

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

**Choose your  
Appropriate Role**

Student  Teacher  Alumni  Employer  Parents

**Student**

**Faculty**

**Department**

**Program for  
Feedback**

**Department**

**Name of  
Student**

**Program  
Name:**

**Year/Semester**

**Academic  
Year**

**Roll No**

**Email Id**

**Enter Your Email id**

**Mobile No**

**Enter your 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 Area of feedback**

**Suggestion**

**Enter your Suggestion**

**Response Needed Email**

Yes  No

**Submit**