

Feedback Form

This form is designed to have a fair opinion of the team which has visited your institution. This will enable the university to improve LIC inspection process and make it more effective. We thank you in advance for the time and effort you are investing in filling out this form.

1. Name of the Institution:

2. Inspection was for (please tick): Temporary affiliation of UG programs/
Temporary affiliation of PG programs/Starting of new course/Closure of a
course /Increase in intake/reduction in intake/ Continuation of Research
Centre/ Recognition of New research Centre/ Ratification for the A.Y. 2020-
21

3. Date and Time of Visit:

4. Name of the Chairperson of LIC Team:

5. Names of Team Members:

Member1:
Member2:
Member Convener:

6. Please comment on the evaluation methodology adopted by the team during
the visit.

7. Whether the evaluators have tendered any advice to improve the system? If
yes, please specify.
 - i. Name of the Evaluator:
 - ii. Advice:



8. Whether any of the evaluators were specific about the relevant topics related to the program? If no, please specify.

9. Whether the evaluators interacted with students and faculty in groups or with students and faculty in private? If yes, please specify the name of the students/faculty.

10. Whether the head of the institution or any representative of the management was also present during the interaction? If yes, please specify.
 - i. Name of the representative:

 - ii. Observation of the representative about interaction:

11. Whether the entire visit and the interaction with the LIC visit was cordial?
Yes/No:
If No, kindly give the details:

Signature of the Head of the Institution

