

SHRI SHIVAJI EDUCATION SOCIETY AMRAVATI'S
Y. D. V. D. ARTS, COMMERCE AND SCIENCE COLLEGE, TEOSA,
DIST. AMRAVATI
STUDENTS FEEDBACK FORM

20 -20

Personal Information

Full Name: _____

E-mail: _____

Contact No: _____

Address: _____

Gender: _____

Name of Class Studying _____

Please tick (✓) the appropriate option

Sr.no.	Description	Excellent	Very good	Good	Satisfactory	poor
1	Curriculum					
2	Relevance of your degree to your job/life					
3	Library Facilities					
4	Computer/Wi-Fi/Internet Facilities					
5	Sports/Recreation Facilities Audio-visual Aids					
6	NSS					
7	Extra-curricular Activities					
8	Parking/Security					
9	Infrastructure					
10	Administration					
11	Quality of Education					
12	Quality of Teachers					
13	Assessment and Evaluation					
14	Innovative Teaching-learning Methodology					

Signature of Student

