



Participant's Feedback Form

1. Name :
2. Designation :
3. Department and Institute :
Contact No :
Email ID :
4. Name of the Event :
5. Date(s) of the Event :
6. Organizing Department :

7. Please comment on the quality of lectures delivered.

☐ Excellent ☐ Good ☐ Average ☐ Poor

8. Was the interaction/doubt clearance session useful?

☐ Very Useful ☐ Somewhat Useful ☐ Not Very Useful ☐ Not Useful at All

9. How do you plan to apply the knowledge gain in your professional use?

☐ Direct Application ☐ Future Projects ☐ Knowledge Sharing ☐ Personal Development

10. What preparation, you feel, is necessary if someone has to benefit from lecture on this topic in future?

☐ Basics ☐ Pre-reading ☐ Experience ☐ None

11. Please suggest any specific topic that you feel could also have been addressed in the guest lecture

(a) _____ (b) _____ (c) _____ (d) _____

12. Please comment on the seminar hall facilities. (LCD Projector, Audio. AC, Seating etc)

☐ Excellent ☐ Good ☐ Average ☐ Poor

13. Please comment on the hospitality extended to you.

☐ Excellent ☐ Good ☐ Average ☐ Poor

14. Did you receive enough information about this event from your department?

☐ Yes ☐ No ☐ Known from circle/Advertisements

Event Coordinator

Participant