

## NSB World Business School

### Guest Lecture / Workshop / Seminar/ FDP feedback form

Field	Description																														
<b>Topic / Theme</b>																															
<b>Resource Person</b>	Name: _____ Designation: _____																														
<b>Date / Time / Venue</b>																															
<b>Organized By</b>	Department / Cell / Club: _____																														
<b>Criteria</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="width: 10%;">5</th><th style="width: 10%;">4</th><th style="width: 10%;">3</th><th style="width: 10%;">2</th><th style="width: 10%;">1</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	5	4	3	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1. Clarity and relevance of the topic																															
2. Knowledge and presentation skills of the speaker																															
3. Interaction and engagement during the session																															
4. Practical applicability / examples used																															
5. Time management and session flow																															
6. Overall satisfaction with the session																															
<b>Question</b>	<b>Response</b>																														
What new insights or skills did you gain?																															
Would you like similar sessions in future?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe																														
Any suggestions for improvement?																															

**Faculty In-charge**

**Research Coordinator**

**HoP**

**Director**