

STUDENTS FEEDBACK FORM

Career and Personal Counselling

Name of the Student: Vaishnavi R.

Course Name: B. Ed.

Semester: Vth

Session: I

Contact Number: 89 34 212069

E mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Orangnizing Ragular personal Conslling		✓		
2	Giving sufficient time to discuss			✓	
3	The Carrer and persona Conslling meet the objectives		✓		
4	Giving appropriate Feedback		✓		

Please Specify overall Rating			
Excellent	Very Good	Good	Average
	✓		

If any suggestions please express here:

* Counselling help me to build my career on a proper way

Student's Signature

Vaishnavi R.

Ravikiran

PRINCIPAL
Gurunanak College of Education
BIDAR-585403

STUDENTS FEEDBACK FORM

Career and Personal Counselling

Name of the Student: Naveen Nagayya

Course Name: B.Ed.

Semester: 2nd

Session:

Contact Number:

E mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Orangnizing Ragular personal Conslling	✓			
2	Giving sufficient time to discuss	✓			
3	The Carrer and persona Conslling meet the objectives	✓	✓		
4	Giving appropriate Feedback	✓			

Please Specify overall Rating			
Excellent	Very Good	Good	Average
	✓		

If any suggestions please express here: The Sembot is It encourages our young teacher trainees we learnt more on it.

Student's Signature

Naveen



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STUDENTS FEEDBACK FORM

Skill Enhancement in Academic, Technical and Organizational Aspects

Name of the Student Geeta Mallikarjun

Semester: IVth

Session: 1st

Contact Number:

E-Mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Organising various trainings in the college	✓			
2	Development of the teaching skills		✓		
3	Management of the academic activities	✓			
4	Organising the academic programmes			✓	
5	Organising the field activities	✓			

Please Specify overall Rating			
Excellent	Very Good	Good	Average
	✓		

If any suggestions please express here:

I hope - this is best example to overall activities.

Student's Signature

Geeta

Ravikiran

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BIDAR-585403

STUDENTS FEEDBACK FORM

Skill Enhancement in Academic, Technical and Organizational Aspects

Name of the Student *Sagar . pandurang.*

Semester: *IVth*

Session: *1st*

Contact Number:

E-Mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Organising various trainings in the college	<i>✓</i>			
2	Development of the teaching skills	<i>✓</i>			
3	Management of the academic activities	<i>✓</i>			
4	Organising the academic programmes	<i>✓</i>			
5	Organising the field activities		<i>✓</i>		

Please Specify overall Rating			
Excellent	Very Good	Good	Average
<i>✓</i>			

If any suggestions please express here:

Provide person as very good explanation.

Student's Signature

Sagar

Ravikiran

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BIDAR-585403**

STUDENTS FEEDBACK FORM

Career and Personal Counselling

Name of the Student: Sumayya Begum

Course Name: B.Ed.

Semester: IIIrd

Session:

Contact Number:

E mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Orangnizing Ragular personal Conslling	✓			
2	Giving sufficient time to discuss		✓		
3	The Carrer and persona Conslling meet the objectives	✓			
4	Giving appropriate Feedback			✓	

Please Specify overall Rating			
Excellent	Very Good	Good	Average
		✓	

If any suggestions please express here:

I think session time is very short
so Increase session time on next time

Student's Signature
Sumayya Begum

Ravikiran

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BIDAR-585403



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 College Website: www.gurunanakbed.org

STUDENTS FEEDBACK FORM Career and Personal Counselling

Name of the Student: Surekha

Course Name: B. ed.

Semester: IInd

Session:

Contact Number:

E mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Orangnizing Ragular personal Conslling	✓			
2	Giving sufficient time to discuss		✓		
3	The Carrer and persona Conslling meet the objectives	✓			
4	Giving appropriate Feedback		✓		

Please Specify overall Rating			
Excellent	Very Good	Good	Average
	✓		

If any suggestions please express here: The seminar was good

Student's Signature

[Handwritten Signature]

[Handwritten Signature]

PRINCIPAL
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 BIDAR-585403

[Handwritten Signature]
 PRINCIPAL
 Guru Nanak College of Educa
 BIDAR-585403

STUDENTS FEEDBACK FORM

Skill Enhancement in Academic, Technical and Organizational Aspects

Name of the Student Kumar Suman

Semester: IIIrd

Session:

Contact Number:

E-Mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Organising various trainings in the college	<u>✓</u>			
2	Development of the teaching skills		<u>✓</u>		
3	Management of the academic activities	<u>✓</u>			
4	Organising the academic programmes		<u>✓</u>		
5	Organising the field activities		<u>✓</u>		

Please Specify overall Rating			
Excellent	Very Good	Good	Average
	<u>✓</u>		

If any suggestions please express here:

Student's Signature Kumar Suman our college to learnt more about it.

Kumar Suman

Ravikiran

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BIDAR-585403

STUDENTS FEEDBACK FORM

Skill Enhancement in Academic, Technical and Organizational Aspects

Name of the Student *Parvati Mandher*

Semester: *IVth*

Session: *1st*

Contact Number:

E-Mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Organising various trainings in the college	<i>✓</i>			
2	Development of the teaching skills		<i>✓</i>		
3	Management of the academic activities	<i>✓</i>			
4	Organising the academic programmes		<i>✓</i>		
5	Organising the field activities	<i>✓</i>			

	Please Specify overall Rating			
Excellent	Very Good	Good	Average	

If any suggestions please express here:

I liked the overall experience of taking about my emotions.

Student's Signature

Parvati

Pravikumar

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BIDAR-585403

STUDENTS FEEDBACK FORM

Career and Personal Counselling

Name of the Student: Divya Prabhu Rao

Course Name: B. Ed.

Semester: 1st

Session: IInd

Contact Number:

E mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Orangnizing Ragular personal Conslling		✓		
2	Giving sufficient time to discuss	✓			
3	The Carrer and persona Conslling meet the objectives		✓		
4	Giving appropriate Feedback		✓		

Please Specify overall Rating			
Excellent	Very Good	Good	Average
	✓		

If any suggestions please express here:

Thanking to all that because of the good career help us lot.

Student's Signature



Prabhu Rao

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STUDENTS FEEDBACK FORM

Skill Enhancement in Academic, Technical and Organizational Aspects

Name of the Student *Akshata*

Semester: *IIIrd*

Session: *Morning*

Contact Number:

E-Mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Organising various trainings in the college		<i>✓</i>		
2	Development of the teaching skills		<i>✓</i>		
3	Management of the academic activities		<i>✓</i>		
4	Organising the academic programmes		<i>✓</i>		
5	Organising the field activities		<i>✓</i>		

Please Specify overall Rating			
Excellent	Very Good	Good	Average
	<i>✓</i>		

If any suggestions please express here:

Student's Signature *Akshata*

Ravikiran

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STUDENTS FEEDBACK FORM

Skill Enhancement in Academic, Technical and Organizational Aspects

Name of the Student Pratisha Kulkarni

Semester: B.Ed. IIst sem.

Session: 1st

Contact Number: 8481543201

E-Mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Organising various trainings in the college	✓			
2	Development of the teaching skills		✓		
3	Management of the academic activities		✓		
4	Organising the academic programmes	✓			
5	Organising the field activities		✓		

Please Specify overall Rating			
Excellent	Very Good	Good	Average
	✓		

If any suggestions please express here:

This is very good seminar we learnt more on it

PRATISHA
Student's Signature

Pratisha

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STUDENTS FEEDBACK FORM

Skill Enhancement in Academic, Technical and Organizational Aspects

Name of the Student *Ashwini*

Semester: *B.Ed. 1st*

Session:

Contact Number:

E-Mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Organising various trainings in the college	✓			
2	Development of the teaching skills		✓		
3	Management of the academic activities		✓		
4	Organising the academic programmes		✓		
5	Organising the field activities	✓			

Please Specify overall Rating			
Excellent	Very Good	Good	Average
		✓	

If any suggestions please express here:

Overall session was good

Student's Signature

Ashwini

D. Ravikiran

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E-Mail IQAC: iqacgnbedc@gmail.com

FEED BACK FORM

Reg. No. 14

Date: 21/06/2022

Name : Jhargonda

Name of the programme/ Training: Yoga Training

A) The overall experience of this programme/ Training

a) Satisfied b) Partially satisfied c) Dissatisfied

B) The performance of the presenter or Resource person

a) Good b) Average c) Below Average

C) The content of the programme Training is

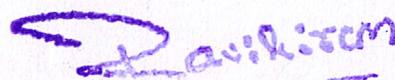
a) Very useful b) Useful c) Not useful

D) Information can be put into practice

a) To a great extent b) To some Extent c) Not at all

E) This program enhanced my professional expertise

a) To a great degree b) Some What c) Not at All



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E-Mail IQAC: iqacgnbedc@gmail.com

FEED BACK FORM

Reg. No. 12

Date: 21/06/2021

Name : Narsha V.

Name of the programme/ Training: Yoga and Meditation

A) The overall experience of this programme/ Training

a) Satisfied b) Partially satisfied c) Dissatisfied

B) The performance of the presenter or Resource person

a) Good b) Average c) Below Average

C) The content of the programme Training is

a) Very useful b) Useful c) Not useful

D) Information can be put into practice

a) To a great extent b) To some Extent c) Not at all

E) This program enhanced my professional expertise

a) To a great degree b) Some What c) Not at All

Ravikiran

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FEED BACK FORM

Reg. No. 24

Date: 21/06/2020

Name : Shruti

Name of the programme/ Training: Yoga Training

A) The overall experience of this programme/ Training

a) Satisfied b) Partially satisfied c) Dissatisfied

B) The performance of the presenter or Resource person

a) Good b) Average c) Below Average

C) The content of the programme Training is

a) Very useful b) Useful c) Not useful

D) Information can be put into practice

a) To a great extent b) To some Extent c) Not at all

E) This program enhanced my professional expertise

a) To a great degree b) Some What c) Not at All

Ravikiran

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FEED BACK FORM

Reg. No. ----

Date: 21/06/2019

Name : Suhana

Name of the programme/ Training: Yoda Training

A) The overall experience of this programme/ Training

a) Satisfied b) Partially satisfied c) Dissatisfied

B) The performance of the presenter or Resource person

a) Good b) Average c) Below Average

C) The content of the programme Training is

a) Very useful b) Useful c) Not useful

D) Information can be put into practice

a) To a great extent b) To some Extent c) Not at all

E) This program enhanced my professional expertise

a) To a great degree b) Some What c) Not at All

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FEED BACK FORM

Reg. No. ----

Date: 21/06/2018

Name : Komal

Name of the programme/ Training: yoga day

A) The overall experience of this programme/ Training

a) Satisfied b) Partially satisfied c) Dissatisfied

B) The performance of the presenter or Resource person

a) Good b) Average c) Below Average

C) The content of the programme Training is

a) Very useful b) Useful c) Not useful

D) Information can be put into practice

a) To a great extent b) To some Extent c) Not at all

E) This program enhanced my professional expertise

a) To a great degree b) Some What c) Not at All

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FEEDBACK FROM

Reg. No.: 23

Date. 08/11/2022

Name: ----- Kiran Kumar -----

Name of the programme/Training : Seminar on Innovative lesson plan

A. The overall experience of this programme/Training

a) ~~Satisfied~~ b) Partially Satisfied c) .Dissatisfied

B. The performance of the presenter or Resource person

a) ~~Good~~ b) Average c) Below Average

C. The content of the Programme Training is

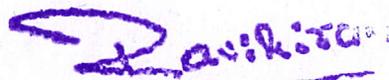
a) Very Useful b) ~~Useful~~ c) Not Useful

D. Information can be put into practice

a) ~~To a great extent~~ b) To some extent c) Not at all

E. This program enhanced my professional expertise

a) ~~To a great degree~~ b) Some what c) Not at all



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E-Mail IQAC: iqacgnbedc@gmail.com

FEED BACK FORM

Reg. No. ---07

Date: 09/05/2021

Name : Sunanda

Name of the programme/ Training: Seminar

A) The overall experience of this programme/ Training

a) Satisfied b) Partially satisfied c) Dissatisfied

B) The performance of the presenter or Resource person

a) Good b) Average c) Below Average

C) The content of the programme Training is

a) Very useful b) Useful c) Not useful

D) Information can be put into practice

a) To a great extent b) To some Extent c) Not at all

E) This program enhanced my professional expertise

a) To a great degree b) Some What c) Not at All

Ravikiran

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E-Mail IQAC: igacgnbedc@gmail.com

FEED BACK FORM

Reg. No. 14

Date: 23/09/2020

Name : C. Ratan

Name of the programme/ Training: Seminar

A) The overall experience of this programme/ Training

a) Satisfied b) Partially satisfied c) Dissatisfied

B) The performance of the presenter or Resource person

a) Good b) Average c) Below Average

C) The content of the programme Training is

a) Very useful b) Useful c) Not useful

D) Information can be put into practice

a) To a great extent b) To some Extent c) Not at all

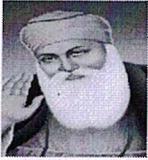
E) This program enhanced my professional expertise

a) To a great degree b) Some What c) Not at All

Ravikiran

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FEED BACK FORM

Reg. No. 42

Date: 04/11/19

Name : Raichel.

Name of the programme/ Training: Diagnostic test

A) The overall experience of this programme/ Training

a) Satisfied b) Partially satisfied c) Dissatisfied

B) The performance of the presenter or Resource person

a) Good b) Average c) Below Average

C) The content of the programme Training is

a) Very useful b) Useful c) Not useful

D) Information can be put into practice

a) To a great extent b) To some Extent c) Not at all

E) This program enhanced my professional expertise

a) To a great degree b) Some What c) Not at All



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FEED BACK FORM

Reg. No. ----

Date: 30/04/2018

Name : Suma

Name of the programme/ Training: Remedial classes

A) The overall experience of this programme/ Training

a) Satisfied b) Partially satisfied c) Dissatisfied

B) The performance of the presenter or Resource person

a) Good b) Average c) Below Average

C) The content of the programme Training is

a) Very useful b) Useful c) Not useful

D) Information can be put into practice

a) To a great extent b) To some Extent c) Not at all

E) This program enhanced my professional expertise

a) To a great degree b) Some What c) Not at All

P. M. M.

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BIDAR-585403

Ravikiran

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E-Mail IQAC: iqacgnbedc@gmail.com

FEED BACK FORM

Reg. No. 10

Date: 04/11/2019

Name : Nandini

Name of the programme/ Training: Seminar on Diagnostic test

A) The overall experience of this programme/ Training

a) Satisfied b) Partially satisfied c) Dissatisfied

B) The performance of the presenter or Resource person

a) Good b) Average c) Below Average

C) The content of the programme Training is

a) Very useful b) Useful c) Not useful

D) Information can be put into practice

a) To a great extent b) To some Extent c) Not at all

E) This program enhanced my professional expertise

a) To a great degree b) Some What c) Not at All

Davikison

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STUDENTS FEEDBACK FORM

E-Content development

Name of the Student

Nitin Rathod

Semester:

4th

Session:

1st

Contact Number:

E-Mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Development of Micro and Macro teaching Video lessons	✓			
2	Development of ICT based activities	✓			
3	Development of PPT for seminars	✓			
4	Development of internship report	✓			
5	Development of Digital Lesson Plans	✓			

	Please Specify overall Rating		
Excellent	Very Good	Good	Average
	✓		

If any suggestions please express here:

teach
This shows that I have very bright future in my life.

Student's Signature

Nitin

STUDENTS FEEDBACK FORM

E-Content development

Name of the Student AKASH Lalappa

Semester: IIIrd

Session: 2nd

Contact Number:

E-Mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Development of Micro and Macro teaching Video lessons	✓			
2	Development of ICT based activities	✓			
3	Development of PPT for seminars	✓			
4	Development of internship report		✓		
5	Development of Digital Lesson Plans	✓			

	Please Specify overall Rating			
Excellent	Very Good	Good	Average	
✓				

If any suggestions please express here:

I learned more on more on it

Student's Signature

[Signature]

[Signature]

PRINCIPAL

Gurunanak College of Education.

BIDAR-585402

STUDENTS FEEDBACK FORM

E-Content development

Name of the Student : Chamabasappa / Siddanna

Semester: B.Ed. IInd sem.

Session: I

Contact Number: 8971044289

E-Mail :

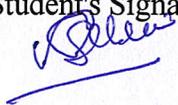
Sl.No	Statements	Excellent	Very Good	Good	Average
1	Development of Micro and Macro teaching Video lessons	✓			
2	Development of ICT based activities		✓		
3	Development of PPT for seminars	✓			
4	Development of internship report	✓			
5	Development of Digital-Lesson Plans	✓			

	Please Specify overall Rating			
Excellent	Very Good	Good	Average	
✓				

If any suggestions please express here:

* This helps me feel very comfortable in E-content development

Student's Signature





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Gurunanak College of Education

BIDAR-585403

STUDENTS FEEDBACK FORM

E-Content development

Name of the Student Neelambika Bheem Rao

Semester: IInd

Session: Morning

Contact Number:

E-Mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Development of Micro and Macro teaching Video lessons	✓			
2	Development of ICT based activities	✓			
3	Development of PPT for seminars		✓		
4	Development of internship report	✓			
5	Development of Digital Lesson Plans		✓		

	Please Specify overall Rating			
Excellent	Very Good	Good	Average	
	✓	✓		

If any suggestions please express here:

I liked the overall experiences to taking about the practical.

Student's Signature

Neelambika

Ravik

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STUDENTS FEEDBACK FORM
 E-Content development

Name of the Student *Jyoti*

Semester: *IVth*

Session: *Morning.*

Contact Number:

E-Mail :

Sl.No	Statements	Excellent	Very Good	Good	Average
1	Development of Micro and Macro teaching Video lessons		<i>✓</i>		
2	Development of ICT based activities	<i>✓</i>			
3	Development of PPT for seminars	<i>✓</i>			
4	Development of internship report	<i>✓</i>			
5	Development of Digital Lesson Plans	<i>✓</i>			

Please Specify overall Rating			
Excellent	Very Good	Good	Average
	<i>✓</i>		

If any suggestions please express here:

Student's Signature *Jyoti*

Ravikiran
 PRINCIPAL
 Gurunanak College of Education
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