject matter		✓			
3	Clarity of subject matter		✓			
4	Method of teaching		✓			
5	Use of audio-visual aids		✓			
6	Classroom management		✓			
7	Attitude		✓			
8	Overall performance		✓			

S. No.	Items	Excellent	Good	Average	Poor	Very Poor
1	Availability of subject matter		✓			
2	Relevance of subject matter		✓			
3	Clarity of subject matter		✓			
4	Method of teaching		✓			
5	Use of audio-visual aids		✓			
6	Classroom management		✓			
7	Attitude		✓			
8	Overall performance		✓			

**Student Feedback Form for Teacher**      **Student Feedback Form for Office**  
 Name of Teacher: P.K. Saha      Name of Teacher: P.K. Saha  
 Paper: Intermediate      Paper: Intermediate

S. No.	Items	Excellent	Good	Average	Poor	Very Poor
1	Availability of subject matter		✓			
2	Relevance of subject matter		✓			
3	Clarity of subject matter		✓			
4	Method of teaching		✓			
5	Use of audio-visual aids		✓			
6	Classroom management		✓			
7	Attitude		✓			
8	Overall performance		✓			

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratik Kumar Saha Roll No.: 1001001001  
 Date: 10/05/2023 Subject: English Teacher: P.K.  
 Faculty Name/Address: CUMCUBU, Jh. No. 751 014, B.V. Page: 22/23

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
 Name of Teacher: P.K. Saha      Name of Teacher: P.K. Saha  
 Paper: Intermediate      Paper: Intermediate

S. No.	Items	Excellent	Good	Average	Poor	Very Poor
1	Depth of subject matter		✓			
2	Relevance of subject matter		✓			
3	Clarity of subject matter		✓			
4	Method of teaching		✓			
5	Use of audio-visual aids		✓			
6	Classroom management		✓			
7	Attitude		✓			
8	Overall performance		✓			

S. No.	Items	Excellent	Good	Average	Poor	Very Poor
1	Availability of subject matter		✓			
2	Relevance of subject matter		✓			
3	Clarity of subject matter		✓			
4	Method of teaching		✓			
5	Use of audio-visual aids		✓			
6	Classroom management		✓			
7	Attitude		✓			
8	Overall performance		✓			

**Student Feedback Form for Teacher**      **Student Feedback Form for Office**  
 Name of Teacher: P.K. Saha      Name of Teacher: P.K. Saha  
 Paper: Intermediate      Paper: Intermediate

S. No.	Items	Excellent	Good	Average	Poor	Very Poor
1	Availability of subject matter		✓			
2	Relevance of subject matter		✓			
3	Clarity of subject matter		✓			
4	Method of teaching		✓			
5	Use of audio-visual aids		✓			
6	Classroom management		✓			
7	Attitude		✓			
8	Overall performance		✓			

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Institute: M.G. Arts & Science College Kharsia      Address: Kharsia, Kharsia, Kharsia  
 Date: 20/01/2024      Subject: Accounting      Semester: 1st  
 Faculty: Commerce      Department: Commerce      Year: 2023-24

**Student Feedback Form for Teacher**  
 Name of Teacher: M. P. Chhetri  
 Paper: Income Tax

**Student Feedback Form for Teacher**  
 Name of Teacher: M. K. Saha  
 Paper: Management Accounting

Sr.	Items	Excellent	Good	Fair	Poor	Very Poor
1	Quality of content	<input checked="" type="checkbox"/>				
2	Relevance of content	<input checked="" type="checkbox"/>				
3	Clarity of content	<input checked="" type="checkbox"/>				
4	Accuracy of content	<input checked="" type="checkbox"/>				
5	Interest in the subject	<input checked="" type="checkbox"/>				
6	Teaching methodology	<input checked="" type="checkbox"/>				
7	Availability of resources	<input checked="" type="checkbox"/>				

Sr.	Items	Excellent	Good	Fair	Poor	Very Poor
1	Quality of content	<input checked="" type="checkbox"/>				
2	Relevance of content	<input checked="" type="checkbox"/>				
3	Clarity of content	<input checked="" type="checkbox"/>				
4	Accuracy of content	<input checked="" type="checkbox"/>				
5	Interest in the subject	<input checked="" type="checkbox"/>				
6	Teaching methodology	<input checked="" type="checkbox"/>				
7	Availability of resources	<input checked="" type="checkbox"/>				

**Student Feedback Form for Teacher**  
 Name of Teacher: J. S. Saha  
 Paper: English

**Student Feedback Form for Office**

Sr.	Items	Excellent	Good	Fair	Poor	Very Poor
1	Quality of content	<input checked="" type="checkbox"/>				
2	Relevance of content	<input checked="" type="checkbox"/>				
3	Clarity of content	<input checked="" type="checkbox"/>				
4	Accuracy of content	<input checked="" type="checkbox"/>				
5	Interest in the subject	<input checked="" type="checkbox"/>				
6	Teaching methodology	<input checked="" type="checkbox"/>				
7	Availability of resources	<input checked="" type="checkbox"/>				

Sr.	Items	Excellent	Good	Fair	Poor	Very Poor
1	Quality of content	<input checked="" type="checkbox"/>				
2	Relevance of content	<input checked="" type="checkbox"/>				
3	Clarity of content	<input checked="" type="checkbox"/>				
4	Accuracy of content	<input checked="" type="checkbox"/>				
5	Interest in the subject	<input checked="" type="checkbox"/>				
6	Teaching methodology	<input checked="" type="checkbox"/>				
7	Availability of resources	<input checked="" type="checkbox"/>				

  
 M. P. CHHETRI  
 M.G. ARTS & SCIENCE COLLEGE KHARSIA

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Institute: M.G. Arts & Science College Kharsia      Address: Kharsia, Kharsia, Kharsia  
 Date: 20/01/2024      Subject: Accounting      Semester: 1st  
 Faculty: Commerce      Department: Commerce      Year: 2023-24

**Student Feedback Form for Teacher**  
 Name of Teacher: M. P. Chhetri  
 Paper: Income Tax

**Student Feedback Form for Teacher**  
 Name of Teacher: M. K. Saha  
 Paper: Management Accounting

Sr.	Items	Excellent	Good	Fair	Poor	Very Poor
1	Quality of content	<input checked="" type="checkbox"/>				
2	Relevance of content	<input checked="" type="checkbox"/>				
3	Clarity of content	<input checked="" type="checkbox"/>				
4	Accuracy of content	<input checked="" type="checkbox"/>				
5	Interest in the subject	<input checked="" type="checkbox"/>				
6	Teaching methodology	<input checked="" type="checkbox"/>				
7	Availability of resources	<input checked="" type="checkbox"/>				

Sr.	Items	Excellent	Good	Fair	Poor	Very Poor
1	Quality of content	<input checked="" type="checkbox"/>				
2	Relevance of content	<input checked="" type="checkbox"/>				
3	Clarity of content	<input checked="" type="checkbox"/>				
4	Accuracy of content	<input checked="" type="checkbox"/>				
5	Interest in the subject	<input checked="" type="checkbox"/>				
6	Teaching methodology	<input checked="" type="checkbox"/>				
7	Availability of resources	<input checked="" type="checkbox"/>				

**Student Feedback Form for Teacher**  
 Name of Teacher: S. S. Saha  
 Paper: English

**Student Feedback Form for Office**

Sr.	Items	Excellent	Good	Fair	Poor	Very Poor
1	Quality of content	<input checked="" type="checkbox"/>				
2	Relevance of content	<input checked="" type="checkbox"/>				
3	Clarity of content	<input checked="" type="checkbox"/>				
4	Accuracy of content	<input checked="" type="checkbox"/>				
5	Interest in the subject	<input checked="" type="checkbox"/>				
6	Teaching methodology	<input checked="" type="checkbox"/>				
7	Availability of resources	<input checked="" type="checkbox"/>				

Sr.	Items	Excellent	Good	Fair	Poor	Very Poor
1	Quality of content	<input checked="" type="checkbox"/>				
2	Relevance of content	<input checked="" type="checkbox"/>				
3	Clarity of content	<input checked="" type="checkbox"/>				
4	Accuracy of content	<input checked="" type="checkbox"/>				
5	Interest in the subject	<input checked="" type="checkbox"/>				
6	Teaching methodology	<input checked="" type="checkbox"/>				
7	Availability of resources	<input checked="" type="checkbox"/>				

  
 M. P. CHHETRI  
 M.G. ARTS & SCIENCE COLLEGE KHARSIA

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: MONIKA S B H U Roll No: RB0606016  
 Date: 11/06/2022 Page: 1 Section: COMMERCE Feedback No: \_\_\_\_\_  
 Faculty/Coordinator: \_\_\_\_\_ PG Dept: 11/18/22 Section: 2022-23

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
 Name of Teacher: P. K. Chakrabarti      Name of Teacher: MONIKA S B H U  
 Page: 1      Page: 1

Sr	Items	Teacher's	Yes/No	Yes	No	Remarks	Remarks
1	Qualification of teacher			✓			
2	Subject covered			✓			
3	Communication skills of teacher			✓			
4	Attitude of teacher			✓			
5	Classroom management skills of teacher			✓			

Sr	Items	Teacher's	Yes/No	Yes	No	Remarks	Remarks
1	Quality of content			✓			
2	Quality of presentation			✓			
3	Quality of interaction			✓			
4	Quality of assessment			✓			
5	Quality of feedback			✓			

**Student Feedback Form for Teacher**      **Student Feedback Form for Office**  
 Name of Teacher: P. K. Chakrabarti      Name of Teacher: \_\_\_\_\_  
 Page: 1      Page: \_\_\_\_\_

Sr	Items	Teacher's	Yes/No	Yes	No	Remarks	Remarks
1	Quality of content			✓			
2	Quality of presentation			✓			
3	Quality of interaction			✓			
4	Quality of assessment			✓			
5	Quality of feedback			✓			

Sr	Items	Teacher's	Yes/No	Yes	No	Remarks	Remarks
1	Quality of content			✓			
2	Quality of presentation			✓			
3	Quality of interaction			✓			
4	Quality of assessment			✓			
5	Quality of feedback			✓			

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Arjun Roll No: 110101010  
 Date: 11/06/2022 Page: 1 Section: COMMERCE Feedback No: \_\_\_\_\_  
 Faculty/Coordinator: \_\_\_\_\_ PG Dept: 11/18/22 Section: 2022-23

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
 Name of Teacher: P. K. Chakrabarti      Name of Teacher: Arjun Kumar Saha  
 Page: 1      Page: 1

Sr	Items	Teacher's	Yes/No	Yes	No	Remarks	Remarks
1	Qualification of teacher			✓			
2	Subject covered			✓			
3	Communication skills of teacher			✓			
4	Attitude of teacher			✓			
5	Classroom management skills of teacher			✓			

Sr	Items	Teacher's	Yes/No	Yes	No	Remarks	Remarks
1	Quality of content			✓			
2	Quality of presentation			✓			
3	Quality of interaction			✓			
4	Quality of assessment			✓			
5	Quality of feedback			✓			

**Student Feedback Form for Teacher**      **Student Feedback Form for Office**  
 Name of Teacher: P. K. Chakrabarti      Name of Teacher: \_\_\_\_\_  
 Page: 1      Page: \_\_\_\_\_

Sr	Items	Teacher's	Yes/No	Yes	No	Remarks	Remarks
1	Quality of content			✓			
2	Quality of presentation			✓			
3	Quality of interaction			✓			
4	Quality of assessment			✓			
5	Quality of feedback			✓			

Sr	Items	Teacher's	Yes/No	Yes	No	Remarks	Remarks
1	Quality of content			✓			
2	Quality of presentation			✓			
3	Quality of interaction			✓			
4	Quality of assessment			✓			
5	Quality of feedback			✓			

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: N.P. Singh Roll No: 2022020101  
 Date: 01/08/23 Subject: COMMERCIAL Discipline: \_\_\_\_\_  
 Faculty Name: Dr. Pratik Kumar PG No: 11/11/23 Page: 2 of 2

**Student Feedback Form for Teacher** Name of Teacher: Pooja Kumari Mishra  
**Student Feedback Form for Teacher** Name of Teacher: Pragya Kumar  
 Paper: Intermediate Name of Teacher: Pratik Kumar

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of delivery					
3	Clarity of explanation					
4	Use of examples					
5	Use of diagrams					
6	Use of real life examples					
7	Use of audio-visual aids					
8	Use of ICT					
9	Use of group work					
10	Use of self-assessment					

**Student Feedback Form for Teacher** Name of Teacher: Jyoti Mishra  
**Student Feedback Form for Office** Name of Teacher: \_\_\_\_\_

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of delivery					
3	Clarity of explanation					
4	Use of examples					
5	Use of diagrams					
6	Use of real life examples					
7	Use of audio-visual aids					
8	Use of ICT					
9	Use of group work					
10	Use of self-assessment					

Signature of Student: \_\_\_\_\_  
 Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Shreyansh Roll No: 2022020101  
 Date: 01/08/23 Subject: ACCOUNTING Discipline: \_\_\_\_\_  
 Faculty Name: Dr. Pratik Kumar PG No: 11/11/23 Page: 2 of 2

**Student Feedback Form for Teacher** Name of Teacher: Pooja Kumari Mishra  
**Student Feedback Form for Teacher** Name of Teacher: Pratik Kumar  
 Paper: Intermediate Name of Teacher: Pratik Kumar

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of delivery					
3	Clarity of explanation					
4	Use of examples					
5	Use of diagrams					
6	Use of real life examples					
7	Use of audio-visual aids					
8	Use of ICT					
9	Use of group work					
10	Use of self-assessment					

**Student Feedback Form for Teacher** Name of Teacher: Pooja Kumari Mishra  
**Student Feedback Form for Office** Name of Teacher: \_\_\_\_\_

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of delivery					
3	Clarity of explanation					
4	Use of examples					
5	Use of diagrams					
6	Use of real life examples					
7	Use of audio-visual aids					
8	Use of ICT					
9	Use of group work					
10	Use of self-assessment					

Signature of Student: \_\_\_\_\_  
 Date: \_\_\_\_\_



**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Pooja Khanna Page No: 10  
 Class: B.Com Subject: Accounting Section No: \_\_\_\_\_  
 Faculty: Accounting P.O. No: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
 Name of Teacher: Pooja Khanna      Name of Teacher: Pooja Khanna  
 Page: 10      Page: 10

S. No.	Items	Teacher	Yes	No	Remarks
1	Clear objectives				
2	Clear content				
3	Clear objectives				
4	Clear objectives				
5	Clear objectives				
6	Clear objectives				
7	Clear objectives				
8	Clear objectives				
9	Clear objectives				
10	Clear objectives				

S. No.	Items	Teacher	Yes	No	Remarks
1	Clear objectives				
2	Clear content				
3	Clear objectives				
4	Clear objectives				
5	Clear objectives				
6	Clear objectives				
7	Clear objectives				
8	Clear objectives				
9	Clear objectives				
10	Clear objectives				

**Student Feedback Form for Teacher**      **Student Feedback Form for Office**  
 Name of Teacher: Pooja Khanna      Name of Teacher: \_\_\_\_\_  
 Page: 10      Page: \_\_\_\_\_

S. No.	Items	Teacher	Yes	No	Remarks
1	Clear objectives				
2	Clear content				
3	Clear objectives				
4	Clear objectives				
5	Clear objectives				
6	Clear objectives				
7	Clear objectives				
8	Clear objectives				
9	Clear objectives				
10	Clear objectives				

S. No.	Items	Teacher	Yes	No	Remarks
1	Clear objectives				
2	Clear content				
3	Clear objectives				
4	Clear objectives				
5	Clear objectives				
6	Clear objectives				
7	Clear objectives				
8	Clear objectives				
9	Clear objectives				
10	Clear objectives				

M.G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)  
 Society: M.G. Arts & Science Society      Page No: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Chetana Pathak Page No: 11  
 Class: B.Com Subject: Accounting Section No: \_\_\_\_\_  
 Faculty: Accounting P.O. No: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
 Name of Teacher: Chetana Pathak      Name of Teacher: Chetana Pathak  
 Page: 11      Page: 11

S. No.	Items	Teacher	Yes	No	Remarks
1	Clear objectives				
2	Clear content				
3	Clear objectives				
4	Clear objectives				
5	Clear objectives				
6	Clear objectives				
7	Clear objectives				
8	Clear objectives				
9	Clear objectives				
10	Clear objectives				

S. No.	Items	Teacher	Yes	No	Remarks
1	Clear objectives				
2	Clear content				
3	Clear objectives				
4	Clear objectives				
5	Clear objectives				
6	Clear objectives				
7	Clear objectives				
8	Clear objectives				
9	Clear objectives				
10	Clear objectives				

**Student Feedback Form for Teacher**      **Student Feedback Form for Office**  
 Name of Teacher: Chetana Pathak      Name of Teacher: \_\_\_\_\_  
 Page: 11      Page: \_\_\_\_\_

S. No.	Items	Teacher	Yes	No	Remarks
1	Clear objectives				
2	Clear content				
3	Clear objectives				
4	Clear objectives				
5	Clear objectives				
6	Clear objectives				
7	Clear objectives				
8	Clear objectives				
9	Clear objectives				
10	Clear objectives				

S. No.	Items	Teacher	Yes	No	Remarks
1	Clear objectives				
2	Clear content				
3	Clear objectives				
4	Clear objectives				
5	Clear objectives				
6	Clear objectives				
7	Clear objectives				
8	Clear objectives				
9	Clear objectives				
10	Clear objectives				

M.G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)  
 Society: M.G. Arts & Science Society      Page No: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Respondent: Dhruva Father's Name: Thiruchian Dattaraj  
Class: B.Com III Age: 20 Date: 1/1/21  
Faculty: Accounting PG No: 1/1/21 Section: 2020-21

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**Student Feedback Form for Teacher**  
Name of Teacher: P. S. Chakraborty  
Page: Income Tax

Sl. No.	Items	Good	Very Good	Not Good	Not Satisfactory
1	Quality of Content				
2	Quality of Presentation				
3	Quality of Examples				
4	Quality of Assignments				
5	Quality of Feedback				
6	Quality of Class Discussion				
7	Quality of Class Participation				
8	Quality of Classroom Management				
9	Quality of Classroom Discipline				
10	Quality of Classroom Environment				

**Student Feedback Form for Teacher**  
Name of Teacher: Pranaj Saha  
Page: Management Account

Sl. No.	Items	Good	Very Good	Not Good	Not Satisfactory
1	Quality of Content				
2	Quality of Presentation				
3	Quality of Examples				
4	Quality of Assignments				
5	Quality of Feedback				
6	Quality of Class Discussion				
7	Quality of Class Participation				
8	Quality of Classroom Management				
9	Quality of Classroom Discipline				
10	Quality of Classroom Environment				

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**Student Feedback Form for Teacher**  
Name of Teacher: Dimple Bhowmik  
Page: Principal & Boarding

Sl. No.	Items	Good	Very Good	Not Good	Not Satisfactory
1	Quality of Content				
2	Quality of Presentation				
3	Quality of Examples				
4	Quality of Assignments				
5	Quality of Feedback				
6	Quality of Class Discussion				
7	Quality of Class Participation				
8	Quality of Classroom Management				
9	Quality of Classroom Discipline				
10	Quality of Classroom Environment				

**Student Feedback Form for Officer**

Sl. No.	Items	Good	Very Good	Not Good	Not Satisfactory
1	Quality of Content				
2	Quality of Presentation				
3	Quality of Examples				
4	Quality of Assignments				
5	Quality of Feedback				
6	Quality of Class Discussion				
7	Quality of Class Participation				
8	Quality of Classroom Management				
9	Quality of Classroom Discipline				
10	Quality of Classroom Environment				

Signature: [Signature]  
Date: 1/1/21

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Respondent: Muskan Thakur Father's Name: Mona Thakur  
Class: B.Com III Age: 20 Date: 1/1/21  
Faculty: Accounting PG No: 1/1/21 Section: 2020-21

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**Student Feedback Form for Teacher**  
Name of Teacher: Pranaj Saha  
Page: Income Tax

Sl. No.	Items	Good	Very Good	Not Good	Not Satisfactory
1	Quality of Content				
2	Quality of Presentation				
3	Quality of Examples				
4	Quality of Assignments				
5	Quality of Feedback				
6	Quality of Class Discussion				
7	Quality of Class Participation				
8	Quality of Classroom Management				
9	Quality of Classroom Discipline				
10	Quality of Classroom Environment				

**Student Feedback Form for Teacher**  
Name of Teacher: Pranaj Saha  
Page: Management Account

Sl. No.	Items	Good	Very Good	Not Good	Not Satisfactory
1	Quality of Content				
2	Quality of Presentation				
3	Quality of Examples				
4	Quality of Assignments				
5	Quality of Feedback				
6	Quality of Class Discussion				
7	Quality of Class Participation				
8	Quality of Classroom Management				
9	Quality of Classroom Discipline				
10	Quality of Classroom Environment				

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**Student Feedback Form for Teacher**  
Name of Teacher: Dimple Bhowmik  
Page: Principal & Boarding

Sl. No.	Items	Good	Very Good	Not Good	Not Satisfactory
1	Quality of Content				
2	Quality of Presentation				
3	Quality of Examples				
4	Quality of Assignments				
5	Quality of Feedback				
6	Quality of Class Discussion				
7	Quality of Class Participation				
8	Quality of Classroom Management				
9	Quality of Classroom Discipline				
10	Quality of Classroom Environment				

**Student Feedback Form for Officer**

Sl. No.	Items	Good	Very Good	Not Good	Not Satisfactory
1	Quality of Content				
2	Quality of Presentation				
3	Quality of Examples				
4	Quality of Assignments				
5	Quality of Feedback				
6	Quality of Class Discussion				
7	Quality of Class Participation				
8	Quality of Classroom Management				
9	Quality of Classroom Discipline				
10	Quality of Classroom Environment				

Signature: [Signature]  
Date: 1/1/21

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Leena An Father's name: Sudip An  
 Class: B.Com. Hons. Sem-I Roll No.: 1111819 Date: 2020-21  
 Faculty Name: Dr. Arun Kumar KA No.: 1111819 Sem: 2020-21

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Arun Kumar Page: \_\_\_\_\_

Sl. No.	Item	Teacher's Rating	Student's Rating	Remarks
1	Lesson content	✓		
2	Quality of content	✓		
3	Relevance of content	✓		
4	Clarity of content	✓		
5	Quality of presentation	✓		
6	Quality of interaction	✓		
7	Quality of assessment	✓		
8	Quality of feedback	✓		

**Student Feedback Form for Office**

Sl. No.	Item	Teacher's Rating	Student's Rating	Remarks
1	Quality of content	✓		
2	Quality of presentation	✓		
3	Quality of interaction	✓		
4	Quality of assessment	✓		
5	Quality of feedback	✓		

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: USHA KALSI Father's name: SANDEEP KUMAR  
 Class: B.COM. HONS. SEM-I Roll No.: 1111819 Date: 2020-21  
 Faculty Name: Dr. Arun Kumar KA No.: 1111819 Sem: 2020-21

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Arun Kumar Page: \_\_\_\_\_

Sl. No.	Item	Teacher's Rating	Student's Rating	Remarks
1	Lesson content	✓		
2	Quality of content	✓		
3	Relevance of content	✓		
4	Clarity of content	✓		
5	Quality of presentation	✓		
6	Quality of interaction	✓		
7	Quality of assessment	✓		
8	Quality of feedback	✓		

**Student Feedback Form for Office**

Sl. No.	Item	Teacher's Rating	Student's Rating	Remarks
1	Quality of content	✓		
2	Quality of presentation	✓		
3	Quality of interaction	✓		
4	Quality of assessment	✓		
5	Quality of feedback	✓		

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratikha Bhatta Faculty name: Manjira Dal  
 Course: B.Com. (Hons.) Sem-I Semester: \_\_\_\_\_  
 Faculty Name: Manjira Dal Date: 2021

**Student Feedback Form for Teacher**  
 Name of Teacher: Manjira Dal  
 Paper: Accountancy

Sl. No.	Items	Teacher's Rating	Very Good	Good	Average	Not Satisfactory
1	Quality of content	✓				
2	Quality of presentation	✓				
3	Quality of delivery	✓				
4	Quality of interaction	✓				
5	Quality of assessment	✓				
6	Quality of feedback	✓				
7	Quality of communication	✓				
8	Quality of overall performance	✓				

**Student Feedback Form for Teacher**  
 Name of Teacher: Manjira Dal  
 Paper: Accountancy

Sl. No.	Items	Teacher's Rating	Very Good	Good	Average	Not Satisfactory
1	Quality of content	✓				
2	Quality of presentation	✓				
3	Quality of delivery	✓				
4	Quality of interaction	✓				
5	Quality of assessment	✓				
6	Quality of feedback	✓				
7	Quality of communication	✓				
8	Quality of overall performance	✓				

**Student Feedback Form for Teacher**  
 Name of Teacher: Manjira Dal  
 Paper: Accountancy

Sl. No.	Items	Teacher's Rating	Very Good	Good	Average	Not Satisfactory
1	Quality of content	✓				
2	Quality of presentation	✓				
3	Quality of delivery	✓				
4	Quality of interaction	✓				
5	Quality of assessment	✓				
6	Quality of feedback	✓				
7	Quality of communication	✓				
8	Quality of overall performance	✓				

**Student Feedback Form for Office**

Sl. No.	Items	Teacher's Rating	Very Good	Good	Average	Not Satisfactory
1	Quality of content	✓				
2	Quality of presentation	✓				
3	Quality of delivery	✓				
4	Quality of interaction	✓				
5	Quality of assessment	✓				
6	Quality of feedback	✓				
7	Quality of communication	✓				
8	Quality of overall performance	✓				

M.G.A.S.C. KHARSIA  
 Kharsia, Kharsia, Kharsia  
 Kharsia

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratikha Bhatta Faculty name: Manjira Dal  
 Course: B.Com. (Hons.) Sem-I Semester: \_\_\_\_\_  
 Faculty Name: Manjira Dal Date: 2021

**Student Feedback Form for Teacher**  
 Name of Teacher: Manjira Dal  
 Paper: Accountancy

Sl. No.	Items	Teacher's Rating	Very Good	Good	Average	Not Satisfactory
1	Quality of content	✓				
2	Quality of presentation	✓				
3	Quality of delivery	✓				
4	Quality of interaction	✓				
5	Quality of assessment	✓				
6	Quality of feedback	✓				
7	Quality of communication	✓				
8	Quality of overall performance	✓				

**Student Feedback Form for Teacher**  
 Name of Teacher: Manjira Dal  
 Paper: Accountancy

Sl. No.	Items	Teacher's Rating	Very Good	Good	Average	Not Satisfactory
1	Quality of content	✓				
2	Quality of presentation	✓				
3	Quality of delivery	✓				
4	Quality of interaction	✓				
5	Quality of assessment	✓				
6	Quality of feedback	✓				
7	Quality of communication	✓				
8	Quality of overall performance	✓				

**Student Feedback Form for Teacher**  
 Name of Teacher: Manjira Dal  
 Paper: Accountancy

Sl. No.	Items	Teacher's Rating	Very Good	Good	Average	Not Satisfactory
1	Quality of content	✓				
2	Quality of presentation	✓				
3	Quality of delivery	✓				
4	Quality of interaction	✓				
5	Quality of assessment	✓				
6	Quality of feedback	✓				
7	Quality of communication	✓				
8	Quality of overall performance	✓				

**Student Feedback Form for Office**

Sl. No.	Items	Teacher's Rating	Very Good	Good	Average	Not Satisfactory
1	Quality of content	✓				
2	Quality of presentation	✓				
3	Quality of delivery	✓				
4	Quality of interaction	✓				
5	Quality of assessment	✓				
6	Quality of feedback	✓				
7	Quality of communication	✓				
8	Quality of overall performance	✓				

M.G.A.S.C. KHARSIA  
 Kharsia, Kharsia, Kharsia  
 Kharsia

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: ANJANA SINGH Roll No: 20190001  
 Date: 10/05/2020 Page No: 1  
 Name of Faculty: Dr. P. K. SINGH Subject: STATISTICS  
 Name of Institute: MGAC Kharsia City: Bhubaneswar Year: 2019-20

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. P. K. SINGH Subject: STATISTICS

Sl. No.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Preparation of lesson plan	✓				
2	Preparation of notes	✓				
3	Preparation of assignments	✓				
4	Preparation of class work	✓				
5	Preparation of projects	✓				
6	Preparation of assignments	✓				
7	Preparation of assignments	✓				

**Student Feedback Form for Center**  
 Name of Teacher: Dr. P. K. SINGH Subject: STATISTICS

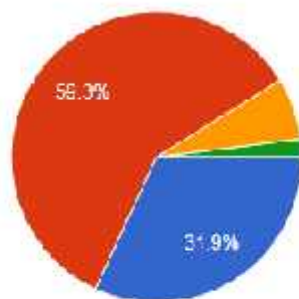
Sl. No.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Preparation of lesson plan	✓				
2	Preparation of notes	✓				
3	Preparation of assignments	✓				
4	Preparation of class work	✓				
5	Preparation of projects	✓				
6	Preparation of assignments	✓				
7	Preparation of assignments	✓				




**2019-20**

आपके अध्यापकों के अध्यापन से आप कितना संतुष्ट हैं ?

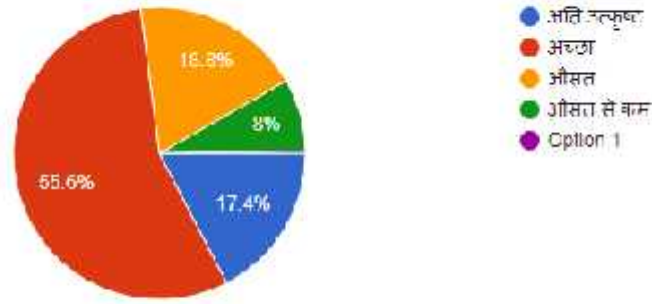
351 responses.



- आति उत्कृष्ट
- संतुष्ट
- औरत
- औसत से कम

कैरियर मार्गदर्शन काउंसिलिंग एवं प्लेसमेंट से कितना संतुष्ट हैं ?

351 responses



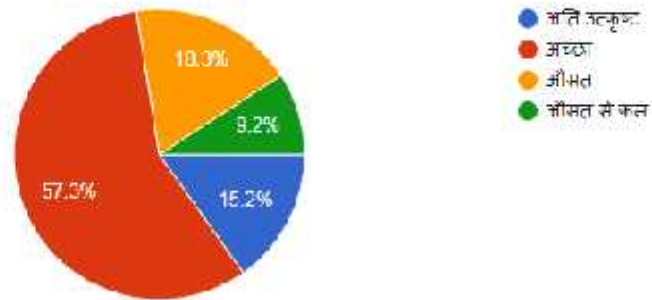
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351 responses



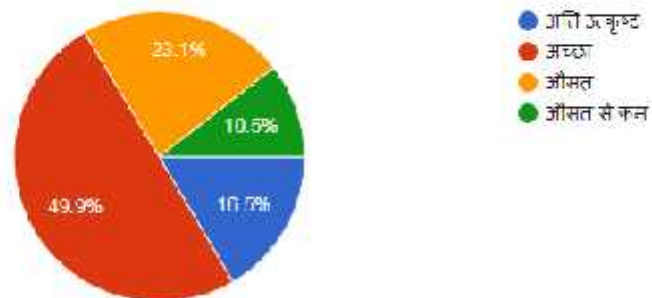
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349 responses



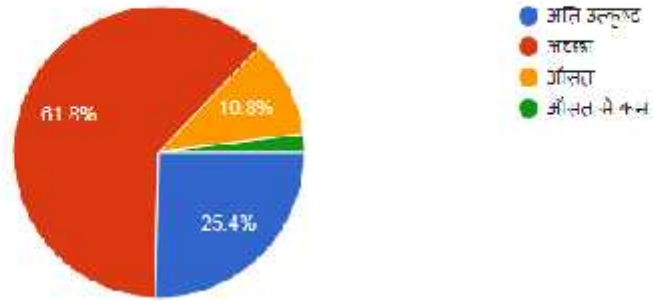
लाइब्रेरी एवं वाचनालय सुविधा से कितना संतुष्ट हैं ?

351 responses



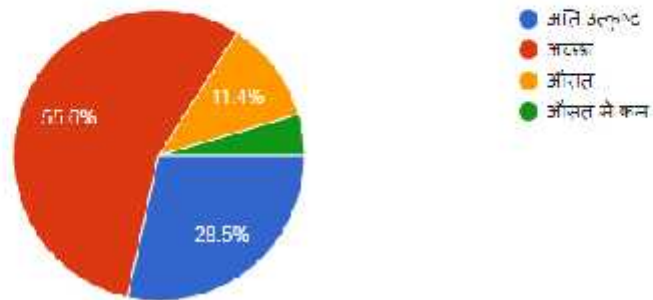
आपके अध्ययन क्षेत्र के लिए पाठ्यक्रम कितना सुसंगत है ?

351 responses



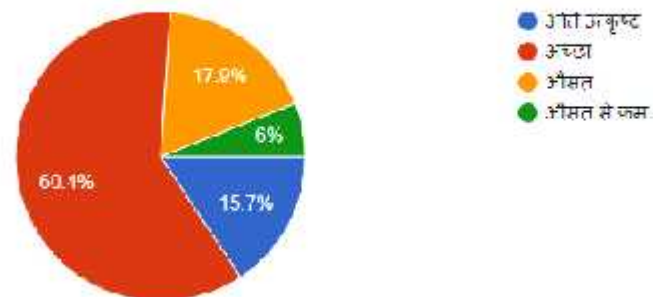
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351 responses



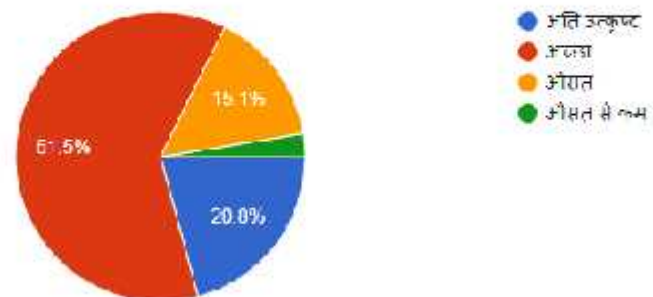
आपके महाविद्यालय में सुरक्षा के वातावरण को कितना स्तर देंगे ?

351 responses



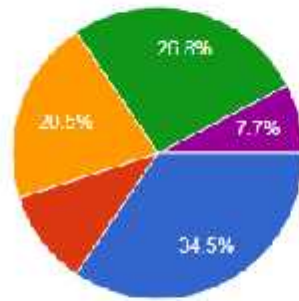
महाविद्यालय में संचालित अन्य गतिविधियों को आप कितना स्तर देना चाहेंगे ?

351 responses



अपने अनुभव के आधार पर इस महाविद्यालय के निम्न में से बिना क्षेत्र में सुधार के लिए जोर देना चाहते हैं ?

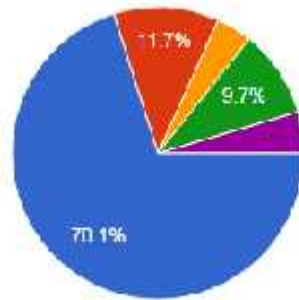
351 responses



- अभ्यास प्रदान करना
- नाट्यकार गतिविधियाँ (NOC, NSS, SPORTS, CULTURAL)
- साइबेरी वाचनालय
- करियर मार्गदर्शन
- प्लेनार्कट

आप अध्यापन की किस विधि को अच्छा मानेंगे ?

351 responses



- Classroom - Black board system
- WhatsApp से image/pdf/xlxs भेजने की प्रवृत्ति
- Video का YouTube Link
- Elsc Webex/ Zoom Meeting App से Online classes
- egschool.in पोर्टल

आप महाविद्यालय को अध्ययन के लिए सम्पूर्ण रूप से संतुष्टि का स्तर कितना देना चाहेंगे ?

351 responses



- अति उत्कृष्ट
- अच्छा
- औसत
- औसत से कम



**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Komal Kishor Father's name: Natal Kishor Kishor  
 Class: B.Com (Hons) 1st year Roll No: 11111111  
 Date: 20/10/20

**Student Feedback Form for Teacher**  
 Name of Teacher: M. S. Ghosh  
 Post: Assistant Prof of M. I. M.

**Student Feedback Form for Teacher**  
 Name of Teacher: K. K. Chakrabarti  
 Post: Institute Tax Inspector

S. No.	Sl. No.	Criteria	Yes	No	Average	Remarks
1	1	Quality of Content	✓			
	2	Quality of Method	✓			
	3	Quality of Material	✓			
	4	Quality of Presentation	✓			
	5	Quality of Language	✓			
	6	Quality of Assessment	✓			
2	1	Quality of Content	✓			
	2	Quality of Method	✓			
	3	Quality of Material	✓			
	4	Quality of Presentation	✓			
	5	Quality of Language	✓			
	6	Quality of Assessment	✓			

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. K. K. Ghosh  
 Post: Asst. Prof.

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. K. K. Ghosh  
 Post: Asst. Prof.

Signature: Komal Kishor

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Debanjali Saha Father's name: Suresh Saha  
 Class: B.Com (Hons) 1st year Roll No: 11111111  
 Date: 20/10/20

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. K. K. Ghosh  
 Post: Asst. Prof.

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. K. K. Ghosh  
 Post: Asst. Prof.

S. No.	Sl. No.	Criteria	Yes	No	Average	Remarks
1	1	Quality of Content	✓			
	2	Quality of Method	✓			
	3	Quality of Material	✓			
	4	Quality of Presentation	✓			
	5	Quality of Language	✓			
	6	Quality of Assessment	✓			
2	1	Quality of Content	✓			
	2	Quality of Method	✓			
	3	Quality of Material	✓			
	4	Quality of Presentation	✓			
	5	Quality of Language	✓			
	6	Quality of Assessment	✓			

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. K. K. Ghosh  
 Post: Asst. Prof.

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. K. K. Ghosh  
 Post: Asst. Prof.

Signature: Debanjali Saha

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Ajay Date: 18/05/2022  
 Class: B.Com Chapter: Comptax Page No.: 1, 2, 3, 4  
 Faculty: Accounting Date: 18/05/2022

Student Feedback Form for Teacher  
 Name of Teacher: U.K. Chatterjee  
 Name of Institute: Principal, Kharsia

Student Feedback Form for Teacher  
 Name of Teacher: Pratik Kumar, School  
 Name of Institute: Principal, Kharsia

Sl. No.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of content					
2	Clarity of content					
3	Language used					
4	Relevance of content					
5	Clarity of writing					
6	Clarity of examples					
7	Clarity of diagrams					
8	Clarity of tables					
9	Clarity of flowcharts					
10	Clarity of graphs					

Sl. No.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of content					
2	Clarity of content					
3	Language used					
4	Relevance of content					
5	Clarity of writing					
6	Clarity of examples					
7	Clarity of diagrams					
8	Clarity of tables					
9	Clarity of flowcharts					
10	Clarity of graphs					

Student Feedback Form for Teacher  
 Name of Teacher: Jayanta Kerketta  
 Paper: English

Student Feedback Form for CBSE

Sl. No.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of content					
2	Clarity of content					
3	Language used					
4	Relevance of content					
5	Clarity of writing					
6	Clarity of examples					
7	Clarity of diagrams					
8	Clarity of tables					
9	Clarity of flowcharts					
10	Clarity of graphs					

Sl. No.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of content					
2	Clarity of content					
3	Language used					
4	Relevance of content					
5	Clarity of writing					
6	Clarity of examples					
7	Clarity of diagrams					
8	Clarity of tables					
9	Clarity of flowcharts					
10	Clarity of graphs					

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: CHANDRAN MOHAR Date: 18/05/2022  
 Class: BA Chapter: Comptax Page No.: 1, 2, 3, 4  
 Faculty: Accounting Date: 18/05/2022

Student Feedback Form for Teacher  
 Name of Teacher: M. S. BISHNOI  
 Paper: COMPTAX

Student Feedback Form for Teacher  
 Name of Teacher: P. S. CHAKRABARTI  
 Paper: COMPTAX

Sl. No.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of content					
2	Clarity of content					
3	Language used					
4	Relevance of content					
5	Clarity of writing					
6	Clarity of examples					
7	Clarity of diagrams					
8	Clarity of tables					
9	Clarity of flowcharts					
10	Clarity of graphs					

Sl. No.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of content					
2	Clarity of content					
3	Language used					
4	Relevance of content					
5	Clarity of writing					
6	Clarity of examples					
7	Clarity of diagrams					
8	Clarity of tables					
9	Clarity of flowcharts					
10	Clarity of graphs					

Student Feedback Form for Teacher  
 Name of Teacher: CHITRA DEBBARMA  
 Paper: COMPTAX

Student Feedback Form for CBSE

Sl. No.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of content					
2	Clarity of content					
3	Language used					
4	Relevance of content					
5	Clarity of writing					
6	Clarity of examples					
7	Clarity of diagrams					
8	Clarity of tables					
9	Clarity of flowcharts					
10	Clarity of graphs					

Sl. No.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of content					
2	Clarity of content					
3	Language used					
4	Relevance of content					
5	Clarity of writing					
6	Clarity of examples					
7	Clarity of diagrams					
8	Clarity of tables					
9	Clarity of flowcharts					
10	Clarity of graphs					

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of teacher: Dr. K. K. Mishra Subject: English Page: Individual class  
 Date: 15.03.2024 Page: 15/03/24 Page No: 15.03

**Student Feedback Form for Teacher**  
 Name of Teacher: M. K. Mishra Page: 15/03/24

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of presentation					
3	Quality of interaction					
4	Quality of assessment					
5	Quality of feedback					
6	Quality of overall performance					

**Student Feedback Form for Teacher**  
 Name of Teacher: P. K. Mishra Page: Individual class

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of presentation					
3	Quality of interaction					
4	Quality of assessment					
5	Quality of feedback					
6	Quality of overall performance					

**Student Feedback Form for Teacher**  
 Name of Teacher: T. Mishra Page: English

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of presentation					
3	Quality of interaction					
4	Quality of assessment					
5	Quality of feedback					
6	Quality of overall performance					

**Student Feedback Form for Office**

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of presentation					
3	Quality of interaction					
4	Quality of assessment					
5	Quality of feedback					
6	Quality of overall performance					

  
 M.G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)  
 Kharsia, Bhubaneswar - 751013  
 Phone: 0674-2531111, 2531112, 2531113, 2531114, 2531115, 2531116, 2531117, 2531118, 2531119, 2531120, 2531121, 2531122, 2531123, 2531124, 2531125, 2531126, 2531127, 2531128, 2531129, 2531130, 2531131, 2531132, 2531133, 2531134, 2531135, 2531136, 2531137, 2531138, 2531139, 2531140, 2531141, 2531142, 2531143, 2531144, 2531145, 2531146, 2531147, 2531148, 2531149, 2531150, 2531151, 2531152, 2531153, 2531154, 2531155, 2531156, 2531157, 2531158, 2531159, 2531160, 2531161, 2531162, 2531163, 2531164, 2531165, 2531166, 2531167, 2531168, 2531169, 2531170, 2531171, 2531172, 2531173, 2531174, 2531175, 2531176, 2531177, 2531178, 2531179, 2531180, 2531181, 2531182, 2531183, 2531184, 2531185, 2531186, 2531187, 2531188, 2531189, 2531190, 2531191, 2531192, 2531193, 2531194, 2531195, 2531196, 2531197, 2531198, 2531199, 2531200

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of teacher: Dr. K. K. Mishra Subject: English Page: Individual class  
 Date: 15.03.2024 Page: 15/03/24 Page No: 15.03

**Student Feedback Form for Teacher**  
 Name of Teacher: M. K. Mishra Page: 15/03/24

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of presentation					
3	Quality of interaction					
4	Quality of assessment					
5	Quality of feedback					
6	Quality of overall performance					

**Student Feedback Form for Teacher**  
 Name of Teacher: P. K. Mishra Page: Individual class

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of presentation					
3	Quality of interaction					
4	Quality of assessment					
5	Quality of feedback					
6	Quality of overall performance					

**Student Feedback Form for Teacher**  
 Name of Teacher: T. Mishra Page: English

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of presentation					
3	Quality of interaction					
4	Quality of assessment					
5	Quality of feedback					
6	Quality of overall performance					

**Student Feedback Form for Office**

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Quality of content					
2	Quality of presentation					
3	Quality of interaction					
4	Quality of assessment					
5	Quality of feedback					
6	Quality of overall performance					

  
 M.G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)  
 Kharsia, Bhubaneswar - 751013  
 Phone: 0674-2531111, 2531112, 2531113, 2531114, 2531115, 2531116, 2531117, 2531118, 2531119, 2531120, 2531121, 2531122, 2531123, 2531124, 2531125, 2531126, 2531127, 2531128, 2531129, 2531130, 2531131, 2531132, 2531133, 2531134, 2531135, 2531136, 2531137, 2531138, 2531139, 2531140, 2531141, 2531142, 2531143, 2531144, 2531145, 2531146, 2531147, 2531148, 2531149, 2531150, 2531151, 2531152, 2531153, 2531154, 2531155, 2531156, 2531157, 2531158, 2531159, 2531160, 2531161, 2531162, 2531163, 2531164, 2531165, 2531166, 2531167, 2531168, 2531169, 2531170, 2531171, 2531172, 2531173, 2531174, 2531175, 2531176, 2531177, 2531178, 2531179, 2531180, 2531181, 2531182, 2531183, 2531184, 2531185, 2531186, 2531187, 2531188, 2531189, 2531190, 2531191, 2531192, 2531193, 2531194, 2531195, 2531196, 2531197, 2531198, 2531199, 2531200

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: M. G. Jaiswal      Name of Student: Shubham Jaiswal  
Class: 2<sup>nd</sup> Year B.A.      Subject: Computer      Date: 11/11/2022  
Faculty Name: Dr. G. K. Singh      PG No: 111/11/2022      Section: 2202

**Student Feedback Form for Teacher**  
Name of Teacher: M. G. Jaiswal  
Page: 1

Q	Rating	Teacher	Very Good	Good	Average	Not Satisfactory
1	1	1				
2	2	2				
3	3	3				
4	4	4				
5	5	5				
6	6	6				
7	7	7				
8	8	8				
9	9	9				
10	10	10				

**Student Feedback Form for Teacher**  
Name of Teacher: M. G. Jaiswal  
Page: 2

Q	Rating	Teacher	Very Good	Good	Average	Not Satisfactory
1	1	1				
2	2	2				
3	3	3				
4	4	4				
5	5	5				
6	6	6				
7	7	7				
8	8	8				
9	9	9				
10	10	10				

**Student Feedback Form for Teacher**  
Name of Teacher: M. G. Jaiswal  
Page: 3

Q	Rating	Teacher	Very Good	Good	Average	Not Satisfactory
1	1	1				
2	2	2				
3	3	3				
4	4	4				
5	5	5				
6	6	6				
7	7	7				
8	8	8				
9	9	9				
10	10	10				

**Student Feedback Form for Office**

Q	Rating	Teacher	Very Good	Good	Average	Not Satisfactory
1	1	1				
2	2	2				
3	3	3				
4	4	4				
5	5	5				
6	6	6				
7	7	7				
8	8	8				
9	9	9				
10	10	10				

Signature: M. G. Jaiswal  
Date: 11/11/2022

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: M. G. Jaiswal      Name of Student: Vijay Jaiswal  
Class: 2<sup>nd</sup> Year B.A.      Subject: Computer      Date: 11/11/2022  
Faculty Name: Dr. G. K. Singh      PG No: 111/11/2022      Section: 2202

**Student Feedback Form for Teacher**  
Name of Teacher: M. G. Jaiswal  
Page: 1

Q	Rating	Teacher	Very Good	Good	Average	Not Satisfactory
1	1	1				
2	2	2				
3	3	3				
4	4	4				
5	5	5				
6	6	6				
7	7	7				
8	8	8				
9	9	9				
10	10	10				

**Student Feedback Form for Teacher**  
Name of Teacher: M. G. Jaiswal  
Page: 2

Q	Rating	Teacher	Very Good	Good	Average	Not Satisfactory
1	1	1				
2	2	2				
3	3	3				
4	4	4				
5	5	5				
6	6	6				
7	7	7				
8	8	8				
9	9	9				
10	10	10				

**Student Feedback Form for Teacher**  
Name of Teacher: M. G. Jaiswal  
Page: 3

Q	Rating	Teacher	Very Good	Good	Average	Not Satisfactory
1	1	1				
2	2	2				
3	3	3				
4	4	4				
5	5	5				
6	6	6				
7	7	7				
8	8	8				
9	9	9				
10	10	10				

**Student Feedback Form for Office**

Q	Rating	Teacher	Very Good	Good	Average	Not Satisfactory
1	1	1				
2	2	2				
3	3	3				
4	4	4				
5	5	5				
6	6	6				
7	7	7				
8	8	8				
9	9	9				
10	10	10				

Signature: M. G. Jaiswal  
Date: 11/11/2022

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Pratima Das      Name of Teacher: Dr. Subhrajit Das  
Class: M.Sc. (M) - Paper - Chemistry      Discipline: Chemistry  
Faculty: Chemistry      PG No: 11101      Date: 20/05/2023

**Student Feedback Form for Teacher**  
Name of Teacher: Pratima Das      Page: 20      Date: 20/05/2023

Sr.	Name	Gender	Roll No.	Class	Section	Remarks
1	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
2	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
3	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
4	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
5	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
6	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
7	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
8	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
9	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
10	Pratima Das	F	11101	M.Sc. (M)	Chemistry	

**Student Feedback Form for Office**  
Name of Teacher: Pratima Das      Page: 20      Date: 20/05/2023

Sr.	Name	Gender	Roll No.	Class	Section	Remarks
1	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
2	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
3	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
4	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
5	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
6	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
7	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
8	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
9	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
10	Pratima Das	F	11101	M.Sc. (M)	Chemistry	

M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)  
General Office, Kharsia, Bhubaneswar, Odisha - 751013  
Phone: 94391 22222

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Pratima Das      Name of Teacher: Dr. Subhrajit Das  
Class: M.Sc. (M) - Paper - Chemistry      Discipline: Chemistry  
Faculty: Chemistry      PG No: 11101      Date: 20/05/2023

**Student Feedback Form for Teacher**  
Name of Teacher: Pratima Das      Page: 20      Date: 20/05/2023

Sr.	Name	Gender	Roll No.	Class	Section	Remarks
1	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
2	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
3	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
4	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
5	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
6	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
7	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
8	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
9	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
10	Pratima Das	F	11101	M.Sc. (M)	Chemistry	

**Student Feedback Form for Office**  
Name of Teacher: Pratima Das      Page: 20      Date: 20/05/2023

Sr.	Name	Gender	Roll No.	Class	Section	Remarks
1	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
2	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
3	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
4	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
5	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
6	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
7	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
8	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
9	Pratima Das	F	11101	M.Sc. (M)	Chemistry	
10	Pratima Das	F	11101	M.Sc. (M)	Chemistry	

M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)  
General Office, Kharsia, Bhubaneswar, Odisha - 751013  
Phone: 94391 22222

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**

Student Feedback Form

Name of Student: Shubham Singh Roll No: 2020010001  
 Date: 20/01/2020 Page: 1  
 Faculty Name: Dr. Anil Kumar PG Dept: 111 B.T. Semester: 3rd

Student Feedback Form for Teacher

Name of Teacher: Dr. Anil Kumar  
 Page: 1

Student Feedback Form for Teacher

Name of Teacher: Dr. Anil Kumar  
 Page: 1

S. No.	Name	Excellent	Good	Fair	Poor	Very Poor
1	Quality of Lecture					
2	Quality of Content					
3	Quality of Method					
4	Quality of Material					
5	Quality of Assessment					

S. No.	Name	Excellent	Good	Fair	Poor	Very Poor
1	Quality of Lecture					
2	Quality of Content					
3	Quality of Method					
4	Quality of Material					
5	Quality of Assessment					

Student Feedback Form for Teacher

Name of Teacher: Dr. Anil Kumar  
 Page: 1

Student Feedback Form for Office

Name of Teacher: Dr. Anil Kumar  
 Page: 1

S. No.	Name	Excellent	Good	Fair	Poor	Very Poor
1	Quality of Lecture					
2	Quality of Content					
3	Quality of Method					
4	Quality of Material					
5	Quality of Assessment					

S. No.	Name	Excellent	Good	Fair	Poor	Very Poor
1	Quality of Lecture					
2	Quality of Content					
3	Quality of Method					
4	Quality of Material					
5	Quality of Assessment					

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**

Student Feedback Form

Name of Student: Shubham Singh Roll No: 2020010001  
 Date: 20/01/2020 Page: 1  
 Faculty Name: Dr. Anil Kumar PG Dept: 111 B.T. Semester: 3rd

Student Feedback Form for Teacher

Name of Teacher: Dr. Anil Kumar  
 Page: 1

Student Feedback Form for Teacher

Name of Teacher: Dr. Anil Kumar  
 Page: 1

S. No.	Name	Excellent	Good	Fair	Poor	Very Poor
1	Quality of Lecture					
2	Quality of Content					
3	Quality of Method					
4	Quality of Material					
5	Quality of Assessment					

S. No.	Name	Excellent	Good	Fair	Poor	Very Poor
1	Quality of Lecture					
2	Quality of Content					
3	Quality of Method					
4	Quality of Material					
5	Quality of Assessment					

Student Feedback Form for Teacher

Name of Teacher: Dr. Anil Kumar  
 Page: 1

Student Feedback Form for Office

Name of Teacher: Dr. Anil Kumar  
 Page: 1

S. No.	Name	Excellent	Good	Fair	Poor	Very Poor
1	Quality of Lecture					
2	Quality of Content					
3	Quality of Method					
4	Quality of Material					
5	Quality of Assessment					

S. No.	Name	Excellent	Good	Fair	Poor	Very Poor
1	Quality of Lecture					
2	Quality of Content					
3	Quality of Method					
4	Quality of Material					
5	Quality of Assessment					

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Manya Choudhary Roll No: 21A 1103 B01 Page: 25  
 Date: 25/05/2024 Faculty: English Page: 25

**Student Feedback Form for Teacher**

Name of Teacher: Shruti Singh  
Page: 25

Sl. No.	Items	Teacher	Yes	No	Not Sure	Other
1	Quality of class					
2	Time spent on class					
3	Material used in class					
4	Teacher's style of teaching					
5	Classroom management					
6	Teacher's attitude					
7	Teacher's knowledge					
8	Teacher's communication skills					

**Student Feedback Form for Teacher**

Name of Teacher: Shruti Singh  
Page: 25

Sl. No.	Items	Teacher	Yes	No	Not Sure	Other
1	Quality of class					
2	Time spent on class					
3	Material used in class					
4	Teacher's style of teaching					
5	Classroom management					
6	Teacher's attitude					
7	Teacher's knowledge					
8	Teacher's communication skills					

**Student Feedback Form for Teacher**

Name of Teacher: Divyanshu Singh  
Page: 25

Sl. No.	Items	Teacher	Yes	No	Not Sure	Other
1	Quality of class					
2	Time spent on class					
3	Material used in class					
4	Teacher's style of teaching					
5	Classroom management					
6	Teacher's attitude					
7	Teacher's knowledge					
8	Teacher's communication skills					

**Student Feedback Form for Office**

Name of Teacher: Divyanshu Singh  
Page: 25

Sl. No.	Items	Teacher	Yes	No	Not Sure	Other
1	Quality of class					
2	Time spent on class					
3	Material used in class					
4	Teacher's style of teaching					
5	Classroom management					
6	Teacher's attitude					
7	Teacher's knowledge					
8	Teacher's communication skills					

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Apurva Choudhary Roll No: 21A 1103 B01 Page: 25  
 Date: 25/05/2024 Faculty: English Page: 25

**Student Feedback Form for Teacher**

Name of Teacher: Mr. Divyanshu Singh  
Page: 25

Sl. No.	Items	Teacher	Yes	No	Not Sure	Other
1	Quality of class					
2	Time spent on class					
3	Material used in class					
4	Teacher's style of teaching					
5	Classroom management					
6	Teacher's attitude					
7	Teacher's knowledge					
8	Teacher's communication skills					

**Student Feedback Form for Teacher**

Name of Teacher: Mr. Divyanshu Singh  
Page: 25

Sl. No.	Items	Teacher	Yes	No	Not Sure	Other
1	Quality of class					
2	Time spent on class					
3	Material used in class					
4	Teacher's style of teaching					
5	Classroom management					
6	Teacher's attitude					
7	Teacher's knowledge					
8	Teacher's communication skills					

**Student Feedback Form for Teacher**

Name of Teacher: Mr. Divyanshu Singh  
Page: 25

Sl. No.	Items	Teacher	Yes	No	Not Sure	Other
1	Quality of class					
2	Time spent on class					
3	Material used in class					
4	Teacher's style of teaching					
5	Classroom management					
6	Teacher's attitude					
7	Teacher's knowledge					
8	Teacher's communication skills					

**Student Feedback Form for Office**

Name of Teacher: Mr. Divyanshu Singh  
Page: 25

Sl. No.	Items	Teacher	Yes	No	Not Sure	Other
1	Quality of class					
2	Time spent on class					
3	Material used in class					
4	Teacher's style of teaching					
5	Classroom management					
6	Teacher's attitude					
7	Teacher's knowledge					
8	Teacher's communication skills					

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: USHA YADAV Roll No: SANITA RAM  
 Class: B.COM Subject: COMMERCE Stream: SCD-20  
 Faculty Name: Dr. S. K. Singh Date: 11/11/18

**Student Feedback Form for Teacher**  
 Name of Teacher: Leela K. Gupta  
 Paper: Cost Account

Sr.	Items	Teacher's Rating	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Relevance of Content					
3	Clarity of Content					
4	Quality of Content					
5	Quantity of Content					
6	Use of Examples					
7	Use of Diagrams					
8	Use of Tables					
9	Use of Pictures					
10	Use of Videos					
11	Use of Audio					
12	Use of Real Life Examples					
13	Use of Current Affairs					
14	Use of News Papers					
15	Use of Magazines					
16	Use of Journals					
17	Use of Reference Books					
18	Use of Internet					
19	Use of E-books					
20	Use of E-learning					

**Student Feedback Form for Teacher**  
 Name of Teacher: Pooja Bhatia  
 Paper: Business Mathematics

Sr.	Items	Teacher's Rating	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Relevance of Content					
3	Clarity of Content					
4	Quality of Content					
5	Quantity of Content					
6	Use of Examples					
7	Use of Diagrams					
8	Use of Tables					
9	Use of Pictures					
10	Use of Videos					
11	Use of Audio					
12	Use of Real Life Examples					
13	Use of Current Affairs					
14	Use of News Papers					
15	Use of Magazines					
16	Use of Journals					
17	Use of Reference Books					
18	Use of Internet					
19	Use of E-books					
20	Use of E-learning					

**Student Feedback Form for Office**

Sr.	Items	Teacher's Rating	Very Good	Good	Average	Below Average
1	Availability of Reference Books					
2	Availability of Reference Journals					
3	Availability of Reference Magazines					
4	Availability of Reference Newspapers					
5	Availability of Reference E-books					
6	Availability of Reference E-learning					

*Signature*

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Meekha Yadav Roll No: Yadav Meekha Yadav  
 Class: B.COM Subject: COMMERCE Stream: SCD-20  
 Faculty Name: Dr. S. K. Singh Date: 11/11/18

**Student Feedback Form for Teacher**  
 Name of Teacher: Pooja K. Bhatia  
 Paper: Cost Account

Sr.	Items	Teacher's Rating	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Relevance of Content					
3	Clarity of Content					
4	Quality of Content					
5	Quantity of Content					
6	Use of Examples					
7	Use of Diagrams					
8	Use of Tables					
9	Use of Pictures					
10	Use of Videos					
11	Use of Audio					
12	Use of Real Life Examples					
13	Use of Current Affairs					
14	Use of News Papers					
15	Use of Magazines					
16	Use of Journals					
17	Use of Reference Books					
18	Use of Internet					
19	Use of E-books					
20	Use of E-learning					

**Student Feedback Form for Teacher**  
 Name of Teacher: Manoj Kumar Sahay  
 Paper: Company Law

Sr.	Items	Teacher's Rating	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Relevance of Content					
3	Clarity of Content					
4	Quality of Content					
5	Quantity of Content					
6	Use of Examples					
7	Use of Diagrams					
8	Use of Tables					
9	Use of Pictures					
10	Use of Videos					
11	Use of Audio					
12	Use of Real Life Examples					
13	Use of Current Affairs					
14	Use of News Papers					
15	Use of Magazines					
16	Use of Journals					
17	Use of Reference Books					
18	Use of Internet					
19	Use of E-books					
20	Use of E-learning					

**Student Feedback Form for Teacher**  
 Name of Teacher: Sanjay Kumar  
 Paper: English

Sr.	Items	Teacher's Rating	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Relevance of Content					
3	Clarity of Content					
4	Quality of Content					
5	Quantity of Content					
6	Use of Examples					
7	Use of Diagrams					
8	Use of Tables					
9	Use of Pictures					
10	Use of Videos					
11	Use of Audio					
12	Use of Real Life Examples					
13	Use of Current Affairs					
14	Use of News Papers					
15	Use of Magazines					
16	Use of Journals					
17	Use of Reference Books					
18	Use of Internet					
19	Use of E-books					
20	Use of E-learning					

**Student Feedback Form for Office**

Sr.	Items	Teacher's Rating	Very Good	Good	Average	Below Average
1	Availability of Reference Books					
2	Availability of Reference Journals					
3	Availability of Reference Magazines					
4	Availability of Reference Newspapers					
5	Availability of Reference E-books					
6	Availability of Reference E-learning					

*Signature*

2018-19



**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Rajesh Kumar Father's name: \_\_\_\_\_  
 Class: B.Sc. II Subject: Commerce Enrollment No.: \_\_\_\_\_  
 Faculty Science (M/Commerce) P.O. Sec. 17/18 IV Section: 8-1

**Student Feedback Form for Teacher**  
 Name of Teacher: S. K. Mishra Paper: TV

Sl. No.	Rating	Comments	Yes/No	Good	Average	Bad	Remarks
1	5	Depth of Content	✓				
2	5	Quality of Content	✓				
3	5	Clarity of Content	✓				
4	5	Relevance of Content	✓				
5	5	Usefulness of Content	✓				
6	5	Interest of Content	✓				
7	5	Clarity of Presentation	✓				
8	5	Quality of Presentation	✓				
9	5	Usefulness of Presentation	✓				
10	5	Interest of Presentation	✓				

**Student Feedback Form for Teacher Office**  
 Name of Teacher: S. K. Mishra Paper: TV

Sl. No.	Rating	Comments	Yes/No	Good	Average	Bad	Remarks
1	5	Availability of Feedback	✓				
2	5	Frequency of Feedback	✓				
3	5	Quality of Feedback	✓				
4	5	Usefulness of Feedback	✓				
5	5	Interest of Feedback	✓				

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Balraj Kumar Father's name: \_\_\_\_\_  
 Class: B.Sc. II Subject: Commerce Enrollment No.: \_\_\_\_\_  
 Faculty Science (M/Commerce) P.O. Sec. 17/18 IV Section: 18-12

**Student Feedback Form for Teacher**  
 Name of Teacher: S. K. Mishra Paper: TV

Sl. No.	Rating	Comments	Yes/No	Good	Average	Bad	Remarks
1	5	Depth of Content	✓				
2	5	Quality of Content	✓				
3	5	Clarity of Content	✓				
4	5	Relevance of Content	✓				
5	5	Usefulness of Content	✓				
6	5	Interest of Content	✓				
7	5	Clarity of Presentation	✓				
8	5	Quality of Presentation	✓				
9	5	Usefulness of Presentation	✓				
10	5	Interest of Presentation	✓				

**Student Feedback Form for Teacher Office**  
 Name of Teacher: S. K. Mishra Paper: TV

Sl. No.	Rating	Comments	Yes/No	Good	Average	Bad	Remarks
1	5	Availability of Feedback	✓				
2	5	Frequency of Feedback	✓				
3	5	Quality of Feedback	✓				
4	5	Usefulness of Feedback	✓				
5	5	Interest of Feedback	✓				

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Rajesh Kumar Father's name: Charandeobh. Kumar  
 Class: B.Sc. II Subject: Commerce Enrollment No.: \_\_\_\_\_  
 Faculty Science (M/Commerce) P.O. Sec. 17/18 IV Section: 20-8-18

**Student Feedback Form for Teacher**  
 Name of Teacher: M. K. Saha Paper: Commerce

Sl. No.	Rating	Comments	Yes/No	Good	Average	Bad	Remarks
1	5	Depth of Content	✓				
2	5	Quality of Content	✓				
3	5	Clarity of Content	✓				
4	5	Relevance of Content	✓				
5	5	Usefulness of Content	✓				
6	5	Interest of Content	✓				
7	5	Clarity of Presentation	✓				
8	5	Quality of Presentation	✓				
9	5	Usefulness of Presentation	✓				
10	5	Interest of Presentation	✓				

**Student Feedback Form for Teacher Office**  
 Name of Teacher: M. K. Saha Paper: Commerce

Sl. No.	Rating	Comments	Yes/No	Good	Average	Bad	Remarks
1	5	Availability of Feedback	✓				
2	5	Frequency of Feedback	✓				
3	5	Quality of Feedback	✓				
4	5	Usefulness of Feedback	✓				
5	5	Interest of Feedback	✓				

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Yogita Saha Father's name: Dr. Jitendra  
 Class: B.Sc. II Subject: Geo Enrollment No.: \_\_\_\_\_  
 Faculty Science (M/Commerce) P.O. Sec. 17/18 IV Section: 20-8-18

**Student Feedback Form for Teacher**  
 Name of Teacher: Rohit Kumar Paper: Geology

Sl. No.	Rating	Comments	Yes/No	Good	Average	Bad	Remarks
1	5	Depth of Content	✓				
2	5	Quality of Content	✓				
3	5	Clarity of Content	✓				
4	5	Relevance of Content	✓				
5	5	Usefulness of Content	✓				
6	5	Interest of Content	✓				
7	5	Clarity of Presentation	✓				
8	5	Quality of Presentation	✓				
9	5	Usefulness of Presentation	✓				
10	5	Interest of Presentation	✓				

**Student Feedback Form for Teacher Office**  
 Name of Teacher: Rohit Kumar Paper: Geology

Sl. No.	Rating	Comments	Yes/No	Good	Average	Bad	Remarks
1	5	Availability of Feedback	✓				
2	5	Frequency of Feedback	✓				
3	5	Quality of Feedback	✓				
4	5	Usefulness of Feedback	✓				
5	5	Interest of Feedback	✓				

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Mandira Chandra Singh Father's name: Mandir Chandra Singh  
 Class: B.Sc - II Subject: Bio Enrolled in: \_\_\_\_\_  
 Faculty Science (McCombs) PG. Box 111118 IV. Date: 2019-19

**Student Feedback Form for Teacher**  
 Name of Teacher: Prabhu Patel Page: 1<sup>st</sup> and 2<sup>nd</sup> Botany

Sl. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content		<input checked="" type="checkbox"/>			
2	Quality of Content		<input checked="" type="checkbox"/>			
3	Clarity of Content		<input checked="" type="checkbox"/>			
4	Relevance of Content		<input checked="" type="checkbox"/>			
5	Use of Examples		<input checked="" type="checkbox"/>			
6	Use of Diagrams		<input checked="" type="checkbox"/>			
7	Use of References		<input checked="" type="checkbox"/>			
8	Use of Assignments		<input checked="" type="checkbox"/>			
9	Use of Laboratory		<input checked="" type="checkbox"/>			
10	Use of Fieldwork		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher Office**  
 Name of Teacher: Prabhu Patel Page: \_\_\_\_\_

Sl. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Availability of Books		<input checked="" type="checkbox"/>			
2	Availability of Journals		<input checked="" type="checkbox"/>			
3	Availability of Reference Materials		<input checked="" type="checkbox"/>			
4	Availability of Laboratory Equipment		<input checked="" type="checkbox"/>			
5	Availability of Fieldwork Equipment		<input checked="" type="checkbox"/>			

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Arushi Singh Father's name: Chaitanya Singh  
 Class: B.Sc - II Subject: Bio Enrolled in: \_\_\_\_\_  
 Faculty Science (McCombs) PG. Box 111118 IV. Date: 2019-19

**Student Feedback Form for Teacher**  
 Name of Teacher: A. Patel Sir Page: 1<sup>st</sup> and 2<sup>nd</sup> Botany

Sl. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content		<input checked="" type="checkbox"/>			
2	Quality of Content		<input checked="" type="checkbox"/>			
3	Clarity of Content		<input checked="" type="checkbox"/>			
4	Relevance of Content		<input checked="" type="checkbox"/>			
5	Use of Examples		<input checked="" type="checkbox"/>			
6	Use of Diagrams		<input checked="" type="checkbox"/>			
7	Use of References		<input checked="" type="checkbox"/>			
8	Use of Assignments		<input checked="" type="checkbox"/>			
9	Use of Laboratory		<input checked="" type="checkbox"/>			
10	Use of Fieldwork		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher Office**  
 Name of Teacher: S. S. Singh Page: English

Sl. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Availability of Books		<input checked="" type="checkbox"/>			
2	Availability of Journals		<input checked="" type="checkbox"/>			
3	Availability of Reference Materials		<input checked="" type="checkbox"/>			
4	Availability of Laboratory Equipment		<input checked="" type="checkbox"/>			
5	Availability of Fieldwork Equipment		<input checked="" type="checkbox"/>			

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Lakshya Singh Father's name: S. S. Singh  
 Class: B.Sc - II Subject: Bio Enrolled in: \_\_\_\_\_  
 Faculty Science (McCombs) PG. Box 111118 IV. Date: 2019-19

**Student Feedback Form for Teacher**  
 Name of Teacher: A. Patel Sir Page: Botany

Sl. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content		<input checked="" type="checkbox"/>			
2	Quality of Content		<input checked="" type="checkbox"/>			
3	Clarity of Content		<input checked="" type="checkbox"/>			
4	Relevance of Content		<input checked="" type="checkbox"/>			
5	Use of Examples		<input checked="" type="checkbox"/>			
6	Use of Diagrams		<input checked="" type="checkbox"/>			
7	Use of References		<input checked="" type="checkbox"/>			
8	Use of Assignments		<input checked="" type="checkbox"/>			
9	Use of Laboratory		<input checked="" type="checkbox"/>			
10	Use of Fieldwork		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher Office**  
 Name of Teacher: A. Patel Sir Page: English

Sl. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Availability of Books		<input checked="" type="checkbox"/>			
2	Availability of Journals		<input checked="" type="checkbox"/>			
3	Availability of Reference Materials		<input checked="" type="checkbox"/>			
4	Availability of Laboratory Equipment		<input checked="" type="checkbox"/>			
5	Availability of Fieldwork Equipment		<input checked="" type="checkbox"/>			

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Arushi Singh Father's name: Chaitanya Singh  
 Class: B.Sc - II Subject: Biology Enrolled in: \_\_\_\_\_  
 Faculty Science (McCombs) PG. Box 111118 IV. Date: 2019-19

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anand Kumar Page: English

Sl. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content		<input checked="" type="checkbox"/>			
2	Quality of Content		<input checked="" type="checkbox"/>			
3	Clarity of Content		<input checked="" type="checkbox"/>			
4	Relevance of Content		<input checked="" type="checkbox"/>			
5	Use of Examples		<input checked="" type="checkbox"/>			
6	Use of Diagrams		<input checked="" type="checkbox"/>			
7	Use of References		<input checked="" type="checkbox"/>			
8	Use of Assignments		<input checked="" type="checkbox"/>			
9	Use of Laboratory		<input checked="" type="checkbox"/>			
10	Use of Fieldwork		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher Office**  
 Name of Teacher: Dr. Anand Kumar Page: English

Sl. No.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Availability of Books		<input checked="" type="checkbox"/>			
2	Availability of Journals		<input checked="" type="checkbox"/>			
3	Availability of Reference Materials		<input checked="" type="checkbox"/>			
4	Availability of Laboratory Equipment		<input checked="" type="checkbox"/>			
5	Availability of Fieldwork Equipment		<input checked="" type="checkbox"/>			

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Arjun Singh Roll No: 201801001  
 Class: B.Sc. II year Subject: Bio Date: 20/12/2019  
 Faculty Name: Dr. Anand Kumar PG Cell: 118/11/19 Section: 2018-19

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anand Kumar  
 Paper: Biology

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Clarity of Content					
3	Relevance of Content					
4	Clarity of Language					
5	Clarity of Examples					
6	Clarity of Diagrams					
7	Clarity of Tables					
8	Clarity of Equations					
9	Clarity of References					
10	Clarity of Bibliography					

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anand Kumar  
 Paper: Zoology

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Clarity of Content					
3	Relevance of Content					
4	Clarity of Language					
5	Clarity of Examples					
6	Clarity of Diagrams					
7	Clarity of Tables					
8	Clarity of Equations					
9	Clarity of References					
10	Clarity of Bibliography					

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anand Kumar  
 Paper: English

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Clarity of Content					
3	Relevance of Content					
4	Clarity of Language					
5	Clarity of Examples					
6	Clarity of Diagrams					
7	Clarity of Tables					
8	Clarity of Equations					
9	Clarity of References					
10	Clarity of Bibliography					

**Student Feedback Form for Teacher/Officer**

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Availability of Books					
2	Availability of Journals					
3	Availability of Reference Materials					
4	Availability of Internet Facilities					

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Arjun Singh Roll No: 201801001  
 Class: B.Sc. II year Subject: Bio Date: 20/12/2019  
 Faculty Name: Dr. Anand Kumar PG Cell: 118/11/19 Section: 2018-19

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anand Kumar  
 Paper: Biology

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Clarity of Content					
3	Relevance of Content					
4	Clarity of Language					
5	Clarity of Examples					
6	Clarity of Diagrams					
7	Clarity of Tables					
8	Clarity of Equations					
9	Clarity of References					
10	Clarity of Bibliography					

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anand Kumar  
 Paper: Zoology

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Clarity of Content					
3	Relevance of Content					
4	Clarity of Language					
5	Clarity of Examples					
6	Clarity of Diagrams					
7	Clarity of Tables					
8	Clarity of Equations					
9	Clarity of References					
10	Clarity of Bibliography					

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anand Kumar  
 Paper: English

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Clarity of Content					
3	Relevance of Content					
4	Clarity of Language					
5	Clarity of Examples					
6	Clarity of Diagrams					
7	Clarity of Tables					
8	Clarity of Equations					
9	Clarity of References					
10	Clarity of Bibliography					

**Student Feedback Form for Teacher/Officer**

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Availability of Books					
2	Availability of Journals					
3	Availability of Reference Materials					
4	Availability of Internet Facilities					

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Arjun Singh Roll No: 201801001  
 Class: B.Sc. II year Subject: Bio Date: 20/12/2019  
 Faculty Name: Dr. Anand Kumar PG Cell: 118/11/19 Section: 2018-19

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anand Kumar  
 Paper: Biology

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Clarity of Content					
3	Relevance of Content					
4	Clarity of Language					
5	Clarity of Examples					
6	Clarity of Diagrams					
7	Clarity of Tables					
8	Clarity of Equations					
9	Clarity of References					
10	Clarity of Bibliography					

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anand Kumar  
 Paper: Zoology

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Clarity of Content					
3	Relevance of Content					
4	Clarity of Language					
5	Clarity of Examples					
6	Clarity of Diagrams					
7	Clarity of Tables					
8	Clarity of Equations					
9	Clarity of References					
10	Clarity of Bibliography					

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anand Kumar  
 Paper: English

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Clarity of Content					
3	Relevance of Content					
4	Clarity of Language					
5	Clarity of Examples					
6	Clarity of Diagrams					
7	Clarity of Tables					
8	Clarity of Equations					
9	Clarity of References					
10	Clarity of Bibliography					

**Student Feedback Form for Teacher/Officer**

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Availability of Books					
2	Availability of Journals					
3	Availability of Reference Materials					
4	Availability of Internet Facilities					

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratik Mishra Father's name: Shri. Shantilal Mishra  
 Class: B.T. (B.T. Engg) Roll No.: 201600143  
 Faculty/Section/Instructor: Science, PG Dept. IITBKT Date: 20/3-2019

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
 Name of Teacher: Prof. Jyoti Singh      Name of Teacher: Prof. Ashwini Patel  
 Paper: Topology      Paper: B.T.MTY

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content	<input checked="" type="checkbox"/>				
2	Quality of content	<input checked="" type="checkbox"/>				
3	Relevance of content	<input checked="" type="checkbox"/>				
4	Clarity of content	<input checked="" type="checkbox"/>				
5	Language	<input checked="" type="checkbox"/>				
6	Accuracy	<input checked="" type="checkbox"/>				
7	Timeliness	<input checked="" type="checkbox"/>				
8	Availability of material	<input checked="" type="checkbox"/>				

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content	<input checked="" type="checkbox"/>				
2	Quality of content	<input checked="" type="checkbox"/>				
3	Relevance of content	<input checked="" type="checkbox"/>				
4	Clarity of content	<input checked="" type="checkbox"/>				
5	Language	<input checked="" type="checkbox"/>				
6	Accuracy	<input checked="" type="checkbox"/>				
7	Timeliness	<input checked="" type="checkbox"/>				
8	Availability of material	<input checked="" type="checkbox"/>				

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher Office**  
 Name of Teacher: Prof. Jyoti Singh      Name of Teacher Office: 1  
 Paper: Chemistry

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content	<input checked="" type="checkbox"/>				
2	Quality of content	<input checked="" type="checkbox"/>				
3	Relevance of content	<input checked="" type="checkbox"/>				
4	Clarity of content	<input checked="" type="checkbox"/>				
5	Language	<input checked="" type="checkbox"/>				
6	Accuracy	<input checked="" type="checkbox"/>				
7	Timeliness	<input checked="" type="checkbox"/>				
8	Availability of material	<input checked="" type="checkbox"/>				

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Monitoring Students					
2	Participation in class					
3	Interest of class					
4	Timeliness					

*Pratik Mishra*

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratik Mishra Father's name: Shri. Shantilal Mishra  
 Class: B.T. (B.T. Engg) Roll No.: 201600143  
 Faculty/Section/Instructor: Science, PG Dept. IITBKT Date: 20/3-2019

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
 Name of Teacher: Prof. Jyoti Singh      Name of Teacher: Prof. Ashwini Patel  
 Paper: Topology      Paper: B.T.MTY

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content	<input checked="" type="checkbox"/>				
2	Quality of content	<input checked="" type="checkbox"/>				
3	Relevance of content	<input checked="" type="checkbox"/>				
4	Clarity of content	<input checked="" type="checkbox"/>				
5	Language	<input checked="" type="checkbox"/>				
6	Accuracy	<input checked="" type="checkbox"/>				
7	Timeliness	<input checked="" type="checkbox"/>				
8	Availability of material	<input checked="" type="checkbox"/>				

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content	<input checked="" type="checkbox"/>				
2	Quality of content	<input checked="" type="checkbox"/>				
3	Relevance of content	<input checked="" type="checkbox"/>				
4	Clarity of content	<input checked="" type="checkbox"/>				
5	Language	<input checked="" type="checkbox"/>				
6	Accuracy	<input checked="" type="checkbox"/>				
7	Timeliness	<input checked="" type="checkbox"/>				
8	Availability of material	<input checked="" type="checkbox"/>				

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher Office**  
 Name of Teacher: Prof. Jyoti Singh      Name of Teacher Office: 1  
 Paper: Chemistry

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content	<input checked="" type="checkbox"/>				
2	Quality of content	<input checked="" type="checkbox"/>				
3	Relevance of content	<input checked="" type="checkbox"/>				
4	Clarity of content	<input checked="" type="checkbox"/>				
5	Language	<input checked="" type="checkbox"/>				
6	Accuracy	<input checked="" type="checkbox"/>				
7	Timeliness	<input checked="" type="checkbox"/>				
8	Availability of material	<input checked="" type="checkbox"/>				

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Monitoring Students					
2	Participation in class					
3	Interest of class					
4	Timeliness					

*Pratik Mishra*

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of the teacher: Shilpa Lamba      Faculty name: Sanskrit  
Class: B.A. Part II      Semester: 2020-21  
Faculty Name: Shilpa Lamba      PG No: 111101      Date: 21/3/2021

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
Name of Teacher: Prof. Sarita Saha      Name of Teacher: Prof. Anubrata Pal  
Page: \_\_\_\_\_      Page: 101111

S. No.	Rating	Excellent	Very Good	Good	Fair	Poor	Very Poor
1	Clear objectives of the course						
2	Quality of content						
3	Relevance of content						
4	Quality of teaching						
5	Availability of resources						
6	Quality of assessment						
7	Availability of feedback						
8	Overall						

S. No.	Rating	Excellent	Very Good	Good	Fair	Poor	Very Poor
1	Clear objectives of the course						
2	Quality of content						
3	Relevance of content						
4	Quality of teaching						
5	Availability of resources						
6	Quality of assessment						
7	Availability of feedback						
8	Overall						

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher/Office**  
Name of Teacher: Prof. Lakshmi Chandra      Name: \_\_\_\_\_  
Page: 101111      Page: \_\_\_\_\_

S. No.	Rating	Excellent	Very Good	Good	Fair	Poor	Very Poor
1	Clear objectives of the course						
2	Quality of content						
3	Relevance of content						
4	Quality of teaching						
5	Availability of resources						
6	Quality of assessment						
7	Availability of feedback						
8	Overall						

S. No.	Rating	Excellent	Very Good	Good	Fair	Poor	Very Poor
1	Availability of resources						
2	Quality of content						
3	Relevance of content						
4	Quality of teaching						
5	Availability of resources						
6	Quality of assessment						
7	Availability of feedback						
8	Overall						

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of the teacher: Shashirekha Dey      Faculty name: Bachchan  
Class: B.A. Part II      Semester: 2020-21  
Faculty Name: Shashirekha Dey      PG No: 111101      Date: 20/3/21

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
Name of Teacher: Dr. P. K. Das      Name of Teacher: S. Das  
Page: 101111      Page: 101111

S. No.	Rating	Excellent	Very Good	Good	Fair	Poor	Very Poor
1	Clear objectives of the course						
2	Quality of content						
3	Relevance of content						
4	Quality of teaching						
5	Availability of resources						
6	Quality of assessment						
7	Availability of feedback						
8	Overall						

S. No.	Rating	Excellent	Very Good	Good	Fair	Poor	Very Poor
1	Clear objectives of the course						
2	Quality of content						
3	Relevance of content						
4	Quality of teaching						
5	Availability of resources						
6	Quality of assessment						
7	Availability of feedback						
8	Overall						

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher/Office**  
Name of Teacher: P. K. Das      Name: \_\_\_\_\_  
Page: 101111      Page: \_\_\_\_\_

S. No.	Rating	Excellent	Very Good	Good	Fair	Poor	Very Poor
1	Clear objectives of the course						
2	Quality of content						
3	Relevance of content						
4	Quality of teaching						
5	Availability of resources						
6	Quality of assessment						
7	Availability of feedback						
8	Overall						

S. No.	Rating	Excellent	Very Good	Good	Fair	Poor	Very Poor
1	Availability of resources						
2	Quality of content						
3	Relevance of content						
4	Quality of teaching						
5	Availability of resources						
6	Quality of assessment						
7	Availability of feedback						
8	Overall						

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: PRADYUMN Roll No: 2019100005  
 Class: B.A. POLITICAL SCIENCE Semester: B.A. POLITICAL SCIENCE  
 Faculty Name/Department: PAT PG Date: 11/11/20 Section: 1019-19

**Student Feedback Form for Teacher**  
 Name of Teacher: J.R. KADAM  
 Page: political science

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anil Jadhav  
 Page: Political Science

S. No.	Items	Teacher's Rating	PG Date	Class	Section	Teacher's Signature
1	Quality of Lecture	5				
2	Quality of Content	5				
3	Clarity of Presentation	5				
4	Use of Audio Visual Aids	5				
5	Use of Blackboard	5				
6	Use of PPT	5				
7	Use of Handouts	5				
8	Use of Library	5				
9	Use of Internet	5				
10	Use of E-mail	5				

S. No.	Items	Teacher's Rating	PG Date	Class	Section	Teacher's Signature
1	Quality of Lecture	5				
2	Quality of Content	5				
3	Clarity of Presentation	5				
4	Use of Audio Visual Aids	5				
5	Use of Blackboard	5				
6	Use of PPT	5				
7	Use of Handouts	5				
8	Use of Library	5				
9	Use of Internet	5				
10	Use of E-mail	5				

**Student Feedback Form for Teacher**  
 Name of Teacher: DR. ANIL JADHAV  
 Page: Political Science

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anil Jadhav  
 Page: Political Science

S. No.	Items	Teacher's Rating	PG Date	Class	Section	Teacher's Signature
1	Quality of Lecture	5				
2	Quality of Content	5				
3	Clarity of Presentation	5				
4	Use of Audio Visual Aids	5				
5	Use of Blackboard	5				
6	Use of PPT	5				
7	Use of Handouts	5				
8	Use of Library	5				
9	Use of Internet	5				
10	Use of E-mail	5				

S. No.	Items	Teacher's Rating	PG Date	Class	Section	Teacher's Signature
1	Quality of Lecture	5				
2	Quality of Content	5				
3	Clarity of Presentation	5				
4	Use of Audio Visual Aids	5				
5	Use of Blackboard	5				
6	Use of PPT	5				
7	Use of Handouts	5				
8	Use of Library	5				
9	Use of Internet	5				
10	Use of E-mail	5				

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: ANURAG KUMAR Roll No: 2019100005  
 Class: B.A. POLITICAL SCIENCE Semester: B.A. POLITICAL SCIENCE  
 Faculty Name/Department: PAT PG Date: 11/11/20 Section: 1019-19

**Student Feedback Form for Teacher**  
 Name of Teacher: M. K. Saha  
 Page: \_\_\_\_\_

**Student Feedback Form for Teacher**  
 Name of Teacher: P. B. Saha  
 Page: \_\_\_\_\_

S. No.	Items	Teacher's Rating	PG Date	Class	Section	Teacher's Signature
1	Quality of Lecture	5				
2	Quality of Content	5				
3	Clarity of Presentation	5				
4	Use of Audio Visual Aids	5				
5	Use of Blackboard	5				
6	Use of PPT	5				
7	Use of Handouts	5				
8	Use of Library	5				
9	Use of Internet	5				
10	Use of E-mail	5				

S. No.	Items	Teacher's Rating	PG Date	Class	Section	Teacher's Signature
1	Quality of Lecture	5				
2	Quality of Content	5				
3	Clarity of Presentation	5				
4	Use of Audio Visual Aids	5				
5	Use of Blackboard	5				
6	Use of PPT	5				
7	Use of Handouts	5				
8	Use of Library	5				
9	Use of Internet	5				
10	Use of E-mail	5				

**Student Feedback Form for Teacher**  
 Name of Teacher: J. Saha  
 Page: \_\_\_\_\_

**Student Feedback Form for Teacher**  
 Name of Teacher: J. Saha  
 Page: \_\_\_\_\_

S. No.	Items	Teacher's Rating	PG Date	Class	Section	Teacher's Signature
1	Quality of Lecture	5				
2	Quality of Content	5				
3	Clarity of Presentation	5				
4	Use of Audio Visual Aids	5				
5	Use of Blackboard	5				
6	Use of PPT	5				
7	Use of Handouts	5				
8	Use of Library	5				
9	Use of Internet	5				
10	Use of E-mail	5				

S. No.	Items	Teacher's Rating	PG Date	Class	Section	Teacher's Signature
1	Quality of Lecture	5				
2	Quality of Content	5				
3	Clarity of Presentation	5				
4	Use of Audio Visual Aids	5				
5	Use of Blackboard	5				
6	Use of PPT	5				
7	Use of Handouts	5				
8	Use of Library	5				
9	Use of Internet	5				
10	Use of E-mail	5				

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Abhinav Singh Father's name: Umesh Singh  
 Class: B.Com III Subject: Accounting Roll No: 201819  
 Date: 20/10/19

**Student Feedback Form for Teacher**

Name of Teacher: L. K. Sahai

Page: \_\_\_\_\_

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Level of content		<input checked="" type="checkbox"/>			
2	Level of presentation		<input checked="" type="checkbox"/>			
3	Clarity of explanation		<input checked="" type="checkbox"/>			
4	Clarity of examples		<input checked="" type="checkbox"/>			
5	Clarity of assignments		<input checked="" type="checkbox"/>			
6	Clarity of class discussion		<input checked="" type="checkbox"/>			
7	Clarity of class activities		<input checked="" type="checkbox"/>			
8	Clarity of class projects		<input checked="" type="checkbox"/>			
9	Clarity of class assignments		<input checked="" type="checkbox"/>			
10	Clarity of class projects		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher**

Name of Teacher: P. K. Chakrabarti

Page: \_\_\_\_\_

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Level of content		<input checked="" type="checkbox"/>			
2	Level of presentation		<input checked="" type="checkbox"/>			
3	Clarity of explanation		<input checked="" type="checkbox"/>			
4	Clarity of examples		<input checked="" type="checkbox"/>			
5	Clarity of assignments		<input checked="" type="checkbox"/>			
6	Clarity of class discussion		<input checked="" type="checkbox"/>			
7	Clarity of class activities		<input checked="" type="checkbox"/>			
8	Clarity of class projects		<input checked="" type="checkbox"/>			
9	Clarity of class assignments		<input checked="" type="checkbox"/>			
10	Clarity of class projects		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher**

Name of Teacher: L. K. Sahai

Page: \_\_\_\_\_

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Level of content		<input checked="" type="checkbox"/>			
2	Level of presentation		<input checked="" type="checkbox"/>			
3	Clarity of explanation		<input checked="" type="checkbox"/>			
4	Clarity of examples		<input checked="" type="checkbox"/>			
5	Clarity of assignments		<input checked="" type="checkbox"/>			
6	Clarity of class discussion		<input checked="" type="checkbox"/>			
7	Clarity of class activities		<input checked="" type="checkbox"/>			
8	Clarity of class projects		<input checked="" type="checkbox"/>			
9	Clarity of class assignments		<input checked="" type="checkbox"/>			
10	Clarity of class projects		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher/Office**

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Availability of class material		<input checked="" type="checkbox"/>			
2	Availability of class projects		<input checked="" type="checkbox"/>			
3	Availability of class assignments		<input checked="" type="checkbox"/>			
4	Availability of class projects		<input checked="" type="checkbox"/>			

Signature: [Signature]  
 Date: 20/10/19  
 Page No: 201819

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: ADARSH KUMAR Father's name: G. R. P. P. P.  
 Class: B.COM Subject: Accounting Roll No: 201819  
 Date: 20/10/19

**Student Feedback Form for Teacher**

Name of Teacher: M. N. G. B. S. S. S.

Page: \_\_\_\_\_

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Level of content		<input checked="" type="checkbox"/>			
2	Level of presentation		<input checked="" type="checkbox"/>			
3	Clarity of explanation		<input checked="" type="checkbox"/>			
4	Clarity of examples		<input checked="" type="checkbox"/>			
5	Clarity of assignments		<input checked="" type="checkbox"/>			
6	Clarity of class discussion		<input checked="" type="checkbox"/>			
7	Clarity of class activities		<input checked="" type="checkbox"/>			
8	Clarity of class projects		<input checked="" type="checkbox"/>			
9	Clarity of class assignments		<input checked="" type="checkbox"/>			
10	Clarity of class projects		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher**

Name of Teacher: [Signature]

Page: \_\_\_\_\_

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Level of content		<input checked="" type="checkbox"/>			
2	Level of presentation		<input checked="" type="checkbox"/>			
3	Clarity of explanation		<input checked="" type="checkbox"/>			
4	Clarity of examples		<input checked="" type="checkbox"/>			
5	Clarity of assignments		<input checked="" type="checkbox"/>			
6	Clarity of class discussion		<input checked="" type="checkbox"/>			
7	Clarity of class activities		<input checked="" type="checkbox"/>			
8	Clarity of class projects		<input checked="" type="checkbox"/>			
9	Clarity of class assignments		<input checked="" type="checkbox"/>			
10	Clarity of class projects		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher**

Name of Teacher: M. L. S. S. S.

Page: \_\_\_\_\_

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Level of content		<input checked="" type="checkbox"/>			
2	Level of presentation		<input checked="" type="checkbox"/>			
3	Clarity of explanation		<input checked="" type="checkbox"/>			
4	Clarity of examples		<input checked="" type="checkbox"/>			
5	Clarity of assignments		<input checked="" type="checkbox"/>			
6	Clarity of class discussion		<input checked="" type="checkbox"/>			
7	Clarity of class activities		<input checked="" type="checkbox"/>			
8	Clarity of class projects		<input checked="" type="checkbox"/>			
9	Clarity of class assignments		<input checked="" type="checkbox"/>			
10	Clarity of class projects		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher/Office**

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Availability of class material		<input checked="" type="checkbox"/>			
2	Availability of class projects		<input checked="" type="checkbox"/>			
3	Availability of class assignments		<input checked="" type="checkbox"/>			
4	Availability of class projects		<input checked="" type="checkbox"/>			

Signature: [Signature]  
 Date: 20/10/19  
 Page No: 201819

**M. G. ARTS & SCIENCE COLLEGE KHARSA (C.G.)**  
Student Feedback Form

Name of Student: YOUSUFU, GABEL Roll Number: 2015AN0000101  
 Class: B.A. POLY Subject: INDIAN HISTORY Feedback to: \_\_\_\_\_  
 Faculty/Coordinator: AST PG No: 11/3/21 Date: 2018-18

**Student Feedback Form for Teacher**  
 Name of Teacher: S. D. DUDHAY  
 Page: OPARISHAD, KARVA

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. P. V. JADON  
 Page: SHARDA, KARVA

S. No.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of Content	<input checked="" type="checkbox"/>				
2	Quality of Delivery	<input checked="" type="checkbox"/>				
3	Clarity of Presentation	<input checked="" type="checkbox"/>				
4	Use of Audio Visual Aids	<input checked="" type="checkbox"/>				
5	Use of Blackboard	<input checked="" type="checkbox"/>				
6	Use of Library	<input checked="" type="checkbox"/>				
7	Use of Reference Books	<input checked="" type="checkbox"/>				
8	Use of Journals	<input checked="" type="checkbox"/>				
9	Use of Newspapers	<input checked="" type="checkbox"/>				
10	Use of Magazines	<input checked="" type="checkbox"/>				

S. No.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of Content	<input checked="" type="checkbox"/>				
2	Quality of Delivery	<input checked="" type="checkbox"/>				
3	Clarity of Presentation	<input checked="" type="checkbox"/>				
4	Use of Audio Visual Aids	<input checked="" type="checkbox"/>				
5	Use of Blackboard	<input checked="" type="checkbox"/>				
6	Use of Library	<input checked="" type="checkbox"/>				
7	Use of Reference Books	<input checked="" type="checkbox"/>				
8	Use of Journals	<input checked="" type="checkbox"/>				
9	Use of Newspapers	<input checked="" type="checkbox"/>				
10	Use of Magazines	<input checked="" type="checkbox"/>				

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. D. D. DUDHAY  
 Page: OPARISHAD, KARVA

**Student Feedback Form for Teacher Office**

S. No.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of Content	<input checked="" type="checkbox"/>				
2	Quality of Delivery	<input checked="" type="checkbox"/>				
3	Clarity of Presentation	<input checked="" type="checkbox"/>				
4	Use of Audio Visual Aids	<input checked="" type="checkbox"/>				
5	Use of Blackboard	<input checked="" type="checkbox"/>				
6	Use of Library	<input checked="" type="checkbox"/>				
7	Use of Reference Books	<input checked="" type="checkbox"/>				
8	Use of Journals	<input checked="" type="checkbox"/>				
9	Use of Newspapers	<input checked="" type="checkbox"/>				
10	Use of Magazines	<input checked="" type="checkbox"/>				

S. No.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of Content	<input checked="" type="checkbox"/>				
2	Quality of Delivery	<input checked="" type="checkbox"/>				
3	Clarity of Presentation	<input checked="" type="checkbox"/>				
4	Use of Audio Visual Aids	<input checked="" type="checkbox"/>				
5	Use of Blackboard	<input checked="" type="checkbox"/>				
6	Use of Library	<input checked="" type="checkbox"/>				
7	Use of Reference Books	<input checked="" type="checkbox"/>				
8	Use of Journals	<input checked="" type="checkbox"/>				
9	Use of Newspapers	<input checked="" type="checkbox"/>				
10	Use of Magazines	<input checked="" type="checkbox"/>				

**M. G. ARTS & SCIENCE COLLEGE KHARSA (C.G.)**  
Student Feedback Form

Name of Student: ANITA CHANDRA Roll Number: 2015AN0000101  
 Class: B.A. POLY Subject: INDIAN HISTORY Feedback to: \_\_\_\_\_  
 Faculty/Coordinator: AST PG No: 11/3/21 Date: 2018-18

**Student Feedback Form for Teacher**  
 Name of Teacher: S. D. DUDHAY  
 Page: OPARISHAD, KARVA

**Student Feedback Form for Teacher**  
 Name of Teacher: S. D. DUDHAY  
 Page: OPARISHAD, KARVA

S. No.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of Content	<input checked="" type="checkbox"/>				
2	Quality of Delivery	<input checked="" type="checkbox"/>				
3	Clarity of Presentation	<input checked="" type="checkbox"/>				
4	Use of Audio Visual Aids	<input checked="" type="checkbox"/>				
5	Use of Blackboard	<input checked="" type="checkbox"/>				
6	Use of Library	<input checked="" type="checkbox"/>				
7	Use of Reference Books	<input checked="" type="checkbox"/>				
8	Use of Journals	<input checked="" type="checkbox"/>				
9	Use of Newspapers	<input checked="" type="checkbox"/>				
10	Use of Magazines	<input checked="" type="checkbox"/>				

S. No.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of Content	<input checked="" type="checkbox"/>				
2	Quality of Delivery	<input checked="" type="checkbox"/>				
3	Clarity of Presentation	<input checked="" type="checkbox"/>				
4	Use of Audio Visual Aids	<input checked="" type="checkbox"/>				
5	Use of Blackboard	<input checked="" type="checkbox"/>				
6	Use of Library	<input checked="" type="checkbox"/>				
7	Use of Reference Books	<input checked="" type="checkbox"/>				
8	Use of Journals	<input checked="" type="checkbox"/>				
9	Use of Newspapers	<input checked="" type="checkbox"/>				
10	Use of Magazines	<input checked="" type="checkbox"/>				

**Student Feedback Form for Teacher**  
 Name of Teacher: \_\_\_\_\_  
 Page: \_\_\_\_\_

**Student Feedback Form for Teacher Office**

S. No.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of Content	<input checked="" type="checkbox"/>				
2	Quality of Delivery	<input checked="" type="checkbox"/>				
3	Clarity of Presentation	<input checked="" type="checkbox"/>				
4	Use of Audio Visual Aids	<input checked="" type="checkbox"/>				
5	Use of Blackboard	<input checked="" type="checkbox"/>				
6	Use of Library	<input checked="" type="checkbox"/>				
7	Use of Reference Books	<input checked="" type="checkbox"/>				
8	Use of Journals	<input checked="" type="checkbox"/>				
9	Use of Newspapers	<input checked="" type="checkbox"/>				
10	Use of Magazines	<input checked="" type="checkbox"/>				

S. No.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Quality of Content	<input checked="" type="checkbox"/>				
2	Quality of Delivery	<input checked="" type="checkbox"/>				
3	Clarity of Presentation	<input checked="" type="checkbox"/>				
4	Use of Audio Visual Aids	<input checked="" type="checkbox"/>				
5	Use of Blackboard	<input checked="" type="checkbox"/>				
6	Use of Library	<input checked="" type="checkbox"/>				
7	Use of Reference Books	<input checked="" type="checkbox"/>				
8	Use of Journals	<input checked="" type="checkbox"/>				
9	Use of Newspapers	<input checked="" type="checkbox"/>				
10	Use of Magazines	<input checked="" type="checkbox"/>				



**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**

Student Feedback Form

Name of Student: DIPANJAN Father's name: TRIPATI RAMCHANDRA SINGH  
 Date: 10/06/2022 Semester: II  
 Faculty: Science PG No: 11111111 Section: 2022/2021

**Student Feedback Form for Teacher** Name of Teacher: Madam. Kishore Chandra  
**Student Feedback Form by Teacher** Name of Teacher: Chandraya Kishore  
 Paper: Advanced Chemistry Year: Ph.D. / M.Sc. / B.Sc.

Sr.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Qualification of Teacher					
2	Subject covered					
3	Methodology adopted					
4	Language used					
5	Availability of Lab					
6	Class					
7	Teaching Methodology used in laboratory					

**Student Feedback Form for Teacher** Name of Teacher: Madam. Kishore Chandra  
**Student Feedback Form by Teacher** Name of Teacher: Chandraya Kishore  
 Paper: Advanced Chemistry Year: Ph.D. / M.Sc. / B.Sc.

Sr.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Qualification of Teacher					
2	Subject covered					
3	Methodology adopted					
4	Language used					
5	Availability of Lab					
6	Class					
7	Teaching Methodology used in laboratory					

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**

Student Feedback Form

Name of Student: DIPANJAN Father's name: TRIPATI RAMCHANDRA SINGH  
 Date: 10/06/2022 Semester: II  
 Faculty: Science PG No: 11111111 Section: 2022/2021

**Student Feedback Form for Teacher** Name of Teacher: Mr. Chandra Shekhar  
**Student Feedback Form by Teacher** Name of Teacher: E. K. Chandra Shekhar  
 Paper: Advanced Chemistry Year: Ph.D. / M.Sc. / B.Sc.

Sr.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Qualification of Teacher					
2	Subject covered					
3	Methodology adopted					
4	Language used					
5	Availability of Lab					
6	Class					
7	Teaching Methodology used in laboratory					

**Student Feedback Form for Teacher** Name of Teacher: Mr. Chandra Shekhar  
**Student Feedback Form by Teacher** Name of Teacher: E. K. Chandra Shekhar  
 Paper: Advanced Chemistry Year: Ph.D. / M.Sc. / B.Sc.

Sr.	Items	Excellent	Very Good	Good	Satisfactory	Not Satisfactory
1	Qualification of Teacher					
2	Subject covered					
3	Methodology adopted					
4	Language used					
5	Availability of Lab					
6	Class					
7	Teaching Methodology used in laboratory					

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (G.G.)**  
Student Feedback Form

Name of Teacher: Dr. R. K. Mishra Father's name: Ramesh Chandra  
 Date: 12/02/2019 Subject: Physical Education Evaluation by:  
 Faculty concerned: Dr. S. K. Mishra Date: 2019-02-12

**Student Feedback Form for Teacher**

Name of Teacher: Dr. R. K. Mishra  
 Paper: Physical Education

S. No.	Items	Excellent	Good	Average	Below Average	Not Satisfactory
1	Subject content					
2	Subject content					
3	Subject content					
4	Subject content					
5	Subject content					
6	Subject content					
7	Subject content					
8	Subject content					
9	Subject content					
10	Subject content					

**Student Feedback Form for Teacher**

Name of Teacher: Dr. P. K. Mishra  
 Paper: Physical Education

S. No.	Items	Excellent	Good	Average	Below Average	Not Satisfactory
1	Subject content					
2	Subject content					
3	Subject content					
4	Subject content					
5	Subject content					
6	Subject content					
7	Subject content					
8	Subject content					
9	Subject content					
10	Subject content					

**Student Feedback Form for Teacher**

Name of Teacher: Dr. P. K. Mishra  
 Paper: Physical Education

S. No.	Items	Excellent	Good	Average	Below Average	Not Satisfactory
1	Subject content					
2	Subject content					
3	Subject content					
4	Subject content					
5	Subject content					
6	Subject content					
7	Subject content					
8	Subject content					
9	Subject content					
10	Subject content					

**Student Feedback Form for Teacher/Officer**

S. No.	Items	Excellent	Good	Average	Below Average	Not Satisfactory
1	Subject content					
2	Subject content					
3	Subject content					
4	Subject content					
5	Subject content					

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (G.G.)**  
Student Feedback Form

Name of Teacher: Dr. P. K. Mishra Father's name: Dr. P. K. Mishra  
 Date: 12/02/2019 Subject: Physical Education Evaluation by:  
 Faculty concerned: Dr. S. K. Mishra Date: 2019-02-12

**Student Feedback Form for Teacher**

Name of Teacher: Dr. P. K. Mishra  
 Paper: Physical Education

S. No.	Items	Excellent	Good	Average	Below Average	Not Satisfactory
1	Subject content					
2	Subject content					
3	Subject content					
4	Subject content					
5	Subject content					
6	Subject content					
7	Subject content					
8	Subject content					
9	Subject content					
10	Subject content					

**Student Feedback Form for Teacher**

Name of Teacher: Dr. P. K. Mishra  
 Paper: Physical Education

S. No.	Items	Excellent	Good	Average	Below Average	Not Satisfactory
1	Subject content					
2	Subject content					
3	Subject content					
4	Subject content					
5	Subject content					
6	Subject content					
7	Subject content					
8	Subject content					
9	Subject content					
10	Subject content					

**Student Feedback Form for Teacher**

Name of Teacher: Dr. P. K. Mishra  
 Paper: Physical Education

S. No.	Items	Excellent	Good	Average	Below Average	Not Satisfactory
1	Subject content					
2	Subject content					
3	Subject content					
4	Subject content					
5	Subject content					
6	Subject content					
7	Subject content					
8	Subject content					
9	Subject content					
10	Subject content					

**Student Feedback Form for Teacher/Officer**

S. No.	Items	Excellent	Good	Average	Below Average	Not Satisfactory
1	Subject content					
2	Subject content					
3	Subject content					
4	Subject content					
5	Subject content					

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**

Student Feedback Form

Name of teacher: PRATI, DEVI Name of course: BAHUKI, S-100828  
 Date: 11/11/2019 Subject: ... Semester: ...  
 Faculty: ... PG No: ... Section: 13 13

Student Feedback Form for Teacher

Name of teacher: A. PATEL, S/O  
 Date: 11/11/2019

Student Feedback Form for Teacher

Name of teacher: ...  
 Date: ...

Sr	Items	Teacher	Yes	No	Not Answered
1	Clear objectives of the course				
2	Methods/Content				
3	Progression of the course				
4	Assessment				
5	Feedback				
6	Working relationship with the students				

Sr	Items	Teacher	Yes	No	Not Answered
1	Clear objectives of the course				
2	Methods/Content				
3	Progression of the course				
4	Assessment				
5	Feedback				
6	Working relationship with the students				

Student Feedback Form for Teacher

Name of teacher: ...  
 Date: ...

Student Feedback Form for Teacher Office

Name of teacher: ...  
 Date: ...

Sr	Items	Teacher	Yes	No	Not Answered
1	Clear objectives of the course				
2	Methods/Content				
3	Progression of the course				
4	Assessment				
5	Feedback				
6	Working relationship with the students				

Sr	Items	Teacher	Yes	No	Not Answered
1	Clear objectives of the course				
2	Methods/Content				
3	Progression of the course				
4	Assessment				
5	Feedback				
6	Working relationship with the students				

M. G. ARTS & SCIENCE COLLEGE KHARSIA  
 Dr. G. K. SINGH, Principal  
 Dr. G. K. SINGH, Head of Institution

Signature

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**

Student Feedback Form

Name of teacher: ... Name of course: ...  
 Date: ... Subject: ... Semester: ...  
 Faculty: ... PG No: ... Section: ...

Student Feedback Form for Teacher

Name of teacher: ...  
 Date: ...

Student Feedback Form for Teacher

Name of teacher: ...  
 Date: ...

Sr	Items	Teacher	Yes	No	Not Answered
1	Clear objectives of the course				
2	Methods/Content				
3	Progression of the course				
4	Assessment				
5	Feedback				
6	Working relationship with the students				

Sr	Items	Teacher	Yes	No	Not Answered
1	Clear objectives of the course				
2	Methods/Content				
3	Progression of the course				
4	Assessment				
5	Feedback				
6	Working relationship with the students				

Student Feedback Form for Teacher

Name of teacher: ...  
 Date: ...

Student Feedback Form for Teacher Office

Name of teacher: ...  
 Date: ...

Sr	Items	Teacher	Yes	No	Not Answered
1	Clear objectives of the course				
2	Methods/Content				
3	Progression of the course				
4	Assessment				
5	Feedback				
6	Working relationship with the students				

Sr	Items	Teacher	Yes	No	Not Answered
1	Clear objectives of the course				
2	Methods/Content				
3	Progression of the course				
4	Assessment				
5	Feedback				
6	Working relationship with the students				

M. G. ARTS & SCIENCE COLLEGE KHARSIA  
 Dr. G. K. SINGH, Principal  
 Dr. G. K. SINGH, Head of Institution

Signature

2017-18

**M. G. ARTS & SCIENCE COLLEGE KHARSA (C.O.)**  
Student Feedback Form

Name of Student: ANAY KUMAR Roll No: AAJKUM18A  
 Year: B.Sc. III Subject: Biology Enrolment No: 02SPAS/224/20  
 Name of the Institution: Science P.O. Sec. U.P.I.I.S.V. Section: 17-18

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**Student Feedback Form for Teacher**  
 Name of Teacher: Shanker Jaisi  
 Paper: Zoology

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Clarity of lecture					
2	Clarity of notes					
3	Clarity of assignments					
4	Clarity of questions					
5	Clarity of answers					
6	Clarity of projects					
7	Clarity of seminars					
8	Clarity of assignments					
9	Clarity of projects					
10	Clarity of seminars					

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Shyam Prasad  
 Paper: Biology

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Clarity of lecture					
2	Clarity of notes					
3	Clarity of assignments					
4	Clarity of questions					
5	Clarity of answers					
6	Clarity of projects					
7	Clarity of seminars					
8	Clarity of assignments					
9	Clarity of projects					
10	Clarity of seminars					


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**Student Feedback Form for Teacher**  
 Name of Teacher: Anand Kumar  
 Paper: Chemistry

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Clarity of lecture					
2	Clarity of notes					
3	Clarity of assignments					
4	Clarity of questions					
5	Clarity of answers					
6	Clarity of projects					
7	Clarity of seminars					
8	Clarity of assignments					
9	Clarity of projects					
10	Clarity of seminars					

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Anand Kumar  
 Paper: Chemistry

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Clarity of lecture					
2	Clarity of notes					
3	Clarity of assignments					
4	Clarity of questions					
5	Clarity of answers					
6	Clarity of projects					
7	Clarity of seminars					
8	Clarity of assignments					
9	Clarity of projects					
10	Clarity of seminars					

  
 Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Sangeeta Agrawal Roll No: 20215105130  
 Class: BSC-III Subject: Physics Faculty Name: Dr. P. K. Singh  
 Faculty Name: Dr. P. K. Singh Roll No: 11/18/17 Section: 2011-18

**Student Feedback Form for Teacher**  
 Name of Teacher: M. Lakshmi Chandra  
 Paper: Physics

Sr	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content covered in regard to course	✓				
2	Quality of Lecture	✓				
3	Encouraging students to participate in class	✓				
4	Clarity of explanation	✓				
5	Quality of assignments	✓				
6	Quality of laboratory work	✓				
7	Quality of interaction with students	✓				
8	Quality of response to students' queries	✓				

**Student Feedback Form for Teacher Office**  
 Name of Teacher: M. Lakshmi Chandra  
 Paper: Physics

Sr	Items	Excellent	Very Good	Good	Average	Below Average
1	Availability of books and reference material	✓				
2	Availability of laboratory equipment	✓				
3	Availability of library	✓				
4	Availability of internet facility	✓				
5	Availability of hostel	✓				
6	Availability of canteen	✓				
7	Availability of sports ground	✓				
8	Availability of medical facilities	✓				

Signature of Student: Sangeeta Agrawal  
 Date: 11/18/17

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Prachi Das Roll No: 20215105130  
 Class: BSC-III Subject: Chemistry Faculty Name: Dr. P. K. Singh  
 Faculty Name: Dr. P. K. Singh Roll No: 11/18/17 Section: 2011-18

**Student Feedback Form for Teacher**  
 Name of Teacher: M. Lakshmi Chandra  
 Paper: Chemistry

Sr	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content covered in regard to course	✓				
2	Quality of Lecture	✓				
3	Encouraging students to participate in class	✓				
4	Clarity of explanation	✓				
5	Quality of assignments	✓				
6	Quality of laboratory work	✓				
7	Quality of interaction with students	✓				
8	Quality of response to students' queries	✓				

**Student Feedback Form for Teacher Office**  
 Name of Teacher: M. Lakshmi Chandra  
 Paper: Chemistry

Sr	Items	Excellent	Very Good	Good	Average	Below Average
1	Availability of books and reference material	✓				
2	Availability of laboratory equipment	✓				
3	Availability of library	✓				
4	Availability of internet facility	✓				
5	Availability of hostel	✓				
6	Availability of canteen	✓				
7	Availability of sports ground	✓				
8	Availability of medical facilities	✓				

Signature of Student: Prachi Das  
 Date: 11/18/17

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Dr. Anurag Kumar Singh Name of Teacher: Dr. Anurag Kumar Singh  
 Date: 20/02/2023 Subject: English Roll No.: 2016021423  
 Faculty: English PG No.: 1/1/1/20 Semester: 2022-23

**Student Feedback Form for Teacher**

Name of Teacher: Dr. Anurag Kumar Singh  
 Paper: English

S. No.	Sl. No.	Comments	Yes	No	Average	Remarks
1	1	Quality of Content	✓			
2	2	Quality of Delivery	✓			
3	3	Clarity of Explanation	✓			
4	4	Use of Examples	✓			
5	5	Use of Blackboard	✓			
6	6	Use of PPT	✓			
7	7	Use of Laboratory				

**Student Feedback Form for Teacher**

Name of Teacher: Dr. Anurag Kumar Singh  
 Paper: English

S. No.	Sl. No.	Comments	Yes	No	Average	Remarks
1	1	Quality of Content	✓			
2	2	Quality of Delivery	✓			
3	3	Clarity of Explanation	✓			
4	4	Use of Examples	✓			
5	5	Use of Blackboard	✓			
6	6	Use of PPT	✓			
7	7	Use of Laboratory				

**Student Feedback Form for Teacher**

Name of Teacher: Dr. Anurag Kumar Singh  
 Paper: English

S. No.	Sl. No.	Comments	Yes	No	Average	Remarks
1	1	Quality of Content	✓			
2	2	Quality of Delivery	✓			
3	3	Clarity of Explanation	✓			
4	4	Use of Examples	✓			
5	5	Use of Blackboard	✓			
6	6	Use of PPT	✓			
7	7	Use of Laboratory				

**Student Feedback Form for Teacher Office**

Name of Teacher: Dr. Anurag Kumar Singh  
 Paper: English

S. No.	Sl. No.	Comments	Yes	No	Average	Remarks
1	1	Quality of Content	✓			
2	2	Quality of Delivery	✓			
3	3	Clarity of Explanation	✓			
4	4	Use of Examples	✓			
5	5	Use of Blackboard	✓			
6	6	Use of PPT	✓			
7	7	Use of Laboratory				

Signature of Teacher: Dr. Anurag Kumar Singh  
 Date: 20/02/2023  
 Stamp:

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Dr. S. S. Saha Name of Teacher: Dr. S. S. Saha  
 Date: 20/02/2023 Subject: Physics Roll No.: 2016021423  
 Faculty: Physics PG No.: 1/1/1/20 Semester: 2022-23

**Student Feedback Form for Teacher**

Name of Teacher: Dr. S. S. Saha  
 Paper: Physics

S. No.	Sl. No.	Comments	Yes	No	Average	Remarks
1	1	Quality of Content	✓			
2	2	Quality of Delivery	✓			
3	3	Clarity of Explanation	✓			
4	4	Use of Examples	✓			
5	5	Use of Blackboard	✓			
6	6	Use of PPT	✓			
7	7	Use of Laboratory				

**Student Feedback Form for Teacher**

Name of Teacher: Dr. S. S. Saha  
 Paper: Physics

S. No.	Sl. No.	Comments	Yes	No	Average	Remarks
1	1	Quality of Content	✓			
2	2	Quality of Delivery	✓			
3	3	Clarity of Explanation	✓			
4	4	Use of Examples	✓			
5	5	Use of Blackboard	✓			
6	6	Use of PPT	✓			
7	7	Use of Laboratory				

**Student Feedback Form for Teacher**

Name of Teacher: Dr. S. S. Saha  
 Paper: Physics

S. No.	Sl. No.	Comments	Yes	No	Average	Remarks
1	1	Quality of Content	✓			
2	2	Quality of Delivery	✓			
3	3	Clarity of Explanation	✓			
4	4	Use of Examples	✓			
5	5	Use of Blackboard	✓			
6	6	Use of PPT	✓			
7	7	Use of Laboratory				

**Student Feedback Form for Teacher Office**

Name of Teacher: Dr. S. S. Saha  
 Paper: Physics

S. No.	Sl. No.	Comments	Yes	No	Average	Remarks
1	1	Quality of Content	✓			
2	2	Quality of Delivery	✓			
3	3	Clarity of Explanation	✓			
4	4	Use of Examples	✓			
5	5	Use of Blackboard	✓			
6	6	Use of PPT	✓			
7	7	Use of Laboratory				

Signature of Teacher: Dr. S. S. Saha  
 Date: 20/02/2023  
 Stamp:

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Kanchana Dasgupta Roll No: Mr. Gourish Dasgupta  
 Class: B.Sc. B.Ed. (Hons.) Subject: Physics Institute No: \_\_\_\_\_  
 Faculty Name: P. C. Dasgupta PG No: 1/2/1101 Section: 1/1/18

**Student Feedback Form for Teacher**  
 Name of Teacher: K. S. Dasgupta  
 Page: Physics

**Student Feedback Form for Teacher**  
 Name of Teacher: K. S. Dasgupta  
 Page: Maths

S. No.	Rating	Content	Clarity	Style	Language	Other
1	5	✓	✓	✓	✓	✓
2	5	✓	✓	✓	✓	✓
3	5	✓	✓	✓	✓	✓
4	5	✓	✓	✓	✓	✓
5	5	✓	✓	✓	✓	✓
6	5	✓	✓	✓	✓	✓
7	5	✓	✓	✓	✓	✓
8	5	✓	✓	✓	✓	✓
9	5	✓	✓	✓	✓	✓
10	5	✓	✓	✓	✓	✓

**Student Feedback Form for Teacher**  
 Name of Teacher: Chemical Ratna  
 Page: Chemistry

**Student Feedback Form for Teacher Office**

S. No.	Rating	Content	Clarity	Style	Language	Other
1	5	✓	✓	✓	✓	✓
2	5	✓	✓	✓	✓	✓
3	5	✓	✓	✓	✓	✓
4	5	✓	✓	✓	✓	✓
5	5	✓	✓	✓	✓	✓
6	5	✓	✓	✓	✓	✓
7	5	✓	✓	✓	✓	✓
8	5	✓	✓	✓	✓	✓
9	5	✓	✓	✓	✓	✓
10	5	✓	✓	✓	✓	✓

S. No.	Rating	Content	Clarity	Style	Language	Other
1	5	✓	✓	✓	✓	✓
2	5	✓	✓	✓	✓	✓
3	5	✓	✓	✓	✓	✓
4	5	✓	✓	✓	✓	✓
5	5	✓	✓	✓	✓	✓
6	5	✓	✓	✓	✓	✓
7	5	✓	✓	✓	✓	✓
8	5	✓	✓	✓	✓	✓
9	5	✓	✓	✓	✓	✓
10	5	✓	✓	✓	✓	✓

Signature

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Prabhat Prasad Roll No: Pravinkumar  
 Class: B.Sc. B.Ed. (Hons.) Subject: Physics Institute No: \_\_\_\_\_  
 Faculty Name: P. C. Dasgupta PG No: 1/2/1101 Section: 1/1/18

**Student Feedback Form for Teacher**  
 Name of Teacher: K. S. Dasgupta  
 Page: Physics

**Student Feedback Form for Teacher**  
 Name of Teacher: K. S. Dasgupta  
 Page: Maths

S. No.	Rating	Content	Clarity	Style	Language	Other
1	5	✓	✓	✓	✓	✓
2	5	✓	✓	✓	✓	✓
3	5	✓	✓	✓	✓	✓
4	5	✓	✓	✓	✓	✓
5	5	✓	✓	✓	✓	✓
6	5	✓	✓	✓	✓	✓
7	5	✓	✓	✓	✓	✓
8	5	✓	✓	✓	✓	✓
9	5	✓	✓	✓	✓	✓
10	5	✓	✓	✓	✓	✓

**Student Feedback Form for Teacher**  
 Name of Teacher: Chemical Ratna  
 Page: Chemistry

**Student Feedback Form for Teacher Office**

S. No.	Rating	Content	Clarity	Style	Language	Other
1	5	✓	✓	✓	✓	✓
2	5	✓	✓	✓	✓	✓
3	5	✓	✓	✓	✓	✓
4	5	✓	✓	✓	✓	✓
5	5	✓	✓	✓	✓	✓
6	5	✓	✓	✓	✓	✓
7	5	✓	✓	✓	✓	✓
8	5	✓	✓	✓	✓	✓
9	5	✓	✓	✓	✓	✓
10	5	✓	✓	✓	✓	✓

S. No.	Rating	Content	Clarity	Style	Language	Other
1	5	✓	✓	✓	✓	✓
2	5	✓	✓	✓	✓	✓
3	5	✓	✓	✓	✓	✓
4	5	✓	✓	✓	✓	✓
5	5	✓	✓	✓	✓	✓
6	5	✓	✓	✓	✓	✓
7	5	✓	✓	✓	✓	✓
8	5	✓	✓	✓	✓	✓
9	5	✓	✓	✓	✓	✓
10	5	✓	✓	✓	✓	✓

Signature

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: MEERA DASGPTA Roll No: 2020010001 Date: 22/07/2022  
 Class: B.Sc. - II Year Subject: B.D. Department: Biology  
 Faculty Name: P. Saha Date: 22/07/2022 Page: 1

**Student Feedback Form for Teacher**  
 Name of Teacher: P. Saha  
 Page: 22/07/2022

**Student Feedback Form for Teacher**  
 Name of Teacher: P. Saha  
 Page: 22/07/2022

Sr.	Remarks	Teacher	Yes/No	Good	Average	Bad
1	Quality of teaching	✓	✓			
2	Method of teaching	✓	✓			
3	Availability of reference material	✓	✓			
4	Communication	✓	✓			
5	Attitude	✓	✓			
6	Availability of laboratory	✓	✓			

**Student Feedback Form for Teacher**  
 Name of Teacher: S. Jyoti Mishra  
 Page: 22/07/2022

**Student Feedback Form for Teacher**  
 Name of Teacher: S. Jyoti Mishra  
 Page: 22/07/2022

Sr.	Remarks	Teacher	Yes/No	Good	Average	Bad
1	Quality of teaching	✓	✓			
2	Method of teaching	✓	✓			
3	Availability of reference material	✓	✓			
4	Communication	✓	✓			
5	Attitude	✓	✓			
6	Availability of laboratory	✓	✓			

M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)  
 Date: 22/07/2022  
 Signature: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Kishore Kumar Roll No: 2020010001 Date: 22/07/2022  
 Class: B.Sc. - II Year Subject: B.D. Department: Biology  
 Faculty Name: P. Saha Date: 22/07/2022 Page: 1

**Student Feedback Form for Teacher**  
 Name of Teacher: P. Saha  
 Page: 22/07/2022

**Student Feedback Form for Teacher**  
 Name of Teacher: P. Saha  
 Page: 22/07/2022

Sr.	Remarks	Teacher	Yes/No	Good	Average	Bad
1	Quality of teaching	✓	✓			
2	Method of teaching	✓	✓			
3	Availability of reference material	✓	✓			
4	Communication	✓	✓			
5	Attitude	✓	✓			
6	Availability of laboratory	✓	✓			

**Student Feedback Form for Teacher**  
 Name of Teacher: P. Saha  
 Page: 22/07/2022

**Student Feedback Form for Teacher**  
 Name of Teacher: P. Saha  
 Page: 22/07/2022

Sr.	Remarks	Teacher	Yes/No	Good	Average	Bad
1	Quality of teaching	✓	✓			
2	Method of teaching	✓	✓			
3	Availability of reference material	✓	✓			
4	Communication	✓	✓			
5	Attitude	✓	✓			
6	Availability of laboratory	✓	✓			

M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)  
 Date: 22/07/2022  
 Signature: \_\_\_\_\_  
 Signature: \_\_\_\_\_



**M. G. ARTS & SCIENCE COLLEGE KHARSIA (G.G.)**

Student Feedback Form

Name of Teacher: K. S. M. K. S. S. S. Faculty Name: PHYSICS  
 Date: 20/01/2023 Faculty: PHYSICS  
 Faculty Name (in English): PHYSICS Faculty Code: PHYSICS Session: 2022-23

**Student Feedback Form for Teacher**

Name of Teacher: K. S. M. K. S. S. S.  
 Paper: PHYSICS

**Student Feedback Form for Teacher**

Name of Teacher: K. S. M. K. S. S. S.  
 Paper: PHYSICS

Sr.	Items	Number	Very Satisf.	Satisf.	Not Satisf.	Very Diss.
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Consistency of Content					
6	Quality of Presentation					
7	Quality of Delivery					
8	Quality of Assessment					

Sr.	Items	Number	Very Satisf.	Satisf.	Not Satisf.	Very Diss.
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Consistency of Content					
6	Quality of Presentation					
7	Quality of Delivery					
8	Quality of Assessment					

**Student Feedback Form for Teacher**

Name of Teacher: Prasanna Kumar  
 Paper: Chemistry

Sr.	Items	Number	Very Satisf.	Satisf.	Not Satisf.	Very Diss.
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Consistency of Content					
6	Quality of Presentation					
7	Quality of Delivery					
8	Quality of Assessment					

**Student Feedback Form for Teacher**

Name of Teacher: Prasanna Kumar  
 Paper: Chemistry

Sr.	Items	Number	Very Satisf.	Satisf.	Not Satisf.	Very Diss.
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Consistency of Content					
6	Quality of Presentation					
7	Quality of Delivery					
8	Quality of Assessment					



**M. G. ARTS & SCIENCE COLLEGE KHARSIA (G.G.)**

Student Feedback Form

Name of Teacher: K. S. M. K. S. S. S. Faculty Name: PHYSICS  
 Date: 20/01/2023 Faculty: PHYSICS  
 Faculty Name (in English): PHYSICS Faculty Code: PHYSICS Session: 2022-23

**Student Feedback Form for Teacher**

Name of Teacher: K. S. M. K. S. S. S.  
 Paper: PHYSICS

**Student Feedback Form for Teacher**

Name of Teacher: K. S. M. K. S. S. S.  
 Paper: PHYSICS

Sr.	Items	Number	Very Satisf.	Satisf.	Not Satisf.	Very Diss.
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Consistency of Content					
6	Quality of Presentation					
7	Quality of Delivery					
8	Quality of Assessment					

Sr.	Items	Number	Very Satisf.	Satisf.	Not Satisf.	Very Diss.
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Consistency of Content					
6	Quality of Presentation					
7	Quality of Delivery					
8	Quality of Assessment					

**Student Feedback Form for Teacher**

Name of Teacher: Prasanna Kumar  
 Paper: Chemistry

Sr.	Items	Number	Very Satisf.	Satisf.	Not Satisf.	Very Diss.
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Consistency of Content					
6	Quality of Presentation					
7	Quality of Delivery					
8	Quality of Assessment					

**Student Feedback Form for Teacher**

Name of Teacher: Prasanna Kumar  
 Paper: Chemistry

Sr.	Items	Number	Very Satisf.	Satisf.	Not Satisf.	Very Diss.
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Consistency of Content					
6	Quality of Presentation					
7	Quality of Delivery					
8	Quality of Assessment					



Signature

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Smita Kumar Baidya Roll No: 2020010204  
 Class: B.Sc. I Subject: Physics Faculty Name: Mr. Nand Kumar Baidya  
 Faculty Name with Address: Science, PG, Sec. 1/1, Kharsia Date: 24/12/23

Student Feedback Form for Teacher  
 Name of Teacher: Mr. Nand Kumar Baidya  
 Subject: Physics

Student Feedback Form for Teacher  
 Name of Teacher: Mr. Nand Kumar Baidya  
 Post: Physics

Sl. No.	Remarks	Answered	Yes/No	Good	Very Good
1	Quality of Lecture	✓			
2	Quality of Content	✓			
3	Quality of Material	✓			
4	Quality of Assignment	✓			
5	Quality of Test	✓			
6	Quality of Practical	✓			
7	Quality of Project	✓			
8	Quality of Seminar	✓			

Sl. No.	Remarks	Answered	Yes/No	Good	Very Good
1	Quality of Lecture	✓			
2	Quality of Content	✓			
3	Quality of Material	✓			
4	Quality of Assignment	✓			
5	Quality of Test	✓			
6	Quality of Practical	✓			
7	Quality of Project	✓			
8	Quality of Seminar	✓			

Student Feedback Form for Teacher  
 Name of Teacher: Mr. Nand Kumar Baidya  
 Subject: Chemistry

Student Feedback Form for Teacher  
 Name of Teacher: Mr. Nand Kumar Baidya  
 Post: Chemistry

Sl. No.	Remarks	Answered	Yes/No	Good	Very Good
1	Quality of Lecture	✓			
2	Quality of Content	✓			
3	Quality of Material	✓			
4	Quality of Assignment	✓			
5	Quality of Test	✓			
6	Quality of Practical	✓			
7	Quality of Project	✓			
8	Quality of Seminar	✓			

Sl. No.	Remarks	Answered	Yes/No	Good	Very Good
1	Quality of Lecture	✓			
2	Quality of Content	✓			
3	Quality of Material	✓			
4	Quality of Assignment	✓			
5	Quality of Test	✓			
6	Quality of Practical	✓			
7	Quality of Project	✓			
8	Quality of Seminar	✓			

Signature of Student: Smita Kumar Baidya  
 Date: 24/12/23

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Smita Roll No: 2020010204  
 Class: B.Sc. II Subject: Physics Faculty Name: Mr. Nand Kumar Baidya  
 Faculty Name with Address: Science, PG, Sec. 1/1, Kharsia Date: 24/12/23

Student Feedback Form for Teacher  
 Name of Teacher: Mr. Nand Kumar Baidya  
 Subject: Physics

Student Feedback Form for Teacher  
 Name of Teacher: Mr. Nand Kumar Baidya  
 Post: Physics

Sl. No.	Remarks	Answered	Yes/No	Good	Very Good
1	Quality of Lecture	✓			
2	Quality of Content	✓			
3	Quality of Material	✓			
4	Quality of Assignment	✓			
5	Quality of Test	✓			
6	Quality of Practical	✓			
7	Quality of Project	✓			
8	Quality of Seminar	✓			

Sl. No.	Remarks	Answered	Yes/No	Good	Very Good
1	Quality of Lecture	✓			
2	Quality of Content	✓			
3	Quality of Material	✓			
4	Quality of Assignment	✓			
5	Quality of Test	✓			
6	Quality of Practical	✓			
7	Quality of Project	✓			
8	Quality of Seminar	✓			

Student Feedback Form for Teacher  
 Name of Teacher: Mr. Nand Kumar Baidya  
 Subject: Chemistry

Student Feedback Form for Teacher  
 Name of Teacher: Mr. Nand Kumar Baidya  
 Post: Chemistry

Sl. No.	Remarks	Answered	Yes/No	Good	Very Good
1	Quality of Lecture	✓			
2	Quality of Content	✓			
3	Quality of Material	✓			
4	Quality of Assignment	✓			
5	Quality of Test	✓			
6	Quality of Practical	✓			
7	Quality of Project	✓			
8	Quality of Seminar	✓			

Sl. No.	Remarks	Answered	Yes/No	Good	Very Good
1	Quality of Lecture	✓			
2	Quality of Content	✓			
3	Quality of Material	✓			
4	Quality of Assignment	✓			
5	Quality of Test	✓			
6	Quality of Practical	✓			
7	Quality of Project	✓			
8	Quality of Seminar	✓			

Signature of Student: Smita Kumar Baidya  
 Date: 24/12/23

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Nirvaha, Padma Faculty Name: Georgina, Padma  
 Date: 02/09/2023 Roll No: \_\_\_\_\_ Class No: 2023020007  
 Name of the Course: Chemistry Sem: 1st Year: 2023-24

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
 Name of Teacher: Ashu, Parit      Name of Teacher: Ashu, Parit  
 Paper: General      Paper: General

S. No.	Items	Teacher	Yes	No	Not Answered	Remarks
1.	Qualification of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Professional competence of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Availability of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Method of teaching		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Use of audio-visual aids		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Use of laboratory		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Student Feedback Form for Teacher**      **Student Feedback Form for Office**  
 Name of Teacher: Georgina, Padma      Name of Teacher: Ashu, Parit  
 Paper: General      Paper: General

S. No.	Items	Teacher	Yes	No	Not Answered	Remarks
1.	Qualification of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Professional competence of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Availability of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Method of teaching		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Use of audio-visual aids		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Use of laboratory		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date: 02/09/2023  
 Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Nirvaha, Padma Faculty Name: Georgina, Padma  
 Date: 02/09/2023 Roll No: \_\_\_\_\_ Class No: 2023020007  
 Name of the Course: Chemistry Sem: 1st Year: 2023-24

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
 Name of Teacher: Ashu, Parit      Name of Teacher: Ashu, Parit  
 Paper: General      Paper: General

S. No.	Items	Teacher	Yes	No	Not Answered	Remarks
1.	Qualification of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Professional competence of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Availability of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Method of teaching		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Use of audio-visual aids		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Use of laboratory		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Student Feedback Form for Teacher**      **Student Feedback Form for Office**  
 Name of Teacher: Georgina, Padma      Name of Teacher: Ashu, Parit  
 Paper: General      Paper: General

S. No.	Items	Teacher	Yes	No	Not Answered	Remarks
1.	Qualification of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Professional competence of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Availability of the teacher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Method of teaching		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Use of audio-visual aids		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Use of laboratory		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date: 02/09/2023  
 Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratik Prakash Roll No: 20201 ML 00706  
 Class: B.Sc. - 1st Sem Subject: Chemistry Institute No: 2014CLP21  
 Faculty Name: Dr. P. K. Jaiswal PG Dept: ML & S Section: 001

**Student Feedback Form for Teacher** Name of Teacher: Dr. P. K. Jaiswal Page: 00706  
**Student Feedback Form for Student** Name of Teacher: Dr. P. K. Jaiswal Page: 00706

S	Activity	Teacher	Class	Time	Interest	Value
1	Quality of Lecture					
2	Application of knowledge					
3	Encouraging class discussion					
4	Use of Blackboard					
5	Use of PPT					
6	Teaching Performance					
7	Use of Laboratory					

**Student Feedback Form for Teacher** Name of Teacher: Dr. P. K. Jaiswal Page: 00706  
**Student Feedback Form for Office**

S	Item	Teacher	Class	Time	Interest	Value
1	Quality of Lecture					
2	Application of knowledge					
3	Encouraging class discussion					
4	Use of Blackboard					
5	Use of PPT					
6	Teaching Performance					
7	Use of Laboratory					

  
 Pratik Prakash  
 20201 ML 00706  
 Department of ML & S

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratik Prakash Roll No: 20201 ML 00706  
 Class: B.Sc. - 1st Sem Subject: Chemistry Institute No: 2014CLP21  
 Faculty Name: Dr. P. K. Jaiswal PG Dept: ML & S Section: 001

**Student Feedback Form for Teacher** Name of Teacher: Dr. P. K. Jaiswal Page: 00706  
**Student Feedback Form for Teacher** Name of Teacher: Dr. P. K. Jaiswal Page: 00706

S	Activity	Teacher	Class	Time	Interest	Value
1	Quality of Lecture					
2	Application of knowledge					
3	Encouraging class discussion					
4	Use of Blackboard					
5	Use of PPT					
6	Teaching Performance					
7	Use of Laboratory					

**Student Feedback Form for Teacher** Name of Teacher: Dr. P. K. Jaiswal Page: 00706  
**Student Feedback Form for Office**

S	Item	Teacher	Class	Time	Interest	Value
1	Quality of Lecture					
2	Application of knowledge					
3	Encouraging class discussion					
4	Use of Blackboard					
5	Use of PPT					
6	Teaching Performance					
7	Use of Laboratory					

  
 Pratik Prakash  
 20201 ML 00706  
 Department of ML & S

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**

Student Feedback Form

Name of Student: Indira Priya Pathy Father's Name: Tarun Lal Pathy  
 Date: 02/01/2023 Subject: Geography  
 Faculty/Department: Science - PG Teacher Section: SC17-18

Student Feedback Form for Teacher

Name of Teacher: A. K. Patel  
 Topic: Geography

Student Feedback Form for Teacher

Name of Teacher: Mrs. Sushil Jogi  
 Topic: Geology

Sr	Items	Teacher	Yes	No	Not Answered	Remarks
1	Quality of Content		✓			
2	Quality of Delivery		✓			
3	Clarity of Explanation		✓			
4	Use of Examples		✓			
5	Use of Visual Aids		✓			
6	Use of Real-life Situations		✓			
7	Use of Interactive Methods		✓			

Sr	Items	Teacher	Yes	No	Not Answered	Remarks
1	Quality of Content		✓			
2	Quality of Delivery		✓			
3	Clarity of Explanation		✓			
4	Use of Examples		✓			
5	Use of Visual Aids		✓			
6	Use of Real-life Situations		✓			
7	Use of Interactive Methods		✓			

Student Feedback Form for Teacher

Name of Teacher: Pravind Pathak  
 Topic: Chemistry

Student Feedback Form for Office

Sr	Items	Teacher	Yes	No	Not Answered	Remarks
1	Quality of Content		✓			
2	Quality of Delivery		✓			
3	Clarity of Explanation		✓			
4	Use of Examples		✓			
5	Use of Visual Aids		✓			
6	Use of Real-life Situations		✓			
7	Use of Interactive Methods		✓			

Signature of Student: Indira Priya Pathy  
 Signature of Teacher: A. K. Patel  
 Signature of Office: Pravind Pathak

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**

Student Feedback Form

Name of Student: ADARSH Father's Name: DRANBH DEVI  
 Date: 02/01/2023 Subject: Geography  
 Faculty/Department: Science - PG Teacher Section: SC17-18

Student Feedback Form for Teacher

Name of Teacher: A. K. Patel  
 Topic: Geography

Student Feedback Form for Teacher

Name of Teacher: Pravind Pathak  
 Topic: Chemistry

Sr	Items	Teacher	Yes	No	Not Answered	Remarks
1	Quality of Content		✓			
2	Quality of Delivery		✓			
3	Clarity of Explanation		✓			
4	Use of Examples		✓			
5	Use of Visual Aids		✓			
6	Use of Real-life Situations		✓			
7	Use of Interactive Methods		✓			

Sr	Items	Teacher	Yes	No	Not Answered	Remarks
1	Quality of Content		✓			
2	Quality of Delivery		✓			
3	Clarity of Explanation		✓			
4	Use of Examples		✓			
5	Use of Visual Aids		✓			
6	Use of Real-life Situations		✓			
7	Use of Interactive Methods		✓			

Student Feedback Form for Teacher

Name of Teacher: Mrs. Sushil Jogi  
 Topic: Geology

Student Feedback Form for Office

Sr	Items	Teacher	Yes	No	Not Answered	Remarks
1	Quality of Content		✓			
2	Quality of Delivery		✓			
3	Clarity of Explanation		✓			
4	Use of Examples		✓			
5	Use of Visual Aids		✓			
6	Use of Real-life Situations		✓			
7	Use of Interactive Methods		✓			

Signature of Student: ADARSH  
 Signature of Teacher: A. K. Patel  
 Signature of Office: Pravind Pathak

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Shubham Singh Father's name: Shambhu Singh  
Class: B.A. II year Subject: English Roll No.: 2016003437  
Faculty Name: Dr. S. K. Singh Date: 11/11/21 Semester: 2017-18

**Student Feedback Form for Teacher**  
Name of Teacher: Dr. S. K. Singh  
Page: English

**Student Feedback Form for Lecturer**  
Name of Teacher: Dr. S. K. Singh  
Page: English

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Needs Improvement
1	Qualification		<input checked="" type="checkbox"/>			
2	Teaching Method		<input checked="" type="checkbox"/>			
3	Communication		<input checked="" type="checkbox"/>			
4	Availability		<input checked="" type="checkbox"/>			
5	Attitude		<input checked="" type="checkbox"/>			
6	Availability		<input checked="" type="checkbox"/>			
7	Availability		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher**  
Name of Teacher: Dr. S. K. Singh  
Page: English

**Student Feedback Form for Office**

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Needs Improvement
1	Qualification		<input checked="" type="checkbox"/>			
2	Teaching Method		<input checked="" type="checkbox"/>			
3	Communication		<input checked="" type="checkbox"/>			
4	Availability		<input checked="" type="checkbox"/>			
5	Attitude		<input checked="" type="checkbox"/>			
6	Availability		<input checked="" type="checkbox"/>			
7	Availability		<input checked="" type="checkbox"/>			

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Rajesh Singh Father's name: Dr. Lal Bahadur  
Class: B.A. II year Subject: English Roll No.: 2016003450  
Faculty Name: Dr. S. K. Singh Date: 11/11/21 Semester: 2017-18

**Student Feedback Form for Teacher**  
Name of Teacher: Dr. S. K. Singh  
Page: English

**Student Feedback Form for Lecturer**  
Name of Teacher: Dr. S. K. Singh  
Page: English

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Needs Improvement
1	Qualification		<input checked="" type="checkbox"/>			
2	Teaching Method		<input checked="" type="checkbox"/>			
3	Communication		<input checked="" type="checkbox"/>			
4	Availability		<input checked="" type="checkbox"/>			
5	Attitude		<input checked="" type="checkbox"/>			
6	Availability		<input checked="" type="checkbox"/>			
7	Availability		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher**  
Name of Teacher: Dr. S. K. Singh  
Page: English

**Student Feedback Form for Office**

S. No.	Items	Excellent	Very Good	Good	Satisfactory	Needs Improvement
1	Qualification		<input checked="" type="checkbox"/>			
2	Teaching Method		<input checked="" type="checkbox"/>			
3	Communication		<input checked="" type="checkbox"/>			
4	Availability		<input checked="" type="checkbox"/>			
5	Attitude		<input checked="" type="checkbox"/>			
6	Availability		<input checked="" type="checkbox"/>			
7	Availability		<input checked="" type="checkbox"/>			

**M. G. ARTS & SCIENCE COLLEGE KHARSA (C.G.)**  
Student Feedback Form

Name of Teacher: INDRANI DAS Address: GULHARA, BLM  
 Class: B.A. - 2<sup>nd</sup> Year Delivery to: \_\_\_\_\_  
 Faculty: Arts & Science PG No: 101/102 Date: 20/07/20

**Student Feedback Form for Teacher**  
 Name of Teacher: G. J. Paul  
 Post: DA, TTT, CA, C&P, O/S

**Student Feedback Form for Teacher**  
 Name of Teacher: ANANDIA CHAKRABORTY  
 Post: DA, TTT, CA, C&P, O/S

Sr.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Clear of Lecture					
2	Method of Teaching					
3	Encouraging students to ask questions					
4	Availability of reference material					
5	Classroom discipline					
6	Time Management					

Sr.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Clear of Lecture					
2	Method of Teaching					
3	Encouraging students to ask questions					
4	Availability of reference material					
5	Classroom discipline					
6	Time Management					

**Student Feedback Form for Teacher**  
 Name of Teacher: Susmita Ghosal  
 Post: So, C&P, O/S

**Student Feedback Form for Teacher**  
 Name of Teacher: \_\_\_\_\_  
 Post: \_\_\_\_\_

Sr.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Clear of Lecture					
2	Method of Teaching					
3	Encouraging students to ask questions					
4	Availability of reference material					
5	Classroom discipline					
6	Time Management					

Sr.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Clear of Lecture					
2	Method of Teaching					
3	Encouraging students to ask questions					
4	Availability of reference material					
5	Classroom discipline					
6	Time Management					

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSA (C.G.)**  
Student Feedback Form

Name of Teacher: INDRANI DAS Address: GIAURI, KHARSA, BLM  
 Class: B.A. - 2<sup>nd</sup> Year Delivery to: \_\_\_\_\_  
 Faculty: Arts & Science PG No: 101/102 Date: 20/07/20

**Student Feedback Form for Teacher**  
 Name of Teacher: A. K. Paul  
 Post: Bakery

**Student Feedback Form for Teacher**  
 Name of Teacher: Pragnat Kalbhor  
 Post: Chemistry

Sr.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Clear of Lecture					
2	Method of Teaching					
3	Encouraging students to ask questions					
4	Availability of reference material					
5	Classroom discipline					
6	Time Management					

Sr.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Clear of Lecture					
2	Method of Teaching					
3	Encouraging students to ask questions					
4	Availability of reference material					
5	Classroom discipline					
6	Time Management					

**Student Feedback Form for Teacher**  
 Name of Teacher: PTC - Sanda Jogi  
 Post: So, C&P, O/S

**Student Feedback Form for Teacher**  
 Name of Teacher: \_\_\_\_\_  
 Post: \_\_\_\_\_

Sr.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Clear of Lecture					
2	Method of Teaching					
3	Encouraging students to ask questions					
4	Availability of reference material					
5	Classroom discipline					
6	Time Management					

Sr.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Clear of Lecture					
2	Method of Teaching					
3	Encouraging students to ask questions					
4	Availability of reference material					
5	Classroom discipline					
6	Time Management					

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.B.)**  
Student Feedback Form

Name of Student: Rajendra Kumar Roll No: 20202001001  
 Class: B.A. (Hons.) Subject: History Date: 15/05/2020  
 Faculty Name: Dr. J. K. Singh PG No: 111/12/20 Section: 17

Student Feedback Form for Teacher							Student Feedback Form for Teacher						
Name of Teacher: <u>Dr. J. K. Singh</u>							Name of Teacher: <u>Dr. J. K. Singh</u>						
Page: <u>1</u>							Page: <u>1</u>						
Sr.	Sl. No.	Statement	Yes	No	Not Answered	Remarks	Sr.	Sl. No.	Statement	Yes	No	Not Answered	Remarks
1	1	Teacher's lecture is clear and understandable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1	1	Teacher's lecture is clear and understandable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	2	Teacher's lecture is interesting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2	2	Teacher's lecture is interesting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	3	Teacher's lecture is well organized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3	3	Teacher's lecture is well organized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	4	Teacher's lecture is well explained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4	4	Teacher's lecture is well explained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	5	Teacher's lecture is well presented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5	5	Teacher's lecture is well presented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	6	Teacher's lecture is well summarized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6	6	Teacher's lecture is well summarized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Student Feedback Form for Teacher							Student Feedback Form for Teacher Office						
Name of Teacher: <u>Dr. J. K. Singh</u>							Name of Teacher: <u>Dr. J. K. Singh</u>						
Page: <u>1</u>							Page: <u>1</u>						
Sr.	Sl. No.	Statement	Yes	No	Not Answered	Remarks	Sr.	Sl. No.	Statement	Yes	No	Not Answered	Remarks
1	1	Teacher's lecture is clear and understandable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1	1	Teacher's lecture is clear and understandable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	2	Teacher's lecture is interesting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2	2	Teacher's lecture is interesting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	3	Teacher's lecture is well organized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3	3	Teacher's lecture is well organized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	4	Teacher's lecture is well explained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4	4	Teacher's lecture is well explained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	5	Teacher's lecture is well presented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5	5	Teacher's lecture is well presented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	6	Teacher's lecture is well summarized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6	6	Teacher's lecture is well summarized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.B.)**  
Student Feedback Form

Name of Student: Rajendra Kumar Roll No: 20202001001  
 Class: B.A. (Hons.) Subject: History Date: 15/05/2020  
 Faculty Name: Dr. J. K. Singh PG No: 111/12/20 Section: 17

Student Feedback Form for Teacher							Student Feedback Form for Teacher						
Name of Teacher: <u>Dr. J. K. Singh</u>							Name of Teacher: <u>Dr. J. K. Singh</u>						
Page: <u>1</u>							Page: <u>1</u>						
Sr.	Sl. No.	Statement	Yes	No	Not Answered	Remarks	Sr.	Sl. No.	Statement	Yes	No	Not Answered	Remarks
1	1	Teacher's lecture is clear and understandable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1	1	Teacher's lecture is clear and understandable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	2	Teacher's lecture is interesting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2	2	Teacher's lecture is interesting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	3	Teacher's lecture is well organized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3	3	Teacher's lecture is well organized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	4	Teacher's lecture is well explained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4	4	Teacher's lecture is well explained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	5	Teacher's lecture is well presented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5	5	Teacher's lecture is well presented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	6	Teacher's lecture is well summarized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6	6	Teacher's lecture is well summarized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Student Feedback Form for Teacher							Student Feedback Form for Teacher Office						
Name of Teacher: <u>Dr. J. K. Singh</u>							Name of Teacher: <u>Dr. J. K. Singh</u>						
Page: <u>1</u>							Page: <u>1</u>						
Sr.	Sl. No.	Statement	Yes	No	Not Answered	Remarks	Sr.	Sl. No.	Statement	Yes	No	Not Answered	Remarks
1	1	Teacher's lecture is clear and understandable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1	1	Teacher's lecture is clear and understandable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	2	Teacher's lecture is interesting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2	2	Teacher's lecture is interesting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	3	Teacher's lecture is well organized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3	3	Teacher's lecture is well organized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	4	Teacher's lecture is well explained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4	4	Teacher's lecture is well explained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	5	Teacher's lecture is well presented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5	5	Teacher's lecture is well presented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	6	Teacher's lecture is well summarized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6	6	Teacher's lecture is well summarized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Dr. Sushila Choudhary      Name of Student: RUPESH KUMAR SINGH  
Class: VI      Section: 14      Date: 20/11/2023      Page: 1 of 1

**Student Feedback Form for Teacher**  
Name of Teacher: Dr. Sushila Choudhary  
Page: 1st and 2nd

Sr.	Items	Excellent	Good	Average	Poor	Very Poor
1	Depth of content					
2	Clarity of content					
3	Logical sequence					
4	Use of diagrams					
5	Use of examples					
6	Use of questions					
7	Use of activities					
8	Use of real life situations					
9	Use of audio-visual aids					
10	Use of blackboard					
11	Use of chalk					
12	Use of whiteboard					
13	Use of projector					
14	Use of computer					
15	Use of internet					
16	Use of mobile phone					
17	Use of tablet					
18	Use of smart board					
19	Use of flipchart					
20	Use of overhead projector					

**Student Feedback Form for Teacher Office**  
Name of Teacher: \_\_\_\_\_  
Page: \_\_\_\_\_

Sr.	Items	Excellent	Good	Average	Poor	Very Poor
1	Availability of books					
2	Availability of journals					
3	Availability of newspapers					
4	Availability of magazines					
5	Availability of reference books					
6	Availability of audio-visual aids					
7	Availability of computer					
8	Availability of internet					
9	Availability of mobile phone					
10	Availability of tablet					
11	Availability of smart board					
12	Availability of flipchart					
13	Availability of overhead projector					

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Principal's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Dr. Sushila Choudhary      Name of Student: RUPESH KUMAR SINGH  
Class: VI      Section: 14      Date: 20/11/2023      Page: 2 of 2

**Student Feedback Form for Teacher**  
Name of Teacher: Dr. Sushila Choudhary  
Page: 1st and 2nd

Sr.	Items	Excellent	Good	Average	Poor	Very Poor
1	Depth of content					
2	Clarity of content					
3	Logical sequence					
4	Use of diagrams					
5	Use of examples					
6	Use of questions					
7	Use of activities					
8	Use of real life situations					
9	Use of audio-visual aids					
10	Use of blackboard					
11	Use of chalk					
12	Use of whiteboard					
13	Use of projector					
14	Use of computer					
15	Use of internet					
16	Use of mobile phone					
17	Use of tablet					
18	Use of smart board					
19	Use of flipchart					
20	Use of overhead projector					

**Student Feedback Form for Teacher Office**  
Name of Teacher: \_\_\_\_\_  
Page: \_\_\_\_\_

Sr.	Items	Excellent	Good	Average	Poor	Very Poor
1	Availability of books					
2	Availability of journals					
3	Availability of newspapers					
4	Availability of magazines					
5	Availability of reference books					
6	Availability of audio-visual aids					
7	Availability of computer					
8	Availability of internet					
9	Availability of mobile phone					
10	Availability of tablet					
11	Availability of smart board					
12	Availability of flipchart					
13	Availability of overhead projector					

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Principal's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSA (C.G.)**  
Student Feedback Form

Name of Student: Poojina Datta Roll No: 20191001000000000000  
 Class: M.A. Sociology Subject: Sociology Section No: 001/13/106/000  
 Faculty Name: Dr. Sushila Dhad PG Set: 11/18/01 Date: 2021-18

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Sushila Dhad  
 Page: First and second

**Student Feedback Form for Subject**  
 Name of Subject: Sociology  
 Page: First and Second

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content	<input checked="" type="checkbox"/>				
2	Quality of content	<input checked="" type="checkbox"/>				
3	Relevance of content	<input checked="" type="checkbox"/>				
4	Clarity of content	<input checked="" type="checkbox"/>				
5	Accuracy of content	<input checked="" type="checkbox"/>				
6	Completeness of content	<input checked="" type="checkbox"/>				
7	Use of examples	<input checked="" type="checkbox"/>				
8	Use of diagrams	<input checked="" type="checkbox"/>				
9	Use of tables	<input checked="" type="checkbox"/>				
10	Use of references	<input checked="" type="checkbox"/>				

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content	<input checked="" type="checkbox"/>				
2	Quality of content	<input checked="" type="checkbox"/>				
3	Relevance of content	<input checked="" type="checkbox"/>				
4	Clarity of content	<input checked="" type="checkbox"/>				
5	Accuracy of content	<input checked="" type="checkbox"/>				
6	Completeness of content	<input checked="" type="checkbox"/>				
7	Use of examples	<input checked="" type="checkbox"/>				
8	Use of diagrams	<input checked="" type="checkbox"/>				
9	Use of tables	<input checked="" type="checkbox"/>				
10	Use of references	<input checked="" type="checkbox"/>				

**Student Feedback Form for Teacher**  
 Name of Teacher: \_\_\_\_\_  
 Page: \_\_\_\_\_

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content					
2	Quality of content					
3	Relevance of content					
4	Clarity of content					
5	Accuracy of content					
6	Completeness of content					
7	Use of examples					
8	Use of diagrams					
9	Use of tables					
10	Use of references					

**Student Feedback Form for Teacher Office**  
 Name of Teacher: \_\_\_\_\_  
 Page: \_\_\_\_\_

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Availability of content					
2	Quality of content					
3	Relevance of content					
4	Clarity of content					
5	Accuracy of content					
6	Completeness of content					

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSA (C.G.)**  
Student Feedback Form

Name of Student: Khushi Dhad Roll No: 20191001000000000000  
 Class: M.A. Sociology Subject: Sociology Section No: 001/13/106/000  
 Faculty Name: Dr. Sushila Dhad PG Set: 11/18/01 Date: 2021-18

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Sushila Dhad  
 Page: First and second

**Student Feedback Form for Subject**  
 Name of Subject: Sociology  
 Page: First and second

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content	<input checked="" type="checkbox"/>				
2	Quality of content	<input checked="" type="checkbox"/>				
3	Relevance of content	<input checked="" type="checkbox"/>				
4	Clarity of content	<input checked="" type="checkbox"/>				
5	Accuracy of content	<input checked="" type="checkbox"/>				
6	Completeness of content	<input checked="" type="checkbox"/>				
7	Use of examples	<input checked="" type="checkbox"/>				
8	Use of diagrams	<input checked="" type="checkbox"/>				
9	Use of tables	<input checked="" type="checkbox"/>				
10	Use of references	<input checked="" type="checkbox"/>				

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content	<input checked="" type="checkbox"/>				
2	Quality of content	<input checked="" type="checkbox"/>				
3	Relevance of content	<input checked="" type="checkbox"/>				
4	Clarity of content	<input checked="" type="checkbox"/>				
5	Accuracy of content	<input checked="" type="checkbox"/>				
6	Completeness of content	<input checked="" type="checkbox"/>				
7	Use of examples	<input checked="" type="checkbox"/>				
8	Use of diagrams	<input checked="" type="checkbox"/>				
9	Use of tables	<input checked="" type="checkbox"/>				
10	Use of references	<input checked="" type="checkbox"/>				

**Student Feedback Form for Teacher**  
 Name of Teacher: \_\_\_\_\_  
 Page: \_\_\_\_\_

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Level of content					
2	Quality of content					
3	Relevance of content					
4	Clarity of content					
5	Accuracy of content					
6	Completeness of content					
7	Use of examples					
8	Use of diagrams					
9	Use of tables					
10	Use of references					

**Student Feedback Form for Teacher Office**  
 Name of Teacher: \_\_\_\_\_  
 Page: \_\_\_\_\_

Sr.	Items	Excellent	Very Good	Good	Average	Below Average
1	Availability of content					
2	Quality of content					
3	Relevance of content					
4	Clarity of content					
5	Accuracy of content					
6	Completeness of content					

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

2016-17

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratik Kumar Father's name: Mr. Pratik Kumar  
Class: B.Tech Subject: English Certificate No.:  
Faculty School W/Coordinates: 70, Dm. 1/3/11/1 Session: 2016-17

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
Name of Teacher: Dr. Pratik Kumar      Name of Teacher:  
Paper: English      Paper:

S. No.	Remarks	Teacher's Rating	Self-Rating	Class	Faculty	Remarks
1	Teacher's Attitude	5	4	4	4	4
2	Teacher's Content	5	4	4	4	4
3	Teacher's Method	5	4	4	4	4
4	Teacher's Material	5	4	4	4	4
5	Teacher's Personality	5	4	4	4	4
6	Teacher's Knowledge	5	4	4	4	4
7	Teacher's Communication Skills	5	4	4	4	4

**Student Feedback Form for Subject**      **Student Feedback Form for Office**  
Name of Teacher:  
Paper:

S. No.	Remarks	Teacher's Rating	Self-Rating	Class	Faculty	Remarks
1	Teacher's Attitude	5	4	4	4	4
2	Teacher's Content	5	4	4	4	4
3	Teacher's Method	5	4	4	4	4
4	Teacher's Material	5	4	4	4	4
5	Teacher's Personality	5	4	4	4	4
6	Teacher's Knowledge	5	4	4	4	4
7	Teacher's Communication Skills	5	4	4	4	4

Principal  
Signature

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratik Kumar Father's name: Mr. Pratik Kumar  
Class: B.Tech Subject: English Certificate No.:  
Faculty School W/Coordinates: 70, Dm. 1/3/11/1 Session: 2016-17

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
Name of Teacher: Dr. Pratik Kumar      Name of Teacher:  
Paper: English      Paper:

S. No.	Remarks	Teacher's Rating	Self-Rating	Class	Faculty	Remarks
1	Teacher's Attitude	5	4	4	4	4
2	Teacher's Content	5	4	4	4	4
3	Teacher's Method	5	4	4	4	4
4	Teacher's Material	5	4	4	4	4
5	Teacher's Personality	5	4	4	4	4
6	Teacher's Knowledge	5	4	4	4	4
7	Teacher's Communication Skills	5	4	4	4	4

**Student Feedback Form for Subject**      **Student Feedback Form for Office**  
Name of Teacher:  
Paper:

S. No.	Remarks	Teacher's Rating	Self-Rating	Class	Faculty	Remarks
1	Teacher's Attitude	5	4	4	4	4
2	Teacher's Content	5	4	4	4	4
3	Teacher's Method	5	4	4	4	4
4	Teacher's Material	5	4	4	4	4
5	Teacher's Personality	5	4	4	4	4
6	Teacher's Knowledge	5	4	4	4	4
7	Teacher's Communication Skills	5	4	4	4	4

Principal  
Signature

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: ADITYA KISHOR SAINI Roll No: 2016-01  
 Class: B.A. POLITICAL SCIENCE Department: POLITICAL SCIENCE Semester: 1<sup>st</sup>  
 Faculty Name: DR. SURESH KUMAR Date: 20/11/22

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**

Name of Teacher: DR. SURESH KUMAR      Name of Teacher: DR. SURESH KUMAR  
 Page: 1      Page: 1

Sr.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Availability of					
2	TEACHING MATERIAL					
3	TEACHING METHOD					
4	TEACHING STYLE					
5	TEACHING ATTITUDE					
6	TEACHING ABILITY					
7	TEACHING INTEREST					
8	TEACHING SKILL					
9	TEACHING KNOWLEDGE					
10	TEACHING ATTITUDE					

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**

Name of Teacher: \_\_\_\_\_      Name of Teacher: \_\_\_\_\_  
 Page: \_\_\_\_\_      Page: \_\_\_\_\_

Sr.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Availability of					
2	TEACHING MATERIAL					
3	TEACHING METHOD					
4	TEACHING STYLE					
5	TEACHING ATTITUDE					
6	TEACHING ABILITY					
7	TEACHING INTEREST					
8	TEACHING SKILL					
9	TEACHING KNOWLEDGE					
10	TEACHING ATTITUDE					

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: NILESH Roll No: 2016-01  
 Class: B.A. POLITICAL SCIENCE Department: POLITICAL SCIENCE Semester: 1<sup>st</sup>  
 Faculty Name: DR. SURESH KUMAR Date: 20/11/22

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**

Name of Teacher: DR. SURESH KUMAR      Name of Teacher: DR. SURESH KUMAR  
 Page: 1      Page: 1

Sr.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Availability of					
2	TEACHING MATERIAL					
3	TEACHING METHOD					
4	TEACHING STYLE					
5	TEACHING ATTITUDE					
6	TEACHING ABILITY					
7	TEACHING INTEREST					
8	TEACHING SKILL					
9	TEACHING KNOWLEDGE					
10	TEACHING ATTITUDE					

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**

Name of Teacher: \_\_\_\_\_      Name of Teacher: \_\_\_\_\_  
 Page: \_\_\_\_\_      Page: \_\_\_\_\_

Sr.	Rating	Excellent	Very Good	Good	Average	Not Satisfactory
1	Availability of					
2	TEACHING MATERIAL					
3	TEACHING METHOD					
4	TEACHING STYLE					
5	TEACHING ATTITUDE					
6	TEACHING ABILITY					
7	TEACHING INTEREST					
8	TEACHING SKILL					
9	TEACHING KNOWLEDGE					
10	TEACHING ATTITUDE					

Signature: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**

Student Feedback Form

Name of Student: RUCHITA SIDDIK Father's name: Karim Siddiqui  
 Date: 10/12/2022 Subject: Education Department:   
 Faculty Name: M. G. Arts & Science College Kharsia PG No: 10/12/22 Roll No: 20220101

**Student Feedback Form for Teacher**

Name of Teacher: Dr. Sarita Singh  
 Page: 1/2

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	General conduct					
2	Quality of teaching					
3	Clarity of presentation					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of time					
7	Use of language					
8	Use of reference material					

**Student Feedback Form for Lecturer**

Name of Teacher: Prof. L. D. Mishra  
 Page: 2/2

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	General conduct					
2	Quality of teaching					
3	Clarity of presentation					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of time					
7	Use of language					
8	Use of reference material					

**Student Feedback Form for Teacher**

Name of Teacher:   
 Page:

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	General conduct					
2	Quality of teaching					
3	Clarity of presentation					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of time					
7	Use of language					
8	Use of reference material					

**Student Feedback Form for Teacher Office**

Name of Teacher:   
 Page:

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Availability of reference material					
2	Availability of reference material					
3	Availability of reference material					
4	Availability of reference material					

Signature:   
 Date:

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**

Student Feedback Form

Name of Student: Shweta Singh Father's name: Sushil Singh  
 Date: 10/12/2022 Subject: Education Department:   
 Faculty Name: M. G. Arts & Science College Kharsia PG No: 10/12/22 Roll No: 20220101

**Student Feedback Form for Teacher**

Name of Teacher: Dr. Sarita Singh  
 Page: 1/2

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	General conduct					
2	Quality of teaching					
3	Clarity of presentation					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of time					
7	Use of language					
8	Use of reference material					

**Student Feedback Form for Teacher**

Name of Teacher: Dr. Sarita Singh  
 Page: 2/2

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	General conduct					
2	Quality of teaching					
3	Clarity of presentation					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of time					
7	Use of language					
8	Use of reference material					

**Student Feedback Form for Teacher**

Name of Teacher:   
 Page:

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	General conduct					
2	Quality of teaching					
3	Clarity of presentation					
4	Use of audio-visual aids					
5	Use of blackboard					
6	Use of time					
7	Use of language					
8	Use of reference material					

**Student Feedback Form for Teacher Office**

Name of Teacher:   
 Page:

S. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Availability of reference material					
2	Availability of reference material					
3	Availability of reference material					
4	Availability of reference material					

Signature:   
 Date:

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratik Singh Roll No: 1901010101  
 Date: 20/11/20 Subject: PHYSICS Standard: 11  
 Faculty Name: Dr. S. S. Poddar PG, Sec. 1/1/19 IV Section: 2016-17

Student Feedback Form for Teacher  
 Name of Teacher: Dr. S. S. Poddar  
 Page: PHYSICS

Student Feedback Form for Teacher  
 Name of Teacher: M.A. SINGH  
 Page: PHYSICS

S/N	Items	Excellent	Very Good	Good	Not Good	Not Satisfactory
1	Quality of Content					
2	Quality of Delivery					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Visual Aids					
6	Use of Real-life Examples					
7	Use of Laboratory					
8	Use of Blackboard					
9	Use of Handwritten Notes					
10	Use of Computer					

S/N	Items	Excellent	Very Good	Good	Not Good	Not Satisfactory
1	Quality of Content					
2	Quality of Delivery					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Visual Aids					
6	Use of Real-life Examples					
7	Use of Laboratory					
8	Use of Blackboard					
9	Use of Handwritten Notes					
10	Use of Computer					

Student Feedback Form for Teacher  
 Name of Teacher: A. L. SINGH  
 Page: PHYSICS

Student Feedback Form for Other  
 Name of Teacher: A. L. SINGH  
 Page: PHYSICS

S/N	Items	Excellent	Very Good	Good	Not Good	Not Satisfactory
1	Quality of Content					
2	Quality of Delivery					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Visual Aids					
6	Use of Real-life Examples					
7	Use of Laboratory					
8	Use of Blackboard					
9	Use of Handwritten Notes					
10	Use of Computer					

S/N	Items	Excellent	Very Good	Good	Not Good	Not Satisfactory
1	Quality of Content					
2	Quality of Delivery					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Visual Aids					
6	Use of Real-life Examples					
7	Use of Laboratory					
8	Use of Blackboard					
9	Use of Handwritten Notes					
10	Use of Computer					

M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)  
 Kharsia, Raipur - 492010  
 Phone: 031-2666111, 2666112

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratik Singh Roll No: 1901010101  
 Date: 20/11/20 Subject: PHYSICS Standard: 11  
 Faculty Name: Dr. S. S. Poddar PG, Sec. 1/1/19 IV Section: 2016-17

Student Feedback Form for Teacher  
 Name of Teacher: Dr. S. S. Poddar  
 Page: PHYSICS

Student Feedback Form for Teacher  
 Name of Teacher: R. K. Tondan  
 Page: PHYSICS

S/N	Items	Excellent	Very Good	Good	Not Good	Not Satisfactory
1	Quality of Content					
2	Quality of Delivery					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Visual Aids					
6	Use of Real-life Examples					
7	Use of Laboratory					
8	Use of Blackboard					
9	Use of Handwritten Notes					
10	Use of Computer					

S/N	Items	Excellent	Very Good	Good	Not Good	Not Satisfactory
1	Quality of Content					
2	Quality of Delivery					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Visual Aids					
6	Use of Real-life Examples					
7	Use of Laboratory					
8	Use of Blackboard					
9	Use of Handwritten Notes					
10	Use of Computer					

Student Feedback Form for Teacher  
 Name of Teacher: P. L. SINGH  
 Page: PHYSICS

Student Feedback Form for Other  
 Name of Teacher: P. L. SINGH  
 Page: PHYSICS

S/N	Items	Excellent	Very Good	Good	Not Good	Not Satisfactory
1	Quality of Content					
2	Quality of Delivery					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Visual Aids					
6	Use of Real-life Examples					
7	Use of Laboratory					
8	Use of Blackboard					
9	Use of Handwritten Notes					
10	Use of Computer					

S/N	Items	Excellent	Very Good	Good	Not Good	Not Satisfactory
1	Quality of Content					
2	Quality of Delivery					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Visual Aids					
6	Use of Real-life Examples					
7	Use of Laboratory					
8	Use of Blackboard					
9	Use of Handwritten Notes					
10	Use of Computer					

M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)  
 Kharsia, Raipur - 492010  
 Phone: 031-2666111, 2666112

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Ravi Kumar Roll No: 11010101  
 Class: B.A. 2nd Subject: HIST. Semester: 2016-17  
 Faculty Name/Department: \_\_\_\_\_ PG Dept: 110101 Section: 2016-17

**Student Feedback Form for Teacher**  
 Name of Teacher: Sonal Khatke Page: \_\_\_\_\_

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of content					
2	Clarity of writing					
3	Relevance of content					
4	Accuracy of content					
5	Clarity of writing					
6	Relevance of content					
7	Accuracy of content					
8	Clarity of writing					
9	Relevance of content					
10	Accuracy of content					

**Student Feedback Form for Teacher**  
 Name of Teacher: B. K. Jaisankar Page: \_\_\_\_\_

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of content					
2	Clarity of writing					
3	Relevance of content					
4	Accuracy of content					
5	Clarity of writing					
6	Relevance of content					
7	Accuracy of content					
8	Clarity of writing					
9	Relevance of content					
10	Accuracy of content					

**Student Feedback Form for Teacher**  
 Name of Teacher: \_\_\_\_\_ Page: \_\_\_\_\_

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of content					
2	Clarity of writing					
3	Relevance of content					
4	Accuracy of content					
5	Clarity of writing					
6	Relevance of content					
7	Accuracy of content					
8	Clarity of writing					
9	Relevance of content					
10	Accuracy of content					

**Student Feedback Form for Other**  
 Name of Teacher: \_\_\_\_\_ Page: \_\_\_\_\_

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of content					
2	Clarity of writing					
3	Relevance of content					
4	Accuracy of content					
5	Clarity of writing					
6	Relevance of content					
7	Accuracy of content					
8	Clarity of writing					
9	Relevance of content					
10	Accuracy of content					

  
 M.G. ARTS & SCIENCE COLLEGE KHARSIA  
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**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Rajendra Kumar Roll No: 11010101  
 Class: B.A. 2nd Subject: HIST. Semester: 2016-17  
 Faculty Name/Department: \_\_\_\_\_ PG Dept: 110101 Section: 2016-17

**Student Feedback Form for Teacher**  
 Name of Teacher: V. L. Sankar Page: \_\_\_\_\_

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of content					
2	Clarity of writing					
3	Relevance of content					
4	Accuracy of content					
5	Clarity of writing					
6	Relevance of content					
7	Accuracy of content					
8	Clarity of writing					
9	Relevance of content					
10	Accuracy of content					

**Student Feedback Form for Teacher**  
 Name of Teacher: R. K. Sankar Page: \_\_\_\_\_

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of content					
2	Clarity of writing					
3	Relevance of content					
4	Accuracy of content					
5	Clarity of writing					
6	Relevance of content					
7	Accuracy of content					
8	Clarity of writing					
9	Relevance of content					
10	Accuracy of content					

**Student Feedback Form for Teacher**  
 Name of Teacher: Sanjay Kumar Page: \_\_\_\_\_

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of content					
2	Clarity of writing					
3	Relevance of content					
4	Accuracy of content					
5	Clarity of writing					
6	Relevance of content					
7	Accuracy of content					
8	Clarity of writing					
9	Relevance of content					
10	Accuracy of content					

**Student Feedback Form for Other**  
 Name of Teacher: \_\_\_\_\_ Page: \_\_\_\_\_

Sl. No.	Items	Excellent	Very Good	Good	Average	Below Average
1	Depth of content					
2	Clarity of writing					
3	Relevance of content					
4	Accuracy of content					
5	Clarity of writing					
6	Relevance of content					
7	Accuracy of content					
8	Clarity of writing					
9	Relevance of content					
10	Accuracy of content					

  
 M.G. ARTS & SCIENCE COLLEGE KHARSIA  
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 Kharsia, Kharsia, Kharsia

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pr. Bhowar Father's name: Nisare Bhowar  
Class: B.E. III Subject: Art Enrolled in: \_\_\_\_\_  
Faculty: College of Education PG Seat: 11-11-17 Section: 2016-17

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
Name of Teacher: Pragati Mishra      Name of Teacher: P. B. Bhowar  
Page: \_\_\_\_\_      Page: \_\_\_\_\_

Sl. No.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Level of class					
2	Quality of class					
3	Teacher's manner					
4	Teacher's style					
5	Teacher's attitude					
6	Teacher's subject knowledge					
7	Teacher's communication skills					
8	Teacher's overall performance					

**Student Feedback Form for Teacher**      **Student Feedback Form for OBCs**  
Name of Teacher: P. K. Tondak      Name of Teacher: \_\_\_\_\_  
Page: \_\_\_\_\_      Page: \_\_\_\_\_

Sl. No.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Level of class					
2	Quality of class					
3	Teacher's manner					
4	Teacher's style					
5	Teacher's attitude					
6	Teacher's subject knowledge					
7	Teacher's communication skills					
8	Teacher's overall performance					

*Signature*  
Signature

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pr. Bhowar Father's name: Nisare Bhowar  
Class: B.E. III Subject: Art Enrolled in: \_\_\_\_\_  
Faculty: College of Education PG Seat: 11-11-17 Section: 2016-17

**Student Feedback Form for Teacher**      **Student Feedback Form for Teacher**  
Name of Teacher: Pragati Mishra      Name of Teacher: P. B. Bhowar  
Page: \_\_\_\_\_      Page: \_\_\_\_\_

Sl. No.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Level of class					
2	Quality of class					
3	Teacher's manner					
4	Teacher's style					
5	Teacher's attitude					
6	Teacher's subject knowledge					
7	Teacher's communication skills					
8	Teacher's overall performance					

**Student Feedback Form for Teacher**      **Student Feedback Form for OBCs**  
Name of Teacher: P. K. Tondak      Name of Teacher: \_\_\_\_\_  
Page: \_\_\_\_\_      Page: \_\_\_\_\_

Sl. No.	Items	Teacher's Rating	Yes/No	Good	Average	Not Satisfactory
1	Level of class					
2	Quality of class					
3	Teacher's manner					
4	Teacher's style					
5	Teacher's attitude					
6	Teacher's subject knowledge					
7	Teacher's communication skills					
8	Teacher's overall performance					

*Signature*  
Signature



**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Prof. Dr. Rajendra Kumar Paper Name: VI. Eng. B.A.H.C.  
Class: B.A. 2nd year Discipline No.: \_\_\_\_\_  
Faculty Name: \_\_\_\_\_ PG Date: 11/11/23 Session: 16-17

**Student Feedback Form for Teacher**  
Name of Teacher: Prof. Dr. Rajendra Kumar  
Page: \_\_\_\_\_

S. No.	Items	Excellent	Very Good	Good	Average	Poor
1	Depth of Content		<input checked="" type="checkbox"/>			
2	Quality of Content		<input checked="" type="checkbox"/>			
3	Relevance of Content		<input checked="" type="checkbox"/>			
4	Clarity of Content		<input checked="" type="checkbox"/>			
5	Quality of Presentation		<input checked="" type="checkbox"/>			
6	Quality of Delivery		<input checked="" type="checkbox"/>			
7	Quality of Interaction		<input checked="" type="checkbox"/>			
8	Quality of Assessment		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher**  
Name of Teacher: Prof. Dr. Rajendra Kumar  
Page: \_\_\_\_\_

S. No.	Items	Excellent	Very Good	Good	Average	Poor
1	Depth of Content		<input checked="" type="checkbox"/>			
2	Quality of Content		<input checked="" type="checkbox"/>			
3	Relevance of Content		<input checked="" type="checkbox"/>			
4	Clarity of Content		<input checked="" type="checkbox"/>			
5	Quality of Presentation		<input checked="" type="checkbox"/>			
6	Quality of Delivery		<input checked="" type="checkbox"/>			
7	Quality of Interaction		<input checked="" type="checkbox"/>			
8	Quality of Assessment		<input checked="" type="checkbox"/>			

M. G. ARTS & SCIENCE COLLEGE KHARSIA  
B.A. 2nd Year English  
Date: \_\_\_\_\_  
*(Signature)*

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Teacher: Prof. Dr. Rajendra Kumar Paper Name: VI. Eng. B.A.H.C.  
Class: B.A. 2nd year Discipline No.: \_\_\_\_\_  
Faculty Name: \_\_\_\_\_ PG Date: 11/11/23 Session: 16-17

**Student Feedback Form for Teacher**  
Name of Teacher: Prof. Dr. Rajendra Kumar  
Page: \_\_\_\_\_

S. No.	Items	Excellent	Very Good	Good	Average	Poor
1	Depth of Content		<input checked="" type="checkbox"/>			
2	Quality of Content		<input checked="" type="checkbox"/>			
3	Relevance of Content		<input checked="" type="checkbox"/>			
4	Clarity of Content		<input checked="" type="checkbox"/>			
5	Quality of Presentation		<input checked="" type="checkbox"/>			
6	Quality of Delivery		<input checked="" type="checkbox"/>			
7	Quality of Interaction		<input checked="" type="checkbox"/>			
8	Quality of Assessment		<input checked="" type="checkbox"/>			

**Student Feedback Form for Teacher**  
Name of Teacher: Prof. Dr. Rajendra Kumar  
Page: \_\_\_\_\_

S. No.	Items	Excellent	Very Good	Good	Average	Poor
1	Depth of Content		<input checked="" type="checkbox"/>			
2	Quality of Content		<input checked="" type="checkbox"/>			
3	Relevance of Content		<input checked="" type="checkbox"/>			
4	Clarity of Content		<input checked="" type="checkbox"/>			
5	Quality of Presentation		<input checked="" type="checkbox"/>			
6	Quality of Delivery		<input checked="" type="checkbox"/>			
7	Quality of Interaction		<input checked="" type="checkbox"/>			
8	Quality of Assessment		<input checked="" type="checkbox"/>			

M. G. ARTS & SCIENCE COLLEGE KHARSIA  
B.A. 2nd Year English  
Date: \_\_\_\_\_  
*(Signature)*

**M. G. ARTS & SCIENCE COLLEGE KHARSIYA (C.G.)**  
Student Feedback Form

Name of Student: SATYAJIT RATHI Roll No: 20161000000000000000  
 Name of Teacher: Dr. Sushanta Kumar Date: 10/11/2016  
 Faculty Name: Mathematics Page: 1

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Sushanta Kumar Page: 1

Sr.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	General Comment					
2	Quality of Teaching					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Blackboard					
6	Use of Reference Books					
7	Use of Laboratory					
8	Use of Computer					
9	Use of Projector					
10	Use of Video					
11	Use of Audio					
12	Use of Internet					
13	Use of Library					
14	Use of Laboratory					
15	Use of Computer					
16	Use of Projector					
17	Use of Video					
18	Use of Audio					
19	Use of Internet					
20	Use of Library					

**Student Feedback Form for Teacher Office**  
 Name of Teacher: \_\_\_\_\_ Page: \_\_\_\_\_

Sr.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	General Comment					
2	Quality of Teaching					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Blackboard					
6	Use of Reference Books					
7	Use of Laboratory					
8	Use of Computer					
9	Use of Projector					
10	Use of Video					
11	Use of Audio					
12	Use of Internet					
13	Use of Library					
14	Use of Laboratory					
15	Use of Computer					
16	Use of Projector					
17	Use of Video					
18	Use of Audio					
19	Use of Internet					
20	Use of Library					

PRINCIPAL  
M. G. ARTS & SCIENCE COLLEGE KHARSIYA  
Kharisia, Khurda - 751012

**M. G. ARTS & SCIENCE COLLEGE KHARSIYA (C.G.)**  
Student Feedback Form

Name of Student: Ayaz Khan Chowdhury Roll No: 20161000000000000000  
 Name of Teacher: Dr. Sushanta Kumar Date: 10/11/2016  
 Faculty Name: Mathematics Page: 1

**Student Feedback Form for Teacher**  
 Name of Teacher: Dr. Sushanta Kumar Page: 1

Sr.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	General Comment					
2	Quality of Teaching					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Blackboard					
6	Use of Reference Books					
7	Use of Laboratory					
8	Use of Computer					
9	Use of Projector					
10	Use of Video					
11	Use of Audio					
12	Use of Internet					
13	Use of Library					
14	Use of Laboratory					
15	Use of Computer					
16	Use of Projector					
17	Use of Video					
18	Use of Audio					
19	Use of Internet					
20	Use of Library					

**Student Feedback Form for Teacher Office**  
 Name of Teacher: \_\_\_\_\_ Page: \_\_\_\_\_

Sr.	Items	Excellent	Very Good	Good	Average	Not Satisfactory
1	General Comment					
2	Quality of Teaching					
3	Clarity of Explanation					
4	Use of Examples					
5	Use of Blackboard					
6	Use of Reference Books					
7	Use of Laboratory					
8	Use of Computer					
9	Use of Projector					
10	Use of Video					
11	Use of Audio					
12	Use of Internet					
13	Use of Library					
14	Use of Laboratory					
15	Use of Computer					
16	Use of Projector					
17	Use of Video					
18	Use of Audio					
19	Use of Internet					
20	Use of Library					

PRINCIPAL  
M. G. ARTS & SCIENCE COLLEGE KHARSIYA  
Kharisia, Khurda - 751012

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratik Kumar Roll No: 201901001  
 Date: 20/11/2019 Page: 1  
 Faculty Name: Dr. J. K. Singh P.O. Box: 171001 Phone: 91000 12345

**Student Feedback Form for Teacher**

Name of Teacher: Dr. J. K. Singh  
 Page: 1

Sr.	Items	Present	Not Present	Good	Average	Very Poor
1	Level of subject matter in regard to syllabus	✓				
2	Quality of subject matter	✓				
3	Relevance of subject matter to the syllabus	✓				
4	Language used	✓				
5	Clarity of subject matter	✓				
6	Other					
7	Overall Marking	Good	Average	Very Poor		

**Student Feedback Form for Teacher**

Name of Teacher: \_\_\_\_\_  
 Page: \_\_\_\_\_

Sr.	Items	Present	Not Present	Good	Average	Very Poor
1	Level of subject matter in regard to syllabus					
2	Quality of subject matter					
3	Relevance of subject matter to the syllabus					
4	Language used					
5	Clarity of subject matter					
6	Other					
7	Overall Marking	Good	Average	Very Poor		

**Student Feedback Form for Teacher**

Name of Teacher: \_\_\_\_\_  
 Page: \_\_\_\_\_

Sr.	Items	Present	Not Present	Good	Average	Very Poor
1	Level of subject matter in regard to syllabus					
2	Quality of subject matter					
3	Relevance of subject matter to the syllabus					
4	Language used					
5	Clarity of subject matter					
6	Other					
7	Overall Marking	Good	Average	Very Poor		

**Student Feedback Form for Librarian**

Name of Librarian: \_\_\_\_\_  
 Page: \_\_\_\_\_

Sr.	Items	Present	Not Present	Good	Average	Very Poor
1	Availability of books					
2	Facilities for borrowing					
3	Attitude of Librarian					
4	Other					

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Designation: \_\_\_\_\_

**M. G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Pratik Kumar Roll No: 201901001  
 Date: 20/11/2019 Page: 1  
 Faculty Name: Dr. J. K. Singh P.O. Box: 171001 Phone: 91000 12345

**Student Feedback Form for Teacher**

Name of Teacher: Dr. J. K. Singh  
 Page: 1

Sr.	Items	Present	Not Present	Good	Average	Very Poor
1	Level of subject matter in regard to syllabus	✓				
2	Quality of subject matter	✓				
3	Relevance of subject matter to the syllabus	✓				
4	Language used	✓				
5	Clarity of subject matter	✓				
6	Other					
7	Overall Marking	Good	Average	Very Poor		

**Student Feedback Form for Teacher**

Name of Teacher: \_\_\_\_\_  
 Page: \_\_\_\_\_

Sr.	Items	Present	Not Present	Good	Average	Very Poor
1	Level of subject matter in regard to syllabus					
2	Quality of subject matter					
3	Relevance of subject matter to the syllabus					
4	Language used					
5	Clarity of subject matter					
6	Other					
7	Overall Marking	Good	Average	Very Poor		

**Student Feedback Form for Teacher**

Name of Teacher: \_\_\_\_\_  
 Page: \_\_\_\_\_

Sr.	Items	Present	Not Present	Good	Average	Very Poor
1	Level of subject matter in regard to syllabus					
2	Quality of subject matter					
3	Relevance of subject matter to the syllabus					
4	Language used					
5	Clarity of subject matter					
6	Other					
7	Overall Marking	Good	Average	Very Poor		

**Student Feedback Form for Librarian**

Name of Librarian: \_\_\_\_\_  
 Page: \_\_\_\_\_

Sr.	Items	Present	Not Present	Good	Average	Very Poor
1	Availability of books					
2	Facilities for borrowing					
3	Attitude of Librarian					
4	Other					

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Designation: \_\_\_\_\_

**G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: ADAR KUMAR Father's name: RISHU MISHRA  
 Class: 3<sup>rd</sup> - II Subject: Biology Roll No: BUSP/15/003/001  
 Faculty Scheme: SCHEME P.G. Date: 17/11/21 Session: 2021-22

**Student Feedback Form for Teacher**  
 Name of Teacher: Prof. Sushila Singh  
 Paper: Chemistry

Sr.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Language					
6	Style					
7	Teaching Methodology					
8	Use of Resources					

**Student Feedback Form for Teacher**  
 Name of Teacher: Lallesh Shrivastava  
 Paper: Chemistry

Sr.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Language					
6	Style					
7	Teaching Methodology					
8	Use of Resources					

**Student Feedback Form for Teacher**  
 Name of Teacher: Prof. Anamika Patel  
 Paper: Biochem

Sr.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Language					
6	Style					
7	Teaching Methodology					
8	Use of Resources					

**Student Feedback Form for Teacher**  
 Name of Teacher: Prof. Anamika Patel  
 Paper: Biochem

Sr.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Language					
6	Style					
7	Teaching Methodology					
8	Use of Resources					

G. Arts & Science College Kharsia  
 Faculty Scheme: SCHEME P.G. Date: 17/11/21  
 Signature: \_\_\_\_\_

**G. ARTS & SCIENCE COLLEGE KHARSIA (C.G.)**  
Student Feedback Form

Name of Student: Shreshth Agrawal Father's name: Mayank Agrawal  
 Class: BSc - II Subject: Physics Roll No: BUSP/15/003/050  
 Faculty Scheme: SCHEME P.G. Date: 17/11/21 Session: 2021-22

**Student Feedback Form for Teacher**  
 Name of Teacher: S. Eska, Sir  
 Paper: Physics

Sr.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Language					
6	Style					
7	Teaching Methodology					
8	Use of Resources					

**Student Feedback Form for Teacher**  
 Name of Teacher: Lallesh Chandra Sir  
 Paper: Chemistry

Sr.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Language					
6	Style					
7	Teaching Methodology					
8	Use of Resources					

**Student Feedback Form for Teacher**  
 Name of Teacher: Shivanshu Agrawal Sir  
 Paper: English

Sr.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Language					
6	Style					
7	Teaching Methodology					
8	Use of Resources					

**Student Feedback Form for Teacher**  
 Name of Teacher: Shivanshu Agrawal Sir  
 Paper: English

Sr.	Rating	Excellent	Very Good	Good	Average	Below Average
1	Depth of Content					
2	Quality of Content					
3	Relevance of Content					
4	Clarity of Content					
5	Language					
6	Style					
7	Teaching Methodology					
8	Use of Resources					

G. Arts & Science College Kharsia  
 Faculty Scheme: SCHEME P.G. Date: 17/11/21  
 Signature: \_\_\_\_\_



M.L.S. ARTS & SCIENCE COLLEGE BANGALORE  
Parent Feedback Form

Name of Student: Pratik Kumar

Roll No.: 20201007

Address: Pratik Nagar

Sr	Topic	Answer	Yes	No	Not	Date
1	Teacher's teaching methodology				✓	
2	Non-teacher staff				✓	
3	Infrastructure				✓	
4	Library				✓	
5	Attendance				✓	
6	Transportation				✓	

Signature of Parents: Vivek Kumar

M.L.S. COLLEGE  
Government of Karnataka, Bangalore  
Bangalore Phone: 080-26989000



M.L.S. ARTS & SCIENCE COLLEGE BANGALORE  
Parent Feedback Form

Name of Student: Pratik Kumar

Roll No.: 20201007

Address: Pratik Nagar

Sr	Topic	Answer	Yes	No	Not	Date
1	Teacher's teaching methodology				✓	
2	Non-teacher staff				✓	
3	Infrastructure				✓	
4	Library				✓	
5	Attendance				✓	
6	Transportation				✓	

Signature of Parents: Vivek Kumar

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