



CSI COLLEGE OF ENGINEERING, KETTI

Approved by AICTE, New Delhi (F.No.730-52-301 (E)ET/97 dated NOV. 17, 1997),
Government of Tamil Nadu (vide GO Ms. No, 112, dated 23.3.1998),
Affiliated to Anna University, Chennai (Tamil Nadu Act 26 of 2001 w.e.f.31.12.2001).

INTERNAL QUALITY ASSURANCE CELL

Student Feedback Form

(If the student filling the form has less than 75% attendance he/she is requested not to fill the form)

Name of the Student : _____

Program [√] : BE B. TECH ME

Branch : _____

Semester : 1 2 3 4 5 6 7 8

Section : A B

1- Very Good(VG), 2- Good(G), 3- Fair(F), 4- Satisfactory(S), 5- Need Improvement (NI)

S.NO	Facilities	VG	G	F	S	NI
1	Class room environment					
2	Lab Facilities					
3	Library Facility					
4	Computer Facility					
5	Transport Facility					
6	Campus cleanliness					
7	Response of administrative staff to general queries					
8	Training and placement					
9	Rest Room Facilities					
10	Drinking water Facilities					
11	Hostel Facilities					
12	Canteen Facilities					
13	Ragging control					
14	Gym/Sports					
15	Co-curricular & Extra curricular activities					



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5- Very Good(VG), 4- Good(G), 3- Fair(F), 2- Satisfactory(S), 1- Need Improvement (NI)

Mention the above Criterias in Numbers for Each subject

S.N O	Academic aspects of Faculty	Theory subjects						Practical subjects		
		Subject-1	Subject-2	Subject-3	Subject-4	Subject-5	Subject-6	Subject-7	Subject-8	Subject-9
1	Communication skill									
2	Quality standard of course curriculum of course									
3	Knowledge level of teachers in delivery of course									
4	Effectiveness of your in delivery of course by means of examples									
5	Interest shown by teachers towards students									
6	Does the teacher pay attention to weak students									
7	Teachers help to clarify your doubts-in & out of class									
8	Regularity of Teachers to the Classroom									
9	Effectiveness of using PPT, OHB, Prototype, Videos, etc.,									
10	Encouragement given to Seminars, Projects, Conferences									
	Total Marks for Each subject									

Suggestion for Improvement :

Signature with Date: