

Internal Quality Assurance Cell (IQAC)
Feedback on Curriculum Design, Development and Revision
Professional Body

Preamble: This feedback form is intended to capture the voice of various stakeholders viz. Industry, Potential Employers, Academia, Research Organizations, Professional Bodies, Alumni & Parents as well as to enhance the quality of education and thereby to prepare the graduating engineers of NSRIT to accomplish their professional and career goals in line with the program's educational objectives. Your response will certainly enable us to understand the following

- a. Overall appropriateness of the curriculum to ensure that the professional practices are incorporated in the curriculum
- b. To ensure the mandatory courses which are very much essential for the respective disciplines of study that are prescribed by their respective Professional Lead Societies at International height viz. ASCE, ASME, ACM, IEEE in line with the criteria for Engineering Accreditation Council (EAC) programs

The feedback received from all the stakeholders will be consolidated by the respective Chairperson of the Board of Studies and will be placed for consideration and enriching the curriculum wherever it is applicable.

1. What are the major strengths of the curriculum?

2. Can you describe three major weakness in the overall curriculum design?

3. Did all the knowledge domain as specified by the "Criteria for Engineering Accreditation Council (EAC) for Programs" by the respective Professional Lead Society is included in the curriculum?

Yes | No

4. Do you observe any of the professional practices or fundamental concepts or practical components that are needed for professional practices are included in the curriculum?

Yes | No. If No, please specify few of those practices to enhance the quality of education in your respective area of expertise.

5. In general, how will rate the overall quality of the curriculum on a five-point scale

Weak 1 2 3 4 5 Strong

6. Any other suggestions (Please specify the courses which you may be interested to include or to modify along with appropriate topics)

Signature of the Representative or Active Members of Professional Bodies

Name :
Profession Body :
Designation :
Contact Number :
Email ID :

To be filled by the department level autonomous coordinator		
Indicate the Academic Regulation		
Date of feedback form sent to the Stakeholder		
Date of receipt of the feedback form		
Discussed in the BoS	Yes No	
If yes, indicate the BoS number and date		
Topics included in the curriculum based in the discussion during BoS		

Signature of the Coordinator