**Students’ Feedback Form (Academic Year- 2022-23)**

Name of Department …………………………………….………………………………..

Roll No of Student:-….……………………………………..………………………………

Please assign grade on a scale of 1-5 (based on teacher’s punctuality, course completion and quality of teaching)

(1-Poor, 2- Average, 3- Good, 4- Very good, 5-Excellent)

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| **Name of the Teacher** | **Paper taught** | **Semester**  **1/2/3/4…….** | **Grade assigned** |
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