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#### **TEACHERS FEEDBACK FORM**

<u>Academic year : 2019 – 20</u>







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Teachers Feedback Form	
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* Indicates required question	
Email *	
manikkal.eccs@excelcolleges.com	
Name of the Faculty *	
Mrs.C.MANIKKAL	
Department *	
B.Com	
Aim and objectives of the syllabus are well defined	
Strongly Agree	
Agree	
Neutral	
Strongly Dis Agree	
Disagree	
	Clear selection









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Laboratory requirement meet experiments of curriculum *
Strongly Agree
O Agree
O Neutral
O Strongly Disagree
O Disagree
Computer facilities are available *
Strongly Agree
○ Agree
O Neutral
Strongly Disagree
O Disagree
Good Facility and encouragement to teachers for their research *
Strongly Agree
O Agree
O Neutral
O Strongly Disagree
O Disagree









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Teachers Feedback Form Course contents are research oriented \* Strongly Agree Agree O Neutral Strongly Disagree Disagree Course has good balance between theory and practical \* Strongly Agree O Agree Neutral Disagree Strongly Disagree Tests and examinations are conducted well in time with proper coverage of all units in syllabus Strongly Agree O Agree Neutral O Disagree Strongly Disagree







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Clear selection









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Computer facilities are	e available *
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Name of the Faculty *	
Mr.B.ARULRAJ	
Department *	
B.A.English	
Aim and objectives of the syllabus are well defined	
Strongly Agree	
○ Agree	
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Strongly Dis Agree	
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	Course has good balance between theory and practical *	
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balasaravanan.eccs@excelcolleges.com	
Name of the Faculty *	
Mr.B.BALASARAVANAN	
Department *	
B.A.English	
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Strongly Agree	
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Strongly Disagree .	
○ Disagree	











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