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| **1** | Name of the Participant |  |
| **2** | Designation |  |
| **3** | Email |  |
| **4** | Name of the Organization/Institute |  |

**Course Feedback (Please tick appropriate box):**

|  |  |  |  |  |  |  |
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| **S. No.** | **Reference Parameter** | **Poor (1)** | **Average (2)** | **Good** **(3)** | **Very Good (4)** | **Excellent (5)** |
| **1** | Academic Content, Organization and Selection of Topics. |  |  |  |  |  |
| **2** | Overall Quality of Lecture Notes/ Handouts /Examples. |  |  |  |  |  |
| **3** | Lab Demonstrations/Practice Sessions. |  |  |  |  |  |
| **4** | Quality of Speakers. |  |  |  |  |  |
| **5** | Question/Answer/Discussion Encouraged During the Class. |  |  |  |  |  |
| **6** | Administration and Communication. |  |  |  |  |  |
| **7** | Your overall Assessment of the Course. |  |  |  |  |  |

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| **Final Remarks and Suggestions for Improvement** |
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