

| JAWAHARLAL NEHRU ARCHITECTURE AND FINE ARTS UNIVERSITY |                                                                                                                                                         |                                                                                                                                                                                  |                                |            |                    |                          |                   |                     |     | Student Feed Back Form |     | Tick any one<br>O/E |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------|--------------------|--------------------------|-------------------|---------------------|-----|------------------------|-----|---------------------|
| Course                                                 | Animation                                                                                                                                               | Please specify at what is the stage of course you are evaluating this form<br>Ongoing                      M = Middle,                      E = End or Completed)           (O = |                                |            |                    |                          |                   |                     |     |                        |     |                     |
| Year                                                   | III                                                                                                                                                     |                                                                                                                                                                                  |                                |            |                    |                          |                   |                     |     |                        |     |                     |
| Semester                                               | I                                                                                                                                                       |                                                                                                                                                                                  |                                |            |                    |                          |                   |                     |     |                        |     |                     |
| S.No.                                                  | Description of the aspects of the Semester                                                                                                              | Subject Name                                                                                                                                                                     | Video Shooting and Editing (P) | VFX (P)    | Compositing-II (P) | Portfolio-II (Viva-Voce) | Sound Editing (P) | Post-Production (T) | NIL | NIL                    | NIL |                     |
|                                                        |                                                                                                                                                         | Code                                                                                                                                                                             | AN4 1 - 1T                     | AN4 1 - 2P | AN4 1 - 3P         | AN4 1 - 4P               | AN4 1 - 5P        | AN4 1 - 6P          | NIL | NIL                    | NIL |                     |
| 1                                                      | Approximately how many classes have you attended out of the total classes conducted. Specify (A = Above 75%, B Above 65%, C = Above 50%, D = Below 50%) | A/B/C/D                                                                                                                                                                          |                                |            |                    |                          |                   |                     | NIL | NIL                    | NIL |                     |
| 2                                                      | How would you rate the overall effectiveness of this subject?                                                                                           | Poor/Average/Good                                                                                                                                                                |                                |            |                    |                          |                   |                     | NIL | NIL                    | NIL |                     |
| 3                                                      | On a scale of 1 to 10 how would you rate the satisfaction of learning outcome?                                                                          | 1 to 10                                                                                                                                                                          |                                |            |                    |                          |                   |                     | NIL | NIL                    | NIL |                     |
| 4                                                      | Identify the reasons for the above                                                                                                                      | 1) Syllabus and Curriculum<br>2) Faculty effectiveness<br>3) Facilities available                                                                                                |                                |            |                    |                          |                   |                     | NIL | NIL                    | NIL |                     |
| 5                                                      | Do you feel you have gained required Knowledge/ Skill / Practical Exposure?                                                                             | Yes/No                                                                                                                                                                           |                                |            |                    |                          |                   |                     | NIL | NIL                    | NIL |                     |
| 6                                                      | Write feed back if any in the space provided                                                                                                            |                                                                                                                                                                                  |                                |            |                    |                          |                   |                     |     |                        |     |                     |