

INFORMATION ABOUT YOU	DATE :
FACULTY NAME:-	
COURSE NAME:-	
BATCH TIME:-	
FEEDBACK ABOUT INSTITUTE	
TOPIC	FEEDBACK
1. Atmosphere Of Theory Room	\square Excellent \square V.Good \square Good \square Poor
2. Atmosphere Of LAB	☐ Excellent ☐ V.Good ☐ Good ☐ Poor
3. Behave Of Faculty	\square Excellent \square V.Good \square Good \square Poor
4. Teach Power Of Faculty	\square Excellent \square V.Good \square Good \square Poor
5. Course Content	\square Excellent \square V.Good \square Good \square Poor
6. Management	\square Excellent \square V.Good \square Good \square Poor
7. Behave of counseling	☐ Excellent ☐ V.Good ☐ Good ☐ Poor
YOUR SUGGESTION	
What would make our institute more effective?	
www.rnwn	nultimedia.com