Teachers Feedback Form

INTERNAL QUALITY ASSURANCE CELL [IQAC], R. U., RANCHI * All information will be kept strictly CONFIDENTIAL

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Name * Prof. Dr. Bijay Singh
Mobile Number * 9934320765
Name of the Department * Choose ▼
Designation * Choose ▼

Nature of Service	*						
Permanent		•					
Date of Joining the University PG Department * MM DD YYYY 03 / 15 / 1982							
Please Rate our e	fforts						
1= Average, 2= Good, 3= Very Good, 4= Excellent, 5= Outstanding							
1. Please rate the Vision, Philosophy and Objectives of the University. *							
	1	2	3	4	5		
Average	0	0	•	0	0	Outstanding	
Your overall rating regarding teaching, learning and academic environment *							
	1	2	3	4	5		
Average	0	0	•	0	0	Outstanding	

3. Aims and objectives of the syllabi are well defined and clear to teachers and students. Please rate.								
	1	2	3	4	5			
Average	0	0	0	•	0	Outstanding		
4. How do you rate the Library resources in your department? *								
	1	2	3	4	5			
Average	0	0	•	0	0	Outstanding		
5. How do you ra students?	5. How do you rate the computer facilities made available for ICT based online teaching to students?							
	1	2	3	4	5			
Average	0	0	•	0	0	Outstanding		
6. How do you rate the Infrastructural resources in your department ? *								
	1	2	3	4	5			
Average	0	0	•	0	0	Outstanding		
7. Is the Curriculum need based and as per current trends in society? Please rate. *								
	1	2	3	4	5			
Average	0	0	•	0	0	Outstanding		

8. How do you rate the career opportunities provided to you in terms of Orientation/ FIP/ Refresher Programmes?						k	
	1	2	3	4	5		
Average	0	0	•	0	0	Outstanding	
9. How do you rate the recognition/ appreciation of your work by the University? *							
	1	2	3	4	5		
Average	0	0	0	•	0	Outstanding	
10. Please rate w	10. Please rate whether the authorities are approachable and accessible. *						
	1	2	3	4	5		
Average	0	0	0	•	0	Outstanding	
11. Your Overall perception for the Curriculum: *							
	1	2	3	4	5		
Average	0	0	•	0	0	Outstanding	
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