

**INTERNAL QUALITY ASSURANCE CELL  
FEEDBACK FOR CURRICULA / SYLLABI REVISION**

Choose your  
Appropriate Role

Student  Teacher  Alumni  Employer  Parents

## Employer

Faculty

Department

Program For Feedback

Name

Designation

Name of Organization

Nature:  Private Sector  Public Sector  Academic Institution  Other

Organization Website

Email Id (Institutional)

Email Id

Mobile No

**Please give your valuable feedback ratings (on the scale of 4 points, 4 is highest)**

1. Professional Competencies: The syllabi/ courses are able to achieve the intended Outcomes  4  3  2  1
2. Rate the sequencing of the contents in the syllabi/ courses  4  3  2  1
3. Rate the adequacy of coverage and credit allocation in syllabi/courses  4  3  2  1
4. Rate the adequacy of textbooks and reference materials mentioned in syllabi  4  3  2  1
5. Rate the syllabi content in terms of active engagement of the students  4  3  2  1
6. Rate the depth of the syllabus for the course in relation to the competencies expected by industry/global scenarios  4  3  2  1
7. The syllabi/course will help in adding competitiveness among learners and helps in carrier progression  4  3  2  1

**Area of Feedback**

**Enter your of Feedback**

**Suggestion**

**Enter Your Suggestion**

**Response Needed Email:**  Yes  No

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