FEEDBACK FORM

Dear Learner!

We need your help in making our programmes more relevant and user friendly. Your quality input will help us to make programmes more useful. Please feel free to give us your views on these programmes.

Thank you,

Studio Unit Deptt. Of Correspondence Courses

Name	:	
M/F	:	
Age	:	
Educational Qualifications	:	
Enroll No. (In case you are a CHD student)	:	
Address	:	
Tel No.	:	
Fax No.	:	

Employment :				
Status				
- Service				
- Students				
Self				
Employed	••••••			
Others (Pls Specify)				
Do you watch our	programme/s on	GyanDa	rshan Channel:	Yes/No
an Educational Ch	nannel of M/o HRD)		
If yes, write the na	ames of programm	nes with	your rating	
1 / 10				
2 / 10				
3 / 10				
Scale of rating:				
• Less than 50)%	:	Average	
• 50% -59%		:	Satisfactory	
• 60% -69%		:	Good	
• 70% -79%		:	Very Good	
80%and above		:	Outstanding	

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