

Self Assessment Report Survey
Proforma-2
Faculty Course Review Report
(To be filled by each faculty at the time of Course Completion)

Part 1		
Institution		
Department		
Faculty	Permanent	Visiting
Title /Course Code		
Batch / Year		
Term		
Credit Hr/Contract Week	Theory	Practical
No of Lectures Conducted	Theory	Practical
No of Course Teacher		
Designation		
No of Students Enrollment		

Comments: _____

Overview/ Evaluation (Course -Coordinator's Comments)

Feedback: first summarize, and then comment on feedback received form:

1) Student (Course Evaluation) Questionnaires (filled by QEC)

2) **Assessment:** comment on the continuing effectiveness of method(s) of assessment in relation to the intended learning outcomes (Course objectives)
(comments by the course teacher)

3) **Enhancement:** comment on the implementation of changes proposed in earlier Faculty Course Review Reports
(comments by the course teacher)

Name/ Signature

Date_____

(Course Instructor)

Name/ Signature

Date_____

(Head of Department)

Part-II (Grades secured and other outcomes to be provided by controller of Examination)



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Name of	
Teacher	
Course Taught	
Semester	
Session/Batch	
Date of Completion of term	
Institute	
Department	
Designation	