

Students Feedback Form (Science Stream)

The form collects feedback from current students about teaching learning activity in the Department.

* Required



1. Email *

2. Name of the student *

3. Year of admission *

4. Semester *

Mark only one oval.

1st

2nd

3rd

4th

5th

6th

5. College Roll No *

6. University Roll No.

7. What percentage of syllabus was covered in your last semester? *

Mark only one oval.

- Above 85%
- 70-84%
- 50-69%
- Below 50%



8. 2. What percentage of teachers use ICT tools? *

Mark only one oval.

- Above 90%
- 50-89%
- Below 50%

9. 3. Does the Department takes active interest in field visit/excursion as per syllabus? *

Mark only one oval.

- Regularly
- Sometimes
- Never

10. 4. Do you get access to your Departmental/Seminal Library? *

Mark only one oval.

- yes
- No

11. 5. Does the Laboratory infrastructure is adequate to meet your academic need?

*

Mark only one oval.

Yes

No



12. 6. Do your teachers illustrate the concepts through examples and applications?

*

Mark only one oval.

Everytime

Occassionally

Never

13. 7. Do the Faculty and staff helpful and supportive? *

Mark only one oval.

yes

No

14. 8. Do your teachers encourage you to participate in extra- curricular activity? *

Mark only one oval.

Always

Sometimes

Never

15. 9. How far do you consider your internal evaluation process to be fair? *

Mark only one oval.

Usually fair

Unfair



16. 10. Give one suggestion for improvement of academic activity in your Department. *

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