

EQUAL OPPORTUNITY CELL (EOC)

FEEDBACK FORM

Name of the Program:

Date:

I. Student Details		
1. Name (Optional) :	2. Roll No.(Optional):	3. Gender (Tick) : Male / Female
4. Department:	5. Course :	6. Year/Sem:
7. Religion:	8. Category(SC/ ST/ OBC/ PwD/ General):	9. Whether physically challenged : Yes / No.

II. How do you rate the following about the program in the scale of 1 to 5 (please tick)

(1 = Not satisfactory, 5=Excellent)

Sl. No.	Details	1	2	3	4	5
1.	The aim of the program was clear and easily understood					
2.	This program was very helpful to you					
3.	I feel I got something to enhance my effectiveness					
4.	Equal Opportunity Cell (EOC) ensures that the students got equal opportunity in all aspects					

III. If you wish you may give a rating for the complete program by ticking anyone below:

☐ Excellent
 ☐ Good
 ☐ Satisfactory
 ☐ Not satisfactory

IV. How do you plan to share the gained information/knowledge/skill with your classmates who did not attend the program ?

V. Any other comments:

Signature of the student