

## Curriculum Feedback

Feedback from:	Student/ Parent/ Alumni		
Name:	Dr. Thirumalai		
Reg. No:	Head. Asst. Professor		
Course:			
Phone Number:	7200950740		
Email:	ktoragan@gmail.com		
<b>1. Synchronization of Theory and Practical:</b>			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>2. Availability of Textbooks / Study materials:</b>			
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>3. Coverage of Modern / Advanced Topics:</b>			
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>4. Do the subjects satisfy ones need?</b>			
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>5. Usage of Technology and Teaching Aids:</b>			
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>6. Students Follow up:</b>			
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>7. Usefulness of Tests and Assignments:</b>			
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>8. Overall rating during the programme of study:</b>			
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>9. The prescribed curriculum design helped you to gain knowledge?</b>			
<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No
<b>10. Is the curriculum structure relevant to the progress higher education?</b>			
<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No

11. Is the curriculum design applicable to real life situation?

Yes

No

12. Has the curriculum structure kindled research aptitude?

Yes

No

13. Is the curriculum structure helpful for you to adapt yourself to your career?

Yes

No

14. Whether the Curriculum is helpful in making you as an Entrepreneur?

Agree

Strongly Agree

Neutral

Disagree

15. New subjects to be added to the proposed curriculum:

—

16. Subjects to be removed from the present curriculum:

—

17. Are there topics that should be added to the subject?

Subjects Name:

—

Topics to be added:

—

18. Whether you have done project/ Internship/ Inplant Training?

Yes

No

If Yes:

19. General suggestions for improvement of the curriculum:

Batch:

*Thiruchi*  
Name & Signature

2019-2020

## Curriculum Feedback

Academic Peer.

Feedback from:	Student/ Parent/ Alumni				
Name:	Dr. Kumaravel.				
Reg. No:	Head, Dept. of Social Work				
Course:	RANIYD, Sriperumbudur				
Phone Number:	9943060496				
Email:					
<b>1. Synchronization of Theory and Practical:</b>					
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>2. Availability of Textbooks / Study materials:</b>					
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>3. Coverage of Modern / Advanced Topics:</b>					
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>4. Do the subjects satisfy ones need?</b>					
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>5. Usage of Technology and Teaching Aids:</b>					
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>6. Students Follow up:</b>					
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>7. Usefulness of Tests and Assignments:</b>					
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>8. Overall rating during the programme of study:</b>					
<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory
<b>9. The prescribed curriculum design helped you to gain knowledge?</b>					
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>		No	
<b>10. Is the curriculum structure relevant to the progress higher education?</b>					
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>		No	

11. Is the curriculum design applicable to real life situation?				
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		
12. Has the curriculum structure kindled research aptitude?				
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		
13. Is the curriculum structure helpful for you to adapt yourself to your career?				
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		
14. Whether the Curriculum is helpful in making you as an Entrepreneur?				
<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree	<input checked="" type="checkbox"/>	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree
15. New subjects to be added to the proposed curriculum:		—		
16. Subjects to be removed from the present curriculum:		—		
17. Are there topics that should be added to the subject?				
Subjects Name: —				
Topics to be added: —				
18. Whether you have done project/ Internship/ Inplant Training?				
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		
If Yes: —				
19. General suggestions for improvement of the curriculum:				
—				

Batch:

*Samuel.*

Name & Signature

2019-2020

## Curriculum Feedback

Academic year

Feedback from:	Student/Parent/Alumni			
Name:	Dr. Gunavathi			
Reg. No:	Associate professor			
Course:				
Phone Number:	9444 739024			
Email:				
<b>1. Synchronization of Theory and Practical:</b>				
<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>2. Availability of Textbooks / Study materials:</b>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>3. Coverage of Modern / Advanced Topics:</b>				
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>4. Do the subjects satisfy ones need?</b>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>5. Usage of Technology and Teaching Aids:</b>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>6. Students Follow up:</b>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>7. Usefulness of Tests and Assignments:</b>				
<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>8. Overall rating during the programme of study:</b>				
<input checked="" type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>9. The prescribed curriculum design helped you to gain knowledge?</b>				
<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No
<b>10. Is the curriculum structure relevant to the progress higher education?</b>				
<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No

<b>11. Is the curriculum design applicable to real life situation?</b>			
<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No
<b>12. Has the curriculum structure kindled research aptitude?</b>			
<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No
<b>13. Is the curriculum structure helpful for you to adapt yourself to your career?</b>			
<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No
<b>14. Whether the Curriculum is helpful in making you as an Entrepreneur?</b>			
<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Disagree
<b>15. New subjects to be added to the proposed curriculum:</b>			
<b>16. Subjects to be removed from the present curriculum:</b>			
<b>17. Are there topics that should be added to the subject?</b>			
Subjects Name: _____			
Topics to be added: _____			
<b>18. Whether you have done project/ Internship/ Inplant Training?</b>			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
<b>If Yes:</b>			
<b>19. General suggestions for improvement of the curriculum:</b>			
_____			

Batch:

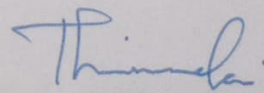
*Genavathi*  
Name & Signature

## Curriculum Feedback

Feedback from:	Student/ Parent/ Alumni			
Name:	Dr. Thirumalai			
Reg. No:	Head Asst. Professor			
Course:				
Phone Number:	7200950740			
Email:	kthoragan@gmail.com			
<b>1. Synchronization of Theory and Practical:</b>				
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>2. Availability of Textbooks / Study materials:</b>				
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<b>4. Do the subjects satisfy ones need?</b>				
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<b>5. Usage of Technology and Teaching Aids:</b>				
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>6. Students Follow up:</b>				
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>7. Usefulness of Tests and Assignments:</b>				
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>8. Overall rating during the programme of study:</b>				
<input type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	
<b>9. The prescribed curriculum design helped you to gain knowledge?</b>				
<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No
<b>10. Is the curriculum structure relevant to the progress higher education?</b>				
<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No

<b>11. Is the curriculum design applicable to real life situation?</b>			
<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No
<b>12. Has the curriculum structure kindled research aptitude?</b>			
<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No
<b>13. Is the curriculum structure helpful for you to adapt yourself to your career?</b>			
<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No
<b>14. Whether the Curriculum is helpful in making you as an Entrepreneur?</b>			
<input checked="" type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree
<b>15. New subjects to be added to the proposed curriculum:</b>		—	
<b>16. Subjects to be removed from the present curriculum:</b>		—	
<b>17. Are there topics that should be added to the subject?</b>			
Subjects Name: —			
Topics to be added: —			
<b>18. Whether you have done project/ Internship/ Inplant Training?</b>			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
<b>If Yes:</b>			
<b>19. General suggestions for improvement of the curriculum:</b>			

Batch:



Name & Signature



2019-2020

## Curriculum Feedback

Feedback from:	Student/ Parent/ Alumni			
Name:	DR. Gunavathi			
Reg. No:	Asst. Professor			
Course:				
Phone Number:	9444 739024			
Email:	jsgunavathy@msso.in			
<b>1. Synchronization of Theory and Practical:</b>				
Excellent	Very Good	Good	Satisfactory	
<b>2. Availability of Textbooks / Study materials:</b>				
Excellent	Very Good	Good	Satisfactory	
<b>3. Coverage of Modern / Advanced Topics:</b>				
Excellent	Very Good	Good	Satisfactory	
<b>4. Do the subjects satisfy ones need?</b>				
Excellent	Very Good	Good	Satisfactory	
<b>5. Usage of Technology and Teaching Aids:</b>				
Excellent	Very Good	Good	Satisfactory	
<b>6. Students Follow up:</b>				
Excellent	Very Good	Good	Satisfactory	
<b>7. Usefulness of Tests and Assignments:</b>				
Excellent	Very Good	Good	Satisfactory	
<b>8. Overall rating during the programme of study:</b>				
Excellent	Very Good	Good	Satisfactory	
<b>9. The prescribed curriculum design helped you to gain knowledge?</b>				
Yes				No
<b>10. Is the curriculum structure relevant to the progress higher education?</b>				
Yes				No

11. Is the curriculum design applicable to real life situation?				
Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
12. Has the curriculum structure kindled research aptitude?				
Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
13. Is the curriculum structure helpful for you to adapt yourself to your career?				
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
14. Whether the Curriculum is helpful in making you as an Entrepreneur?				
Agree <input checked="" type="checkbox"/>		Strongly Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Disagree <input type="checkbox"/>
15. New subjects to be added to the proposed curriculum:		—		
16. Subjects to be removed from the present curriculum:		—		
17. Are there topics that should be added to the subject?				
Subjects Name: —				
Topics to be added: —				
18. Whether you have done project/ Internship/ Inplant Training?				
Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
If Yes: —				
19. General suggestions for improvement of the curriculum:				
—				

Batch:

*Gumavathi*  
Name & Signature