

**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH**

**RESEARCH METHODOLOGY COURSE IN SOCIAL SCIENCE**

**FEEDBACK FROM PARTICIPANTS ON RESOURCE PERSONS**

**NAME OF THE PARTICIPANT:** \_\_\_\_\_

**PLEASE ALLOT MARKS OUT OF 10 TO EACH HEAD**

Sr. No.	Name of the resource person & Topic conducted	Time Dimension 10	Subject Knowledge 10	Command over language 10	Ability to interact 10	Ability to explain complex concepts 10	Quality of Power Point Presentation (if any) 10	Application of updated information 10	Ability to retain attention of participants 10	Time Management 10	Would you recommend the resource person for future sessions? 10	Total

(Signature of the Participant)

**INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH**

RESEARCH METHODOLOGY COURSE IN SOCIAL SCIENCE  
TO \_\_\_\_\_

FEED BACK FROM PARTICIPANTS

Please tick mark (✓) on the appropriate scale (10 to 1) against the parameters listed below:

Parameters	Scale									
	High-----Low									
	10	9	8	7	6	5	4	3	2	1
1. Relevance of the Course										
2. Applicability of the course for present job										
3. Extent of coverage of the course content										
4. Learning values in terms of:										
* Concepts										
*Knowledge										
*Analytical abilities										
*Broadening perspectives										
5. Appreciating and implementing experimental methodology wherever applicable										
6. Improving use of appropriate audio visual technology										
7. Effectiveness of programme delivery/communication										
8. Competence of resource persons										
9. Effectiveness of skill development										
10. Relevance and usefulness of the reading materials										
11. Duration of the programme										
12. Scope of implementation										
13. Keeping abreast of the latest development in your discipline/subject										
14. Research orientation										
15. Use of innovative and participative learning methods										
16. Any other aspects of impact on professional orientation and development										

Comments on the planning, management and relevance of the programme

---

---

---

---

---

---

---

---

---

---

---

---

Name of the Participants: \_\_\_\_\_ : \_\_\_\_\_  
Designation: \_\_\_\_\_ : \_\_\_\_\_  
Qualification: \_\_\_\_\_ : \_\_\_\_\_  
Contact Details: \_\_\_\_\_ : Tel (O) STD Code \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Tel (R) STD Code \_\_\_\_\_ Tel \_\_\_\_\_

Mobile: \_\_\_\_\_  
E.Mail: \_\_\_\_\_

Name of the Institution of the Participant: \_\_\_\_\_ : \_\_\_\_\_

Address: \_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ pincode: \_\_\_\_\_

(Signature of Participant)