MEWAR INSTITUTE OF MANAGEMENT

Department of Education

B.Ed./B.T.C.

FEEDBACK FORM FOR GUEST LECTURE

Roll No. _____ Name of the Student : _____

Topic : _____

Name of the Speaker : _____

If you attended the guest lecture we would like to make sure that the sessions were relevant and useful. Give your appropriate feedback to make the future lectures more beneficial for you.

- **Please '√' the option you find most suitable.**

S.No	Particular	Extremely Good	Good	Quite Good	Poor
1.	How was the overall organization of the lecture?				
2.	How relevant was the content discussed by the speaker?				
3.	Are you satisfied with the time and venue?				
4.	How much interesting this session was for you?				
5.	How was your preparation about the topic before the guest lecture?				
6.	Did the lecture cover what you were expecting?				
7	What is your opinion about the speaker?				
8	How much this session was useful from the knowledge and information point of view				
9	Overall effectiveness of the lecture				

Additional comments and suggestions for future

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Date: _____ **Thank You**