



SCIENT INSTITUTE OF TECHNOLOGY

Ibrahimpatnam, RangaReddy Distric-501506

TEACHER'S FEEDBACK ON CURRICULUM

Name of the Faculty:

Designation:

Date of joining the institution:

Email Id:

Academic year /semester:

Department

Qualification with specializations:

Contact number:

I Please mention the subject/coerce you taught in the last academic year

I semester	II semester

II what curriculum gaps you identified to satisfy course outcomes (COs) and Program Outcomes (POs) and

Do you suggest any changes in the syllabus to university BOS in the next syllabus revision,

Coerce name	Gap identify	Change in syllabus

III would you like to add any experiment to existing syllabus so that specific CO/PO can be satisfied?

Course Name	Experiment details

IV do you suggest any value addition to institute / department for better student learning

V What are your plans next year to develop industry-department interaction, how do you define your role there.

VI What you understand from the student feedback on your class room teaching

VII whether the implementation of commonly used tools like mentoring, bridge & remedial classes has improved class attendance? Suggest further flaws/improvements if any

Date:

Name of the Faculty:

Signature of the faculty