

“Faculty Development Program for Students Induction”

FEEDBACK FROM PARTICIPANTS

PERSONAL DETAILS:

- a) Name of Participants :
- b) Participant’s Institute / Organization :
- c) Email id :
- d) Mobile No. :
- e) Permanent Address :
- f) Place of FDP (Institute, City) :
- g) Duration (Start and End date) :
- h) Resource Person (Conducted FDP) :

FEEDBACK:

1. What are your personal achievements after participating in the FDP?

S.N.	Points	Before FDP	After FDP

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2. What are your future plans after participating in the FDP?

3. Do you want to participate in this kind of FDP in the future? Yes [] / No []

4. Do you want to host these FDPs at your Institute / College in the future?

Yes [] / No []

If **Yes**, Submit proposal to host FDP at <http://bit.do/AICTE/>

5. With whom would you want to participate in future FDPs?

- | | |
|---|------------------|
| a) Family Members | Yes [] / No [] |
| b) Colleagues (faculty members) | Yes [] / No [] |
| c) Students | Yes [] / No [] |
| d) Technical / Ministerial staffs under you | Yes [] / No [] |
| e) Your senior colleagues | Yes [] / No [] |

6. Any other remark :

Name:

Signature