SRES's

SHREE RAMCHANDRA COLLEGE OFENGINEERING

Lonikand, Pune – 412216

Department of……Engineering

Reference No.:SRCOE/ Date :

EVENT FEEDBACK FORM

A.Y.: **Sem: I/II**

Name of the Event : _____

Venue: _____

1.**Grade the strength of event** (1:Poor, 2:Fair, 3:Good, 4:Very Good, 5:Excellent)

Note:-Put a tick mark ☑ in appropriate box

a. How useful do you think this event was for you?

1) ☐ 2) ☐ 3) ☐ 4) ☐ 5) ☐

b. Clarity of information and presentation.

1) ☐ 2) ☐ 3) ☐ 4) ☐ 5) ☐

c. Was this information new and relevant to you ?

☐ Yes ☐ No

d.How satisfied were you with the session contents?

1) ☐ 2) ☐ 3) ☐ 4) ☐ 5) ☐

2. Do you think that the event is a value addition to your knowledge. (Please elaborate)

_____

_____

3.Briefly describe what was interesting ,important or relevant to your studies/extra knowledge ,etc.

_____

_____

4.What are the other topics would you like to learn in future and is not covered in this event? _____

_____

Student Name & Signature : _____

Roll.No.: ____