

**UNIVERSITY OF NORTH BENGAL**  
**OFFICE OF THE INTERNAL QUALITY ASSURANCE CELL(IQAC)**



ENLIGHTENMENT TO PERFECTION

**MID TERM PERFORMANCE APPRAISAL FOR FACULTY MEMBERS**  
**FEEDBACK BY THE STUDENTS**

**Form: A**

Name of the Department/Centre.....  
 Session..... Semester.....  
 Name of the teacher.....  
 Subject taught & Course No.....  
 Title of the course taught by the teacher.....

*If the student filling the form does not fulfill the conditions mentioned below he/she is requested not to fill the form:*

1. *At least 80 % attendance in SEM I & II*
2. *Minimum average marks obtained in SEM I & II*
  - (i) *P.G. (Science) : 60 %*
  - (ii) *P.G. (Arts, Com., MBA & Law) : 55 %*

Dear Student,

You are requested to give your frank and objective opinion, by ticking (√) the appropriate choice, about the concerned teacher on under mentioned indices for quality evaluation. Your response will be kept confidential.

**SECTION A**

Sl No.	INDICES	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1	My teacher clearly explains the concept, scope and the basics of subjects.					
2	My teacher clarifies areas of confusion.					

Please Turn Over

Sl No.	INDICES	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
3	My teacher uses effective teaching methods that help me to understand the topics and help me to further for advance thinking.					
4	My teacher encourages me to raise questions and seek clarifications.					
5	My teacher is regular. (if not on leave)					
6	My teacher is prepared and well organised for the class.					
7	My teacher is available on an individual basis outside the class on my request.					
8	My teacher covers and completes the syllabus of the subject.					
9	The internal assessments conducted by my teacher have helped me to understand the subject.					
10	Overall, my teacher is an effective teacher.					

**Section – B**

1. Any other suggestion/comments. (regarding curriculum, subject)

.....  
 .....  
 .....

2. What do you think is the teacher's greatest strength?

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 .....

Thank you for your valuable inputs. Your identity will not be revealed. Please detach and submit the indicated part given below separately.

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 Name of the Student.....

Name of the Department/Centre..... Date.....

Name of the teacher who has been evaluated.....

Title of the course taught by the teacher.....

Course no. taught by the teacher.....

Session..... Subject..... Semester.....

Class Roll No.....Signature of the Student.....

**UNIVERSITY OF NORTH BENGAL**  
**OFFICE OF THE INTERNAL QUALITY ASSURANCE CELL**



ENLIGHTENMENT TO PERFECTION

**MID TERM PERFORMANCE APPRAISAL FOR PROGRAMME & INFRASTRUCTURE  
 FEEDBACK BY THE STUDENTS**

**Form: B**

Name of the Department/Centre.....

Session..... Semester.....

**If the student filling the form does not fulfill the conditions mentioned below he/she is requested not to fill the form:**

**Minimum average marks obtained in SEM I & II**

(i) P.G. (Science) : 60 %

(ii) P.G. (Arts, Com., MBA & Law) : 55 %

Dear Student,

Please rate your satisfaction level for following points related to programme curriculum and facilities in the Department on the given scale by tick (✓) mark. If any point is not related to you please leave it blank.

**SECTION A**

Sl No.		Highly Satisfied	Satisfied	No Opinion	Dissatisfied	Highly Dissatisfied
1	Curriculum Content					
2	Overall learning and achievement of programme objective:					
3	Semester examination system					
4	Continuing Evaluating System					
5	Common facilities in the Department/Faculty/Centre: (Drinking water, washrooms etc.)					
6	Library facilities in the Department/Faculty/Centre					

Please Turn Over

Sl No.		Highly Satisfied	Satisfied	No Opinion	Dissatisfied	Highly Dissatisfied
7	Internet facility					
8	Classroom facilities in the Department/Faculty/Centre					
9	Laboratory facilities in the Department/Faculty/Centre (only for Science Streams)					
10	ITC facility in the Department/Faculty/Centre: (Computers/Internet/Audio-Visual instructional media etc.)					
11	Teacher-Student relation in the Department/Faculty/Centre					

**Section – B**  
**Rate the following Facilities of the University**

Sl No.		Highly Satisfied	Satisfied	No Opinion	Dissatisfied	Highly Dissatisfied
1	Hostel facility in the University (only for inmates)					
2	Sports facility in the University					
3	Medical facility in the University					
4	Extracurricular activities in the University					
5	Seminar Rooms/Auditoriums in the University					
6	Canteen facility in the University					
7	Student's Support and Welfare in the University					
8	Security Services in the University					
9	Library facilities in the University					

Thank you for your valuable inputs. Your identity will not be revealed. Please detach and submit the indicated part given below separately.

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Name of the Student.....

Name of the Department/Centre..... Date.....

Session..... Subject..... Semester.....

Class Roll No.....Signature of the Student .....

**For Office Use:** The Department shall ensure that this form is made available to all students of the third semester, who have fulfilled the attendance and marks criteria stated above. The original copies of filled-in forms are to be returned to IQAC in sealed envelope.