

SANKRAIL ANIL BISWAS SMRITI MAHAVIDYALAYA

KULTIKRI, JHARGRAM

**Teachers' Feedback Form
(conducted in Session 2017-18)**

Name of the
Teacher:.....

Designation.....

Dept.....

Please tick your opinion in the scale 5 to 1

5 = Excellent; 4 = Good; 3 = Average; 2 = Poor; 1 = No idea

Sl. No.	Questionnaires	5	4	3	2	1
01.	Feedback on Administration					
02.	Feedback on Academic Interaction with faculty by the principal/authority					
03.	Feedback on Programme Assessment/Evaluation of the principal/authority					
04.	Feedback on Planning/Organising capacity of the principal/authority					
05.	Feedback on Provided Infrastructural Facilities by the principal/authority					
06.	Feedback on Communication skill of the principal/authority					
07.	Feedback on Skill Development Programme organised by the principal/authority					
08.	Overall Ranking					

Signature of the Teacher