



# NATIONAL INSTITUTE OF TECHNOLOGY, SILCHAR

## TEQIP – II

Title of the programme:

Participant Name:

Period:

Organized by:

Name of the Organizer/Coordinator:

Department:

### Evaluation Form

Scale: 1-Strongly Agree

2-Agree

3-Neutral

4. Disagree

5-Strongly Disagree

Please provide the feedback on appropriate box  
Lecture Content and Organization

1	2	3	4	5
---	---	---	---	---

1. The aim and objectives of the programme was achieved.

--	--	--	--	--

2. The topics discussed were appropriate and useful.

--	--	--	--	--

3. The learning materials were presented in clear and organized manner.

--	--	--	--	--

4. The experts/presenters were well prepared.

--	--	--	--	--

5. The experts/presenters responded to queries of participants satisfactorily.

--	--	--	--	--

6. Adequate time was provided for activities/ hands on practice.

--	--	--	--	--

7. The venue and other facilities provided were satisfactory.

--	--	--	--	--

8. Do you suggest any such type of lecture series/ workshop?

Yes		No	
-----	--	----	--

If Yes, Please right the topic in brief.

9. Have you learnt anything new from this Programme?

10. Other comment on the programme.

Thank you for your participation and completing the questionnaire.