

# SHIVAJI UNIVERSITY KOLHAPUR

## FEEDBACK FORM

(Feedback Form for Student/Teaching/Non-Teaching staff only)

Name of the College:- \_\_\_\_\_

Name of the Lead College:- Ashokrao Mane Group of Institutions, Vathar tarf Vadgaon

Name of Participant: \_\_\_\_\_

Name of Program:- \_\_\_\_\_

- A) Your observations about program organized lead college activity. (Please ✓ mark at appropriate place)

Very Good	Good	Satisfactory	Not Satisfactory

- B) Whether you have benefited by the program? (Please ✓ mark at appropriate place)

Yes ☐ No ☐ Don't know ☐

- C) From the following, in which you have benefited by the program (Please ✓ mark at appropriate place)

		Yes	No
1	Knowledge up gradation		
2	New information received		
3	Scope for artistic skills		
4	Development of research attitude		
5	Improvement in communication skills		
6	Helpful in personality development		

- D) Other benefits:

\_\_\_\_\_  
\_\_\_\_\_

- E) What type of programs Institute/College would have to organize in future:-

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Participant**