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 .....

Mobile No: ..... **E-mail Id** .....@.....

Center Name: _____Batch Start Date: _____Batch No. _____ Time_____

Location: _____Faculty's Name: _____

Course: IT Smart Plus ☐ IT Gen Plus ☐ Smart Commerce Plus ☐ Smart Commerce ☐
Gen Commerce ☐ Gen Commerce Plus ☐ Digi Gen ☐ DigiSmart-2 ☐ DigiSmart New ☐

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?

Excellent	Good	Average	Poor

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:

_____

_____

_____

Signature: _____

Support
Email: support@apll.info
Website: www.apll.info
Working towards customer delight