

**INTERNAL QUALITY ASSURANCE CELL (IQAC)**

Sri Sri University, Bidyadharpur Arilo, Cuttack 754 006

**Faculty Member Appraisal Form**

1. Name of the faculty member:
2. Designation and Department affiliation:
3. Contact Details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.**  | **Parameters** | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| 1 | Syllabus is need based and updated. |  |  |  |  |  |
| 2 | Curriculum has flexible and meets the quality standards. |  |  |  |  |  |
| 3 | Course is revised frequently to include the recent topics. |  |  |  |  |  |
| 4 | Programs outcome and course outcomes are clearly defined. |  |  |  |  |  |
| 5 | Course curriculum meets the expectations of the students. |  |  |  |  |  |
| 6 | Course curriculum requires revision to include inter-disciplinary topics |  |  |  |  |  |
| 7 | Course curriculum has improved the knowledge of students with consequent employability. |  |  |  |  |  |
| 8. | Overall quality of course curriculum |  |  |  |  |  |

 **Suggestions, if any:**

1.

 2.

 3.

**Name and signature with date**