

MRM INSTITUTE OF MANAGEMENT

Chinthapallyguda (V), Ibrahimpatnam (M), R.R. Dist., Telangana State -501510

FACULTY FEEDBACK FORM

College Code: 2138

Date: _____

Name of the Faculty: _____ Designation: _____

Specialization _____ No. of Years Experience _____

COURSE AND CURRICULUM

S. No	Description	Rating			
		Poor	Satisfactory	Good	Excellent
1	Relevance of textbooks and reference books available in college				
2	Updated concepts in the curriculum as per Osmania University are implemented				
3	The course outcomes are well defined and clear?				
4	Opportunities for employment and entrepreneurship				

INTERNAL ASSESSMENT

S. No	Description	Rating			
		Poor	Satisfactory	Good	Excellent
1	Does the internal exams are conducted as per OU almanac				
2	Promptness in evaluating answer scripts				
3	Transparency in Internal assessments				

WORK ENVIRONMENT

S. No	Description	Rating			
		Poor	Satisfactory	Good	Excellent
1	Job satisfaction in the work place				
2	Relation with colleagues				
3	Teaching aids in class room				
4	Seating arrangements for faculty				
5	Academic independence in college				
6	Opinion about salary satisfaction				
7	Increments given as per performance				

Note: Download & Submit feedback form for the present academic year