APLL.

FEEDBACK FORM

Dear Student,

In our endeavour to keep up with you and deliver the best during your association with us, we would appreciate your valuable feedback. Please share your views regarding the course content, your understanding of the module and the manner in which it was covered about the faculty and the lab facilities. Your feedback will go a long way in helping us

Name .... SID: ....

Address ....

Telephone No.Mobile: ....

E-mail Id ....

Center Name _____ Batch Start Date _____ Batch No. _____ Time _____

Location: _____ Faculty's Name: _____

Course: DigiSmart-1 ☐   DigiSmart-2 ☐   DigiSmart-Combined ☐   Smart Commerce ☐

IT Smart Plus ☐   Smartizen ☐   Smartnetizen ☐   IT Smart Pro ☐   IT Smart ☐

1.Presentation style of Faculty ?

Excellent	Good	Average	Poor

2. Subject Matter Covered

Excellent	Good	Average	Poor

3.Faculty's response to your queries/doubts?

Excellent	Good	Average	Poor

4.Is the faculty Punctual?

Always in Time	Sometime Late	Always Late

5.Course materials/content & quality:

Excellent	Good	Average	Poor

6.Lab facilities:(Hardware/Software)

Excellent	Good	Average	Poor

7.Support by faculty in lab:

Excellent	Good	Average	Poor

Overall Suggestions / Remarks:

_____

_____

_____

APLL.

Signature:_____

SuppOrt