

## NATIONAL INSTITUTE OF TECHNOLOGY, SILCHAR

TEQIP-III

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 Disagre	
		vide the feedback on app ntent and Organization	oropriate	e box			
			1	2	3	4	5
1. The aim and objectives	of the program	nme was achieved.					
2. The topics discussed w useful.	ere appropriate	e and					
3. The learning materials organized manner.	were presented	l in clear and					
4. The experts/presenters	were well prep	pared.					
5. The experts/presenters satisfactorily.	responded to c	ueries of participants					
6. Adequate time was pro practice.	vided for activ	ities/ hands on					
7. The venue and other fa satisfactory.	cilities provide	ed were					
8. Do you suggest any suc	ch type of lectu	are series/workshop?	Yes			No	
If Yes, Please write 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.