

**MAHARAJA AGRASEN UNIVERSITY**  
**STUDENT'S FEED-BACK OF FACULTY**

Date \_\_\_\_\_

**CONFIDENTIAL**

(To be filled in by the student without revealing his/her identity)

Course: \_\_\_\_\_ Name of the Faculty: \_\_\_\_\_

Semester: \_\_\_\_\_ Subject: \_\_\_\_\_

PARTICULARS	MARKS TO BE ALLOCATED (Tick the appropriate)					
	5	4	3	2	1	0
Subject knowledge						
Language command						
Communicative ability						
Response to student's queries						
Motivation to ask questions						
Maintenance of class discipline						
Punctuality in taking classes						
Coverage of syllabus						
Revision of syllabus						
Availability after the classes						
Student's satisfaction level						

**Write brief comment about the Faculty:**

**The information will be kept strictly confidential**

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