

CSIR-FOURTH PARADIGM INSTITUTE

Student Programme for Advancement in Research Knowledge (SPARK)

Feedback Form

(To be completed by the student)

“Your Feedback is Valuable to improve the programme farther”

| | | |
|---|-------------------------------|------------------------------|
| NAME: _____ | Date of Joining: _____ | Date of Ending: _____ |
| Institute Name: _____ | Guide Name: _____ | |
| Address for future corresponded: _____ | | |
| Phone No: _____ | Email Id: _____ | |

1. How did you hear about SPARK?

Internet Friends Juniors Spark Boucher Others _____

2. Any problems faced during registration?

No Yes _____

3. Where did you stay during your Project?

Own House Rented House Paying Guest Others _____

Address of Stay:- _____

4. How was your experience working under guide?

5. How do you rate the training overall? (1.Poor 2.Average 3. Good 4.Excellent 5.Outstanding)

1 2 3 4 5

6. Suggestion for improvement of SPARK?

7. Do you recommend SPARK programme to your juniors / Friends?

No Yes

8. Any other comments
