



LOKMANYA TILAK JANKALYAN SHIKSHAN SANSTHA'S
PRIYADARSHINI LOKMANYA TILAK INSTITUTE OF MGMT STUDIES AND
RESEARCH

Priyadarshini Campus, Digdhoh Hills, Hingna Road, Nagpur- 440 019
Tel.: (07104) 244297 Email: principal.pltimsr@gmail.com Web: www.priyadarshinimba.com

Teacher's Feedback Form
(Academic Year 20 -20)

Date: _____

Name of the Teacher: _____

Designation: _____ **Date of Joining:** _____

Please ✓ appropriate box.

<i>Sr. No.</i>	<i>Assessment Factors</i>	<i>Strongly Agree (5)</i>	<i>Agree (4)</i>	<i>Satisfactory (3)</i>	<i>Disagree (2)</i>	<i>Strongly Disagree (1)</i>
1	The course objectives and outcomes are neatly specified in the prescribed curriculum.					
2	The content of curriculum establishes a good balance between theoretical principles and practical applications.					
3	The reference material mention in the curriculum is available in the library In sufficient numbers.					
4	The course and syllabi encompasses the need of industry and recent trends.					
5	The content of subject assigned enriches the knowledge at individual perspective in the subject area.					
6	Curriculum offers to add-on recent tool of teaching learning.					
7	The extent of curriculum offered at every stage is sensitive to degree of 'readiness' of individual students and group of students.					

P.T.O.

<i>Sr. No.</i>	<i>Assessment Factors</i>	<i>Strongly Agree (5)</i>	<i>Agree (4)</i>	<i>Satisfactory (3)</i>	<i>Disagree (2)</i>	<i>Strongly Disagree (1)</i>
8	Continuous Improvement and Evaluation (CIE) tool is followed as per academic calendar.					
9	The environment in the campus is conducive for teaching learning process.					
10	Administration policies are teacher friendly and provide support for individual up gradation.					

Suggestions, if any: _____

Signature

Evaluation Summary:

Total Score / Index (Max. 50)	
Converted to Percentage (%)	



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Alumni Feedback Form
(Academic Year 20 -20)

Date: _____

Name: _____

Course: _____ **Year of Passing:** _____

Specialization: 1. _____ 2. _____

Correspondence Address: _____

Contact Number: _____ **E-mail Id:** _____

<i>Details of Higher Education (if studying further)</i>	
Name of the Institute:	
Address of the Institute:	
Qualifying Exam:	
Duration:	
Year of passing:	

<i>Details of Current Employer / Organization(if working)</i>	
Name of the Organization:	
Address of the Organization:	
Date of Joining:	
Current Designation:	
Annual CTC:	
Contact Number:	

P.T.O.

Rate the following on the scale of 1 to 10 by putting \surd , 10 being the highest.

1. Rate your exposure to values and ethics in your course of study in the Institute.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

2. Rate your exposure to contemporary issues during your course of study in the Institute.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

3. Rate your experience about teaching-learning process in the Institute.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

4. Rate your exposure to industrial environment through Institute's mechanisms. (Industrial visits, summer internship programs, industry-institute interaction and guest lectures by experts from industry.)

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

5. Rate your ability to identify, formulate and solve the problems in your profession, based on knowledge acquired at the Institute.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

6. To what extent have you benefited from initiatives, by the Institute towards communication improvement?

1	2	3	4	5	6	7	8	9	10
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7. Rate the usefulness of facilities such as books, journals, e-journals etc. for preparation of seminar and project work, during your course of study in the institute, for tuning towards lifelong learning.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

8. Rate the contribution of curricular, co-curricular and extra-curricular activities, during your course of study, in the Institute in building your ability to work, on multi-disciplinary problems, as an individual or a member of a team.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

9. Rate the usefulness and relevance of education imparted at our Institute in the present job?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

10. Rate your overall experience as a student of our Institute.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Suggestions, if any: _____

Signature

Evaluation Summary:

Total Score / Index (Max. 100)	
Converted to Percentage (%)	



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Employer Feedback Form
(Academic Year 20 -20)

Date: _____

Name of Authority: _____

Name and Address of the Organization: _____

Designation: _____ Department: _____

Details of the Employee for whom Feedback is provided

Name of the Employee: _____

Designation: _____ Department: _____

Month and year of Joining: _____

Please ✓ appropriate box.

<i>Sr. No.</i>	<i>Assessment Factors</i>	<i>Excellent 5</i>	<i>Very Good 4</i>	<i>Good 3</i>	<i>Average 2</i>	<i>Poor 1</i>
1.	Ability of the employee to take initiative, demonstrate leadership and work in a team.					
2.	Ability of the employee to identify, formulate, interpret, analyze and solve problems.					

P.T.O.

<i>Sr. No.</i>	<i>Assessment Factors</i>	<i>Excellent 5</i>	<i>Very Good 4</i>	<i>Good 3</i>	<i>Average 2</i>	<i>Poor 1</i>
3.	Ability of the employee to understand professional and social responsibilities.					
4.	Ability of the employee to understand and take into considerations the economic, environmental, political and ethical issues.					
5.	Ability of the employee to use techniques, skills and modern managerial tools.					
6.	Ability of the employee to analyze constraints while doing work.					
7.	Ability of the employee to get inclined towards lifelong learning.					
8.	Ability of employee to handle the contemporary issues.					
9.	Ability of the employee as per his/her curriculum to meet the Industry requirements.					
10.	To what extent the curriculum of university meets the Industry requirements.					

Suggestions, if any:

Signature

Evaluation Summary:

Total Score / Index (Max. 50)	
Converted to Percentage (%)	



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Parent/Guardian Feedback Form
(Academic Year 20 -20)

Date:

Name: _____

Correspondence Address: _____

Contact Number: _____ **E-mail Id.:** _____

Name of Ward: _____

Year: _____ **Sem. /Div.:** _____

1. Are you satisfied with the infrastructure facilities of the Institute? : Yes / No
2. Are you satisfied with the discipline of the Institute? : Yes / No
3. Are you satisfied with the quality of teaching offered by the Institute?: Yes / No
4. Are you satisfied with the Extra and Co-curricular activities conducted by the Institute? : Yes / No
5. Does the Institute regularly inform you about performance of your ward? : Yes / No
6. Do you feel your ward has been given the support he/she needs to succeed? : Yes / No
7. Do you feel that the curriculum of your ward meets the industry requirements? : Yes / No
8. Are you satisfied with common support facilities provided by the institute? : Yes / No
9. Are you satisfied with the library facility provided by the institute? : Yes / No
10. Do you think that the requisite information is available on college website? : Yes / No

Suggestions if Any:

Signature

Evaluation Summary:

Total Score / Index (Max. 10)	
Converted to Percentage (%)	



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Student's Feedback Regarding Curriculum and Institution
(Academic Year 20 -20)

Date:

Name: _____

Class: _____ Roll No. _____ Div.: _____

Specialization, if applicable: 1. _____ 2. _____

Please ✓ Appropriate Box:

Sr. No.	Assessment Factors	Excellent 5	Very Good 4	Good 3	Average 2	Poor 1
1	Teacher is well prepared, organized and course material is well structured.					
2	Teaching plan is followed by the teacher as per the syllabus.					
3	Course Outcomes and Program Outcomes made clear by teacher at the time of teaching.					
4	Teacher is able to deliver contents with good communication skills and practical exposure.					
5	Teacher uses ICT Tools such as video lectures, power point presentations etc.					
6	Availability of Text and Reference Books in the library.					
7	Teacher encourages you to think and solve problems.					

P.T.O.

<i>Sr. No.</i>	<i>Assessment Factors</i>	<i>Excellent 5</i>	<i>Very Good 4</i>	<i>Good 3</i>	<i>Average 2</i>	<i>Poor 1</i>
8	Evaluation process followed by teacher is fair and impartial.					
9	Teacher encourages you to ask questions/doubts for making teaching session interactive and lively.					
10	Contents of curriculum are as per industry requirements and latest trends.					

Suggestions, if Any:

Signature

Evaluation Summary:

Total Score / Index (Max. 50)	
Converted to Percentage (%)	