

NITIE, MUMBAI - 400 087

FEEDBACK FORMAT FOR MDP/UBP/SEMINAR

**Note - Please put Tick Mark (√) in the relevant box for the answer
(4 - Excellent ; 3 - Good; 2 - Fair ; 1 - Poor)**

1. Name of MDP / UBP / SEMINAR :
2. Name of the Participant :
3. Please write objectives of your attending this course and how far they have been realised ?

Sr. No.	Objectives	Level of Achievement			
i)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How would you rate the over all design of the course ?

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Conceptual framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Area & Subject coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Sequencing of topics/Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Distribution of Time among Various components of the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Relevance of reading material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Any other criterion (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please rate the effectiveness of the following pedagogical methods used in the programme ?

1) Lecture by faculty/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Interactive Discussions/Workshops/Case studies etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Visual aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Reading Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Course Name: _____
 (MDP / UBP / SEMINAR)

Course Leader : _____ Duration _____ Venue : _____

Sr. No.	Name of Faculty (Initials Only)	Date	SESSIONS	TOPIC	Relevance of Topic with overall aim of Course				Clarity of Concepts overall in the sessions				Level of Interaction between Faculty and Participant				Effectiveness of Delivery of Faculty			
					4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				

What additional topics would you suggest ? Any suggestions / Remarks

Participant's Signature & Name (Optional)
 with date

