



# GANGA GLOBAL INSTITUTE OF TEACHER EDUCATION

Ramzanpur, Begusarai-851129, Bihar

Feedback form Also Available on College Website : [www.ggite.ac.in](http://www.ggite.ac.in)

## Academic Feedback Form

Name of the Student:..... Course:.....

Session :.....Roll No.....Contact No.:.....

### Directions:

For each item, please indicate your level of agreement with the following statement by choosing a [✓] Score between 1 and 5. A Higher score indicates a stronger agreement with the statement.

| Sl. No. | Particulars   | 1 | 2 | 3 | 4 | 5 |
|---------|---|---|---|---|---|---|
| 1       | The Teacher cover the entire syllabus   |   |   |   |   |   |
| 2       | The teacher discusses topic in detail   |   |   |   |   |   |
| 3       | The teacher possesses deep knowledge of the subject taught  |   |   |   |   |   |
| 4       | The teacher communicates clearly  |   |   |   |   |   |
| 5       | The teacher inspires me by his/her knowledge in the subject   |   |   |   |   |   |
| 6       | The teacher punctual to the class   |   |   |   |   |   |
| 7       | The teacher engages the class for the full duration and completes the course in time                            |   |   |   |   |   |
| 8       | The teacher comes fully prepared for the class  |   |   |   |   |   |
| 9       | The teacher provides guidance counseling in academic and non-academic matter in/outside the class               |   |   |   |   |   |
| 10      | The teacher encourages participation and discussion in class (Teacher-Student, student-student )                |   |   |   |   |   |
| 11      | The teacher encourages and values disagreement  |   |   |   |   |   |
| 12      | The teacher uses modern teaching aids/gadgets, doubts, suggestion of references, PPT, web resources (Any other) |   |   |   |   |   |
| 13      | The teacher Pays attention to academically weaker students as well as slow learners                             |   |   |   |   |   |
| 14      | The teacher relates the course material with real world Situations  |   |   |   |   |   |
| 15      | The teacher's attitude toward the students was friendly and Helpful   |   |   |   |   |   |
| 16      | If any other remarks / suggestions:   |   |   |   |   |   |

Students Sign. /Date : \_\_\_\_\_

Signature of Principal



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## GENERAL ADMINISTRATION FEEDBACK FORM

Name of the Student:.....

Course:.....Roll No.:.....Session.....

### Directions:

For each item, please indicate your level of agreement with the following statement by choosing a [✓] Score between 1 and 5. A Higher score indicates a stronger agreement with the statement.

| Sl. No. | Particulars  | 1 | 2 | 3 | 4 | 5 |
|---------|--|---|---|---|---|---|
| 1       | Is the office helpful in administrative matters  |   |   |   |   |   |
| 2       | Do you receive the mark statements in time and easily  |   |   |   |   |   |
| 3       | Are there enough clean class rooms available In the Department                                     |   |   |   |   |   |
| 4       | Are the toilets Cleaned properly   |   |   |   |   |   |
| 5       | Are you provided with enough drinking water  |   |   |   |   |   |
| 6       | Are you happy with the food served in the present Canteen  |   |   |   |   |   |
| 7       | Do You think that your grievances are redressed  |   |   |   |   |   |
| 8       | All the academic processes of the institute is transparent   |   |   |   |   |   |
| 9       | Are the Lab. Equipment's are in proper working Conditions  |   |   |   |   |   |
| 10      | Are you provided with adequate quantity of chemicals and specimen for carrying out Lab. Activities |   |   |   |   |   |
| 11      | The institute provides sufficient opportunity to participate in extracurricular activities         |   |   |   |   |   |
| 12      | Are you a beneficiary of free education scheme of your institution                                 |   |   |   |   |   |
| 13      | Overall Rating   |   |   |   |   |   |
| 14      | <b>Any If any other suggestions/remarks:</b><br>.....<br>.....<br>.....<br>.....<br>.....<br>..... |   |   |   |   |   |

Students Sign./Date : \_\_\_\_\_

Signature of Principal



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## LIBRARY FEEDBACK FORM

Name of the Student: .....

Course : ..... Roll No.: ..... Session.....

### Directions:

For each item, please indicate your level of agreement with the following statement by choosing a [✓] Score between 1 and 5. A Higher score indicates a stronger agreement with the statement.

| Sl. No. | Particulars  | 1<br>★ | 2<br>★ | 3<br>★ | 4<br>★ | 5<br>★ |
|---------|--|--------|--------|--------|--------|--------|
| 1.      | How often do you visit the library   |        |        |        |        |        |
| 2.      | Are the required number of titles in Your subject available in the library     |        |        |        |        |        |
| 3.      | Are you satisfied with the cataloguing and arrangement of books in the library |        |        |        |        |        |
| 4.      | Are you satisfied with the available Reading Space in the Library              |        |        |        |        |        |
| 5.      | Are the library staff co-operative and Helpful                                 |        |        |        |        |        |
| 6.      | Are you able to make use of Xerox facility in the library                      |        |        |        |        |        |
| 7.      | Are ICT facilities available in Library  |        |        |        |        |        |
| 8.      | Is your Library fully Automated  |        |        |        |        |        |
| 9.      | Is your library is enabled and access of Web OPAC System                       |        |        |        |        |        |
| 10.     | Are you able to use of e – resources facility in Library/Web OPAC system       |        |        |        |        |        |
| 11.     | Give me Overall of rating in Library facility                                  |        |        |        |        |        |

Give three observation / suggestions to improve the overall in Library Facilities in your institution.

- 1.....
- 2.....
- 3.....

Students Sign./Date : \_\_\_\_\_ Signature of Librarian: \_\_\_\_\_



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## Students Curriculum Feedback

**The Internal Quality Assurance Cell seeks your valuable feedback for enhancing the quality of education**

**Name of the Student:**.....

**Course :**.....**Roll No.:**.....**Session**.....

Choose appropriate option against each question based on your agreement with the question. **Excellent** indicates strong agreement and **Poor** indicates low agreement.

### **Section A**

| Sl. No. | Question  | Excellent | Good | Satisfactory | Poor |
|---------|---|-----------|------|--------------|------|
| 1       | Satisfaction with the content of present Syllabus   |           |      |              |      |
| 2       | In your opinion how updated your syllabus is  |           |      |              |      |
| 3       | Availability of reference books for present curriculum                                    |           |      |              |      |
| 4       | Relevance of present curriculum in contemporary scenario                                  |           |      |              |      |
| 5       | Usefulness of Syllabus for competitive exams/ Higher learning                             |           |      |              |      |
| 6       | Ability of syllabus to inculcate social values  |           |      |              |      |
| 7       | The books prescribed/listed as reference materials are relevant, updated and appropriate. |           |      |              |      |
| 8       | Suggest any new course (Short Term/ Diploma / Degree) to be started in your college       |           |      |              |      |

### **Section B: Your opinion/suggestion for improvement in the contents of syllabus**

Note : if any more information please attached separate sheet/documents

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**Students Signature & Date**

**Signature Principal**



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## Expert/Faculty Curriculum Feedback

**The Internal Quality Assurance Cell seeks your valuable feedback for enhancing the quality of education**

**Dear Expert/Faculty Member** the College values your input as you provide feedback about the curriculum. This questionnaire is intended to collect information relating to your satisfaction towards the curriculum. The main objective of this feedback on curriculum is to update this considering the needs and requirements for student's employability, higher studies or entrepreneurship.

Choose appropriate option against each question based on your agreement with the question. **Excellent** indicates strong agreement and **Poor** indicates low agreement.

### **Section A**

| Sl. No. | Question   | Excellent | Good | Satisfactory | Poor |
|---------|--|-----------|------|--------------|------|
| 1       | Syllabus is suitable to the course and need based.   |           |      |              |      |
| 2       | The course/syllabus has good balance between theory and application or practical.                |           |      |              |      |
| 3       | The learning objectives are clear and appropriate to the program.                                |           |      |              |      |
| 4       | The system followed by the university for the design and development of curriculum is effective. |           |      |              |      |
| 5       | The curriculum has the potential in developing the habit of self-learning among the students.    |           |      |              |      |
| 6       | The curriculum has focus on skill development.   |           |      |              |      |
| 7       | The books prescribed/listed as reference materials are relevant, updated and appropriate.        |           |      |              |      |
| 8       | The curriculum has been updated from time to time.   |           |      |              |      |
| 9       | Is the subject / its syllabus interesting for majority of students?                              |           |      |              |      |
| 10      | Does the syllabus cover modern & advanced topics?  |           |      |              |      |
| 11      | Is the syllabus designed for the preparation of competitive examination?                         |           |      |              |      |
| 12      | Is the syllabus designed in a way to improve Employment?   |           |      |              |      |

### **Section B: Your opinion/suggestion for improvement in the contents of syllabus**

Note : if any more information please attached separate sheet/documents

**Programme Name :.....Course Code :.....**

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**Name & Designation: .....**

**Date : .....**