



**Tatyaraoji More College of Pharmacy, Omurga
Tq. Omurga Dist. Osmanabad**

Students Feed Back

Name : _____

Academic Year : _____

Program : _____ Semester : _____

Name of Course : _____

Theory / Practical _____

Name of Faculty 1) _____

2) _____

3) _____

**Each Parameter to be Assessed on the Scale of 1 to 5
(1 - Lowest & 5 - Highest)**

Sr. No.	Punctuality & Discipline	Domain Knowledge	Presentation Skill & Interaction with Students	Ability to Resolve Difficulties	Effective Use of Teaching Aids	Total (Max 25)
1						
2						
3						

Name & Signature of HOD