

Faculty Development Programme

Feedback Form

FDP Name: _____ Date: _____

Name of the Institution (Where FDP organised): _____

Name of the Participant: _____ Father's Name: _____

Educational Qualification: _____

Affiliated Institute with Designation: _____

Teaching Experience: _____

Address: _____

Phone No: _____ Mobile No: _____ e-mail ID: _____

- Whether any programme of this type was attended earlier by you? (Kindly tick mark)

Yes _____ No _____

Give Details If Yes: _____

If Yes, whether this programme is better than the previous one

Yes _____ No _____

Give reason for your answer _____

- Write down the benefits got by attending this programme?

- Write down your experience of such type of interaction with experts from different institutes before this programme?

- Does this programme have brought any change in your understanding of the subject, teaching skills and your attitude towards the teaching profession?

- Have you found any innovative idea of making teaching-learning process more interesting from this programme? Explain.

- Whether initiatives like this should be organized in the coming future or not? Give reason.

- What amount of course fee should be charged for such programme?

- Please give the brief detail of your experience?

- Kindly give rating to the different aspects of FDP (Out of 10 marks)

Particular	Marks Given	Any Remarks
(a). Infrastructure	<hr/>	<hr/>
(b). Course Content	<hr/>	<hr/>
(c). Resource Persons	<hr/>	<hr/>
(d). Presentations	<hr/>	<hr/>
(e). Interactive Sessions	<hr/>	<hr/>
(f). Reading Material	<hr/>	<hr/>
(g). Basic Facilities	<hr/>	<hr/>
(h). Overall	<hr/>	<hr/>

Signature of the Participant

Course Co-ordinator