Form- G

[Participant’s Feedback]

Date: Name of the Programme:

Name of the Participant (Optional):

Department/ Centre where the programme was organised:

Mode of participation: Online/ Off-line/ Blended

- Titles of the top three lectures/ deliberations:
  1.
  2.
  3.

- Titles of the most unimpressive lectures/ deliberations (if any):
  1.
  2.
  3.

- Topics which should have been included in the programme:
  1.
  2.
  3.

- Topics which should not have been included in the programme:
  1.
  2.
  3.

- Overall rating of the programme: Outstanding, very good, good, poor, very poor.

- Suggestions for improvement:
  1.
  2.
  3.

- Any other comment relevant to the programme: