

END SEMESTER EXAMINATIONS - ---------------------

QUESTION PAPER FEEDBACK FORM

Department: Course Code:

Course Name:

Semester: Regulation:

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Description** | **Yes** | **No** |
| 1 | Whether all the questions within the syllabus? |  |  |
| 2 | Whether all the questions can be answered within the maximum 3 Hrs? |  |  |
| 3 | Whether the Questions are framed using Revised Bloom’s Taxonomy? |  |  |
| 4 | Whether the questions are distributed evenly throughout the syllabus? |  |  |
| 5 | Whether all the sufficient data’s are given for solving numerical problems? |  |  |
| 6 | Whether Data Books, Code Tables Provided? |  |  |
| 7 | Whether all the figures in the questions are with good clarity? |  |  |

**Remarks of the Course Handling Faculty**

Name and Signature of the Course Handling Faculty:

1.

2.

3.

Signature of the HOD