SSR Institute of Management & Research, Silvassa

Empower Yourself @ IMR

Student's Feedback Form

Name: _____   Batch: _____

Specialization: _____   Semester: _____

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

Sr. No	Parameters	Ratings
1	Course Content	
2	Relevance to the Current Trends	
3	Sequence 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:

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Thank You for Your Valuable Inputs!

SSR Institute of Management & Research, Silvassa

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Parent's Feedback Form

Dear Parent, SSR IMR 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

Sr. No	Parameters	Ratings
1	Course Content	
2	Relevance to the Current Trends	
3	Preparedness for being Industry Ready	
4	Options of Electives/Specializations	
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:

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Thank You for Your Valuable Inputs!   Sign of Parent

SSR Institute of Management & Research, Silvassa

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Alumni's Feedback Form

Name : _____   Batch: _____

Specialization: _____

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

Sr. No	Parameters	Ratings
1	Course Content	
2	Relevance to the Current Trends	
3	Preparedness for being Industry Ready	
4	Options of Electives/Specializations	
5	Ability to improve skills	
6	Coverage for Understanding Concept	
7	Relevance to the real life applications	
8	Overall	

Any Other Suggestions:

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Thank You for Your Valuable Inputs!   Sign

Empower Yourself @ IMR

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	Ratings
1	Course Content	
2	Relevance to the Current Trends	
3	Preparedness for being Industry Ready	
4	Options of Electives/Specializations	
5	Ability to improve skills	
6	Numbers of Hours dedicated	
7	Coverage for Understanding Concept	
8	Relevance to the real life applications	
9	Ability to Create Interest	
10	Infrastructure Provision for Effective Course Implementation	
11	Overall	

Any Other Suggestions:

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Thank You for Your Valuable Inputs!   Sign of Teacher