

CHAIYTU GAYTA (ALOR) GOVT.COLLEGE PHARASGAON  
DISTT-KONDAGAON C.G.

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Teacher Feed Back Form

Name – .....

Mother Name/Father Name/Husband Name – .....

Date Of Birth- .....

Educational Qualification – .....

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Subject- .....

Specialisation if any- .....

Earlier Experience – .....

Date Of Joining – .....

Teaching Experience – .....

Mob.No.- .....

Email address – .....

Postal/Permanent address - .....

.....

.....

Signature

S.NO.		EXCELLENT	GOOD	SATISFACTORY	POOR	REMARK/IF ANY SUBJECT
1	Teaching Environment					
2	Student Level					
3	Student's Background					
4	Overall					

Date:-

Signature