



QUESTIONNAIRE

Internal Quality Assurance Cell

ASSESSMENT OF THE ACADEMIC PROGRAMME AND FACULTY BY STUDENTS

Institute / Department :..... Programme/Course:.....
Semester:..... Academic Year: _____ Date:.....

The objective of this exercise is to get your **valuable ratings** about the Academic programme you are pursuing, performance of the teachers who have conducted the classes (Theory / Practical / Tutorials) and the facilities in the Department. Please feel free to express your opinion without fear or prejudice. Please give your assessment for the following parameters on a **scale of 0 to 4**

(0-Very Poor; 1-Poor; 2-Average; 3-Good; 4-Very Good).

No Fractions please. Please score all the parameters.

Note: *This is a confidential feedback sought from you. Please do not leave any mark of your identity while filling up this form. The University processes the details with utmost care and Secrecy.*

SECTION-I: About the University

Sl. No.	Parameters	Score (0-4)
1	Publicity about the course/s and curriculum	
2	Fairness and transparency in the process of admission	
3	Response of administration to the needs of students	
4	Proper orientation provided for fresher's admitted to the course	
5	General facilities, infrastructure and eco-friendly nature of campus	
6	Opportunities provided for students to participate in sports and cultural events	
7	Facilities at Central Library	
8	Availability and access to internet facility/Wi-fi, e-books and e-journals	
9	Organization of special coaching for personality development and competitive exams	
10	Guidance and counseling provided by the University for employment	

SECTION-II: About the Department

Sl. No.	Parameters	Score (0-4)
1	Ambiance of the Department	
2	Co-operation and helpfulness of the office of the Department	
3	Curriculum/course content	
4	Adequacy and maintenance of lab/studio/workshops etc for your course	
5	Overall facilities in the Department	

SECTION-III: About the Teachers

Note: Score the teachers who have taught you in this semester or in the earlier semesters. (0-4)

Sl. No.	Parameters	Initials of the Teachers											
		T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	T11	T12
1	Knowledge level of the teacher about the subject.												
2	Completion of the prescribed syllabus as per the time table & term												
3	Regularity in taking classes												
4	Sincerity and Commitment towards academic work												
5	Communication and presentation skills of the teacher												
6	Use of support materials like blackboard/white board/audio-visual aids/Multimedia projector/ICT etc.												
7	Clarification of doubts/questions raised by students in the class												
8	Encouragement of feedback from students on teaching-learning and evaluation												
9	Guidance for collection of information, preparation of assignments, tests and exams												
10	Conduct of internal assessment and evaluation on time												
11	Methodology and criteria adopted by teachers for assessment of students												
12	Objective and impartial evaluation												
13	Treating students with respect and dealing with their problems in a friendly way												
14	Availability and accessibility of teacher beyond class hours												
15	Overall assessment of the Teacher for your academic progression.												
16	Acceptance of the teacher as a role model												

Please email the completed form to iqac.rdv14@gmail.com or post it on the following address: The Director, Internal Quality Assurance Cell(IQAC) Rani Durgavati Vishwavidyalaya, Saraswati Vihar, Pachpedi, Jabalpur (M.P.)