



Centre for Maritime Education and Training

FEED BACK BY THE CANDIDATE

Course Name :.....Course Code :.....

Full Name of Trainee :.....

Rank :..... Date Attended from :..... To :.....

(Please give score 1 to 5 in term of quality course) -

{5- Very Good, 4- Good, 3 - Satisfactory, 2 - Need Changes, 1 - Below Satisfaction}

S. No	Course Feed back on	Score (1 - 5)	Remarks / Suggestion
1	Course Learning Objective identified and Achieved		
2	Physical arrangements-Class Room (Controlled temperature, lighting, projection, video, table, chairs)		
3	Exercise / Practicals / Demonstration		
4	Course handout / material provided		
5	Simulator arrangement / Computer programs		
6	Training Films		
7	Food Arrangements		
8	Overall rating for the course		

2. FACULTY EVALUATION (Please give marks 1 to 5 for quality of Lecture contents, quality presentation, knowledge of subject matter) - {5- Very Good, 4- Good, 3 - Satisfactory, 2 - Need Changes, 1- Below Satisfaction}

S. No	Name of faculty	Score (1 - 5)
1		
2		
3		

◆ Good Comments (specify any good aspects of the course) :

◆ Improvement required (specify any aspects of the course which required improvement)

◆ Complaints / Grievances, if any

Signature of the Candidate :.....

Signature
Director - Edu. & Training