This is to obtain feedback about your programme curriculum. kindly rate the following questions

- 1 Not satisfied
- 2 Satisfied
- 3 Very Good
- 4 Excellent

Name Srishti Sharma Course * MPCO Semester I II III III III			
Course * MPCO Semester I II III	Name		
Course * MPCO Semester I II III	Srishti Sharma		
MPCO Semester		 	
MPCO Semester			
MPCO Semester			
Semester	Course *		
Semester	MPCO		
	Semester		
	П		
IV IV			
	IV		

How do you rate the programme that your undergoing/ completed in terms of the load of the courses in different semesters? *										
	1	2	3	4						
	0	0	0							
How do you rate the quality and relevance of the courses included into the curriculum? *										
	1	2	3	4						
	0	0	•	0						
How do you rate	How do you rate the ambiance of the college for effective delivery of the academic process? *									
	1	2	3	4						
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How do you rate	How do you rate the outcomes that you have achieved from the courses? *									
	1	2	3	4						
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Overall how do y	you rate the pro	ogramme *		
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This is to obtain feedback about your programme curricul	llum. kindly rate the following questions
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	1101	Juli	\circ	·

- 2 Satisfied
- 3 Very Good
- 4 Excellent

Name			
Jyoti das			
Course *			
MPCO			
Semester			
П			
III			
✓ IV			
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How do you rate the quality and relevance of the courses included into the curriculum? *										
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This is to obtain feedback about your programme curriculum. kindly rate the following questions

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- 1	ΙV	υı	 αι	L	ЭΙ.	ᆫ	u

- 2 Satisfied
- 3 Very Good
- 4 Excellent

Name
Lalantika
Course *
M.Sc Counseling Psychology
ivi.de douriseinig i sychology
Semester
✓ I
✓ IV

How do you rate the programme that your undergoing/ completed in terms of the load of the courses in different semesters? *

1 2 3 4

How do you rate the quality and relevance of the courses included into the curriculum? *										
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This is to obtain feedback about your programme curriculum. kindly rate the f	Γhi	iis	is	to	obtain	feedbad	k about	your	programme	curriculum.	kindly	rate the	following	questions
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- 2 Satisfied
- 3 Very Good
- 4 Excellent

Name			
Bhoomi			
Course *			
mpco			
Semester			
✓ IV			

How do you rate the programme that your undergoing/ completed in terms of the load of the courses in different semesters? *

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How do you rate	the quality and	d relevance of th	e courses includ	ed into the curriculu	m? *
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This is to obtain feedback about your programme curriculum. kindly rate the foll
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1	Not	sati	۱cfi	ല
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- 2 Satisfied
- 3 Very Good
- 4 Excellent

Name	
Rasika	
Course *	
MPCO	
Semester	
✓ IV	

How do you rate the programme that your undergoing/ completed in terms of the load of the courses in different semesters? *

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NAME OF THE DEPARTMENT:

Name of the Faculty Member	Dr. Annialle, 5.	Emplo	yee Id		86	7			
Designation	Inoferoe.	Department			Psychology				
Experience in Teaching (Number of Years)	23	Industr	Experience in Industry/R&D (Number of Years)			12			
Contact Phone Number/s:	9535007186	e-mail id			anni	elle.s	ic thiyesce ivencity. In		
Please tick (_/) the a	ppropriate option as per the	following	rating sc	ale:	(00 (MIST WA	ivery.		
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General Comments and	d Suggestions:								

Place: Bngalore

Date: 26/10/2017

Signature

NAME OF THE DEPARTMENT:

Name of the Faculty Member	Dr. Manjula.V.	Employee Id	2960.			
Designation	Assistant Professor.	Department	Psychology.			
Experience in Teaching (Number of Years)	A years.	Experience in Industry/R&D (Number of Yea	ars)	10 years.		
Contact Phone Number/s:	8105518493-	e-mail id	manj	ula v (e resety:11	
Please tick (_/) the a	ppropriate option as per the f	owing rating sca	ale:		101	,
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Place: Langlere

Date: 22/10/2017

Signature -

NAME OF THE DEPARTMENT:

Name of the Faculty Member	Dr. Vijaya. R	Employ	ee Id		16	28	
Designation	Appt. Professor	Departn	Department		Paychology		19
Experience in Teaching (Number of Years)	3 years 6	Experies Industry (Numbe	/R&D er of Yea	ars)	7	Jeals	4 nisturiveral
Contact Phone Number/s:	9945125260	e-mail i	d		Vijaya	· r@ch	nisturivelal
Please tick (_/) the a	ppropriate option as per the	f lowing r	ating sca	ale:			
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Place: Bonzalore

Date: 18/10/2017

Signature

NAME OF THE DEPARTMENT: PSYCHOLOGY

Name of the Faculty Member	5hinto Thomas	Employ	ee Id		2640			
Designation	Assistant Professor	Department			Psychology			
Experience in Teaching (Number of Years)	Lyeaus	Experience in Industry/R&D (Number of Years) e-mail id			4			
Contact Phone Number/s:	9488230178				Shinto	· thomasidy · In	g Och rist	
Please tick (_/) the a	ppropriate option as per the	wing r	ating sca	ale:		J		
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General Comments an	nd Suggestions:			-				

Place: Bay dere

Date: 23/10/2017

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NAME OF THE DEPARTMENT:

ASYCHODAY

Name of the Faculty Member	Employ	ployee Id			546			
Designation	Departn	nent		PSYCHOLOGY				
Experience in Teaching (Number of Years)	ber Experience in Industry/R&D (Number of Years)				ZERO			
Contact Phone Number/s:	9845695430	95430 e-mail id			mi Ch	risto	· mola	
Please tick (_/) the a	appropriate option as per the	wing r	ating sca	ale:				
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Place: Bengalere
Date: 22/10/2017

Signature