Course Evaluation Form for Lecture-Courses

The objective of this form is to obtain feedback from the students so as to share it with course instructor for improvement in course structure and content delivery..

Course	Number	& (Course	Title:	Semester/Session & Year:
Course	Instructor	's N	Name:	De	epartment:

Your performance in the course so far (please circle one): Top 25% / Next 25% / Below 50%

	Course Organisation	Range	5	4	3	2	1	Range
1.	Objectives and plan of the course were specified	Very clearly						very poorly
2.	Coverage and depth of course plan was	Excellent						very poor
3.	The topics provided new knowledge	Mostly						Hardly
4.	Prescribed reading material was available	Mostly						Hardly
	Presentation and Interaction	Range	5	4	3	2	1	Range
1.	In terms of organization, clarity and presentation of fundamental concepts, the lectures were	Excellent						Poor
2.	Instructor's oral presentation in terms of audibility and articulation was	Excellent						Poor
3.	Instructor's blackboard (or overhead) presentation in terms of organization and legibility was	Excellent						Poor
4.	Encouragement given by the instructor to think and reason, logically and objectively was	Excellent						Poor
5.	Instructor's responses to questions asked in class were	Clear						Vague
6.	The availability and approachability of the Instructor outside class hours were	Excellent						Poor
7.	Instructor's attitude towards teaching of this course was	Enthusiastic						Indifferent
8.	The overall quality of teaching in this course was	Outstanding						Poor

(mark '**X**' in the appropriate box)

Contd. Form: MP 01 (i)

	Examinations / Tests	Range	5	4	3	2	1	Range
1.	The tests reflected the course plan	Very closely						Poorly
2.	Rather than rote learning, understanding was tested	Thoroughly						Hardly
3.	Examinations were of appropriate level/length	Always						Rarely
4.	Answer scripts were promptly checked and returned	Always						Rarely
5.	The grading was fair and transparent	Mostly						Rarely
6.	The evaluations helped in understanding the subject better	Always						Rarely
	OVERALL RATING : Excellent							Poor

General Comments:

- In addition to the class hours, how many hours per week did you put in for this course?
- The work load in this course in comparison to other courses of this semester was: very little / just right / too heavy
- In relation to the general level of understanding of the class, the level of lectures was: too low / just right / too high
- Were the lectures held regularly and on time?
- If the course had a self study component (such as assignment, seminars, small projects and literature survey) comment on how it helped /inspired you to learn/probe further.
- What did you like/dislike most about this course?
- Would you rate this course as one of the five best courses you have had so far? Yes / No

If you have any other comments not covered by this questionnaire, please write below:

If there is any Instructor designed feedback question, please write the response below:

Contd.

Motilal Nehru National Institute of Technology Allahabad Course Evaluation Form for Practical-Courses

The objective of this form is to obtain feedback from the students so that the practical sessions can be further improved.

Course	Number & C	ourse	Title:	Semester/Session 8	Year:
Course	Instructor's I	Name:.		Department:	

Your performance in the course so far (please circle one): Top 25% / Next 25% / Below 50%

	Presentation and Interaction	Range	5	4	3	2	1	Range
1.	The Experiments provided new insights	Always						Rarely
2.	Methodical and systematic work was emphasized	Always						Rarely
3.	Handouts/laboratory manuals were available in advance	Always						Never
4.	Your preparation before going to laboratory was	Excellent						Poor
5.	Instructor's feedback on your report was prompt	Often						Rarely
6.	Instructor's feedback on your report was useful	Often						Rarely
7.	During the practical sessions, your interaction with the instructor was useful	Often						Rarely
8.	Availability and approachability of the Instructor outside class hours was (respond, if applicable)	Excellent						Poor
9.	Encouragement given by the Instructor to think and be creative was	Excellent						Poor
	OVERALL RATING : Excellent							Poor

(mark 'X' in the appropriate box)

Additional Comments:

If you have any other comments not covered by this questionnaire, please write below:

If there is any Instructor designed feedback question, please write the response below:

COURSE REGISTRATION FORM

Course Name/Course Type (Core/Elective): Course Code: Semester/Session:....

SI. No.	Registration No.	Name of the student	Branch
1.			
2.			
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23.			
24.			
25.			

Signature of	
Convener DMPC:	
Date: Copy to:	

1. Dean (Academic), 2. Concerned Course Coordinator

Signature of HOD with Date:

Dept. Seal:

Motilal Nehru National Institute of Technology Allahabad <u>Leave Application</u>

Head of the Department

Kindly allow me to av	ail Leave/Leav	e on Duty from		.to	
for	days	and station leave from dat	te	time	to
DateTime	э	My address during leave v	will be as be	elow.	

Address:

Yours Sincerely

Name:	
Registration	No.
Dated:	

For Official use

Recommended/Not Recommended:

Supervisor(s)

Convener DMPC

Approved by:

Head of the Department

Non-degree Student (Other Institution)

Name of the Student:		Reg. No					
Department:	[Date of First Registration:					
Supervisor(s):							
Proposed Department & Institution:							
		(Signature of the Student)					
Comment of the Supervisor(s)):						
		(Signature of the Supervisor(s))					
Recommended by: Approved by:	Convener-DMPC Chairman SMPC	Head of Department					

APPLICATION FOR MERCY APPEAL

1.	Registration No.				
2.	Name of the Student				
3.	Program (M.Tech./MCA/MBA/M.Sc./MSW)				
4.	Branch				
5.	Present Semester				
6.	Academic Record	Semester	SPI	CPI	-
7.	Reason/cause for appeal:				J
8.	Prayer for appeal:				
	Date:		Si	gnature of the s	student
9.	Recommendation of the Convener, DMPC:			Signature wi	ith date
10.	Remarks of Head of the Deptt.:			Signature wi	
11.	Observations of Chairman SMPC:			Signature wi	ith date
12.	Decision of Chairman Senate:				
				Signature wi	ith date

Motilal Nehru National Institute of Technology Allahabad List of Suggested Examiners for M.Tech. Thesis Examination Board

Name of the Student:	Reg No.:
	-
Department:	

Thesis Title (in capitals):....

SI. No.	Name of Examiners	Department
1.		
2.		
3.		
4.		
5.		

Proposed by: Thesis Supervisor(s)

Date:

Head of Department

Date:

Forwarded by: Convener-DMPC

Date:

Approved by: Chairman SMPC

Date:

Motilal Nehru National Institute of Technology Allahabad				
REPORT OF M.TECH. THESIS EXAMINATION BOARD (to be filled in duplicate)				
Name of Student:		tration No.		
Department/ Programme:				
Date of Registration in the Programme:				
Date of Thesis Submission:	Da	Date of Examination:		
Thesis Supervisor(s):				
(in capitals)				
Report of the Board:				
Grade awarded by the Board.				
Examination Board				
SI No. Name of Examiners	Department		Signature	
1				
2.				
3.				
4.				
		-		
Thesis Supervisor(s)	Convener, DI	MPC	Head of Department.	
Date:		Date:		
Office use only: Course Units =	Thesis Units =		CPI in course work=	
The student has completed the programme				
		Chairpe	erson, SMPC	

FORM FOR REPORTING CASES REGARDING UNFAIR-MEANS

Note:

- 1. One form should be used for one case only.
- 2. Please send one question paper alongwith the case(s)

(A) To be filled in by the instructor/invigilators/members of observer committee:

1.	Name of Examination				
2.	Name of student				
3.	Registration No.				
4.	Programme/Branch				
5.	Room No.				
6.	Subject/ paper in which the student is suspected or reported to have used or attempt-ted to use unfair- means or shown disorderly conduct.		<u>Subject</u>	Subject Code	
7.	Date & time of incident				
8.	Type of Unfair Means	: (i)	Copying from the papers / materials which		
	Material.		is in the possession of	the student.	
		(ii)	Copying from the answ neighboring student.	ver book of	
		(iii) Misbehaved with invigilator.			

Date.....

Signature and Full Name of the instructor/invigilators/members of observer committee (IN BLOCK LETTERS)

(B) Student's Statement:

I have read the report of the instructor/invigilators/members of observer committee made against me as given in column No. **A** and submit the following statements.

I undertake that this statement has been given by me under no pressure or fear.

1.	Do you agree with the report of the instructor/invigilators/members of observer committee made against you?	Yes/ No
2.	 If you agree with the report, then: (a) Why did you bring the material referred to in the above report? (b) Did you make any use of it? (c) What explanation have you to offer for your misconduct / Disorderly conduct as mentioned in the report? (d) Have any other thing to say, by way of self- defense or clarification? (If necessary, an extra sheet may be used). 	
3.	If you do not agree with the report then give your explanation, if any, in your defense against the report of the instructor/invigilators/members of observer committee.	

(Signature of Student)

N.B.: (i) The student shall be given extra time, before leaving the Examination Hall in order to compensate him/her for the loss of time spent during enquiry and filling this form.

(C) Statement of Witness if any:

Statement of the witness, if any, in case the student denies the allegations of the instructor/invigilators/members of observer committee or refuses to give his/her statement on the spot or runs away from the examination hall without giving his statement.