

SADANLAL SANWALDAS KHANNA GIRLS' DEGREE COLLEGE

(A Constituent College of the University of Allahabad)

Accredited Grade 'A' By NAAC

STUDENT FEEDBACK FORM

(Design and Review of Syllabus)

Specimen

Name:-

Age (in years):-

Class :-

Contact No:-

Email:-

1. Course in which you are admitted follows-	a) Semester System <input type="checkbox"/> b) CBCS <input type="checkbox"/> c) Year Wise/Annual System <input type="checkbox"/>
2. Are you satisfied with the content of the syllabus? If No, state the reason/s	a) Yes <input type="checkbox"/> b) No <input type="checkbox"/>
3. Do you think components of syllabus have contemporary relevance? If Not, state the reason/s	a) Yes <input type="checkbox"/> b) No <input type="checkbox"/>
4. What changes you feel are appropriate in present time in respect of syllabus?	

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PARENT FEEDBACK FORM

(Design and Review of Syllabus)

Specimen

Name:-

Age (in years):-

Education:-

Occupation:-

Contact No:-

Email:-

1. System under which your ward is studying? (Tick Any One)	a) Semester System <input type="checkbox"/> b) CBCS <input type="checkbox"/> c) Year Wise/Annual System <input type="checkbox"/>
2. Are you satisfied with the above system? If No, state the reason	a) Yes <input type="checkbox"/> b) No <input type="checkbox"/>
3. Does the content of syllabus causing stress to your ward?	a) Yes <input type="checkbox"/> b) No <input type="checkbox"/>
4. Is the course content helpful for the future of your child?	a) Yes <input type="checkbox"/> b) No <input type="checkbox"/>
5. Would you like to suggest any changes in the syllabus?	

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TEACHER FEEDBACK FORM

(Design and Review of Syllabus)

Name:-

Faculty:-

Designation:

Department:

Contact No:-

Email:-

Specimen

1. Course/s in which you are imparting education (Tick all that applies)	a) Semester System <input type="checkbox"/> b) CBCS <input type="checkbox"/> c) Year Wise/Annual System <input type="checkbox"/>
2. Are you satisfied with the above system/s? If No, state the reason/s	a) Yes <input type="checkbox"/> b) No <input type="checkbox"/>
3. Are you satisfied with the contents of the syllabus? If No, state the reason/s	a) Yes <input type="checkbox"/> b) No <input type="checkbox"/>
4. What do you desire to be added in the course content?	
5. Any other suggestions -	

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ALUMNI FEEDBACK FORM (Design and Review of Syllabus)

Specimen

Name:-

Age (in years):-

Course :-

Contact No:-

Email:-

1. Is the course content helpful for your future or job prospects?	a) Yes <input type="checkbox"/>	b) No <input type="checkbox"/>
2. Did you gain something from the course content?	a) Yes <input type="checkbox"/>	b) No <input type="checkbox"/>
3. What do you desire to be added in the syllabus?		
4. Any suggestions -		