



## FEEDBACK FROM- STUDENTS

Students Name:

Batch:

Specialization:

Semester:

Sr .No .	Par amet er s	Rat ing
1	Course Content	
2	Relevance to the Current Trends	
3	Sequene of Units in Syllabus	
4	Numbers of Hours dedicated	
5	Options of electives	
6	Ability to Improve skills	
7	Coverage for Understanding Concept	
8	Relevance to the real life applications	
9	Ability to create Interest	
10	Overall	

RATING SCALE: 1 TO 10 (1 - VERY POOR, 10- EXCELLENT)

# FOSTER DEVELOPMENT SCHOOL OF MANAGEMENT

(Parent's Feedback Form)

Dear Parent, FDSM believes in Educational Excellence through continuous improvement. Requesting your kind self to review the syllabus course and provide feedback on the same. Your inputs would be utilized for academic purpose only

Name of the Parent: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Batch: \_\_\_\_\_

Request to allocate a Number in the ratings. Ratings: 1- Very Poor; 10-Excellent

<b>SR.NO.</b>	<b>PARAMETERS</b>	<b>RATING</b>
1	Course Content	
2	Relevance to the Current Trends	
3	Preparedness for being Industry Ready	
4	Options of Electives/Specialization	
5	Ability to Improve skills	
6	Coverage for Understanding Concept	
7	Relevance to the real life applications	
8	Ability to create Interest	
9	Infrastructure Provision for Effective Course Implementation	
10	Overall	

Any Other Suggestions: \_\_\_\_\_

*Thank you for Your Valuable Inputs!*

**Sign of Parent**

# FOSTER DEVELOPMENT SCHOOL OF MANAGEMENT

## Alumni's Feedback Form

Name: \_\_\_\_\_

Batch: \_\_\_\_\_

Specialization: \_\_\_\_\_

Request to allocate a Number in the ratings. Ratings: 1- Very Poor;10-Excellent

<b>SR.NO.</b>	<b>PARAMETERS</b>	<b>RATING</b>
1	Course Content	
2	Relevance to the Current Trends	
3	Sequene of Units in Syllabus	
4	Numbers of Hours dedicated	
5	Options of electives	
6	Ability to Improve skills	
7	Coverage for Understanding Concept	
8	Relevance to the real life applications	
9	Ability to create Interest	
10	Overall	

Any Other Suggestions: \_\_\_\_\_

*Thank you for Your Valuable Inputs!*

# FOSTER DEVELOPMENT SCHOOL OF MANAGEMENT

## Teacher's Feedback Form

Name: of the Teacher: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Request to allocate a Number in the ratings. Ratings: 1- Very Poor;10-Excellent

SR.NO.	PARAMETERS	RATING
1	Course Content	
2	Relevance to the Current Trends	
3	Preparedness for being Industry Ready	
4	Options of Electives/Specialization	
5	Ability to Improve skills	
6	Numbers of Hours dedicated	
7	Coverage for Understanding concept	
8	Relevance to the real life application	
9	Ability to create Interest	
10	Infrastructure Provision for Effective Course Implementation	
11	Overall	

Any Other Suggestions: \_\_\_\_\_

*Thank you for Your Valuable Inputs!*

Sign of Teacher

# FOSTER DEVELOPMENT SCHOOL OF MANAGEMENT

## Employer's Feedback Form

Name: of the Employer: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Request to allocate a Number in the ratings. Ratings: 1- Very Poor;10-Excellent

Any Other Suggestions: \_\_\_\_\_

SR.NO.	PARAMETERS	RATING
1	Course Content	
2	Relevance to the Current Trends	
3	Preparedness for being Industry Ready	
4	Options of Electives/Specialization	
5	Ability to Improve skills	
6	Numbers of Hours dedicated	
7	Coverage for Understanding concept	
8	Relevance to the real life application	
9	Ability to create Interest	
10	Infrastructure Provision for Effective Course Implementation	
11	Overall	

*Thank you for Your Valuable Inputs!*

Signature