



Form - 2A

PROGRAMMEWISE
FACULTY SCORE SHEET

Date: _____

Programme Coordinator to Evaluate feedback from every participant and keep in Programme File.

Name of Training Institute : _____			
Program Name :		Program Code (if any) : _____	
		Program Dates :	From _____ To _____
Venue :		Residential Status :	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential

SN	Name of Participant	Name of Faculty												Average
		1	2	3	4	5	6	7	8	9	10	11	12	
1														
2														
3														
4														
5														
6														
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26														
27														
28														
29														
30														
	Total													
	Average													

Programme Co-Ordinator



FACULTY EVALUATION REPORT

Form - 2B

		1	2	3	4	5	6	7	8	9	10	
Details of Programme	Name of Course											
	Prg Code											
	Date of Session											
	No of Sessions											
SN	Name of Faculty	Average Score of each Programme										Progressive
1												
2												
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27												
28												
29												
30												
	Average Score											

Programme Co-Ordinator