

Internal Quality Assurance Cell (IQAC)
Feedback on Curriculum Design, Development and Revision
Research Organization

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. Research oriented courses in the curriculum

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. Does the curriculum address any of the courses that enable the students to significantly feel or help if he/she is interested to initiate research culture among themselves?

Yes | No. If Yes, please specify few courses in the curriculum and if No, please suggest few of those courses.

If, Yes	If, No

4. Does the curriculum provide adequate scope for self-directed learning to enable the learners to adopt to changing technologies in the present industry scenario? If so, please rate it on five-point scale

Weak 1 2 3 4 5 Strong

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 :
Designation :
Research Organization :
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