



केन्द्रीयसंस्कृतविश्वविद्यालयः

संसदः अधिनियमेन स्थापितः
(प्राक्तनं राष्ट्रियसंस्कृतसंस्थानम्, मानितविश्वविद्यालयः)
भारतसर्वकारस्य मानवसंसाधनविकासमन्त्रालयाधीनः

Teacher Feedback Form शिक्षकाणां प्रतिपुष्टिपत्रम्

Please give us your valuable feedback separately for every session as per the following points. All the fields are mandatory.

कृपया हमें निम्नलिखित बिंदुओं के अनुसार प्रत्येक सत्र के लिए अलग से अपनी बहुमूल्य प्रतिक्रिया दें। सभी फ़ील्ड अनिवार्य हैं। Note:- Valuable suggestions are cordially invited through this feedback to improve the quality of various courses conducted in the university and to increase the credibility of the university. Looking forward to your cooperation.

नोट : विश्वविद्यालय में संचालित विभिन्न पाठ्यक्रमों की गुणवत्ता में सुधार करने और विश्वविद्यालय की विश्वनीयता बढ़ाने के लिए अमूल्य सुझाव इस फीडबैक के माध्यम से सादर आमंत्रित है. आपसे सहयोग की अपेक्षा है।

sanjay@csu.co.in [Switch account](#)



* Required

Email *

Your email



Session *

सत्रम्

- Session 2021-22
- Session 2020-21
- Session 2019-20
- Session 2018-19
- Session 2017-18
- Session 2016-17
- Session 2015-16
- Other: _____



Campus Name *

परिसरनाम

- Head Quarter, New Delhi
- Bhopal Campus
- Ekalavya Campus
- Ganganath Jha Campus
- Guruvayoor Campus
- Jaipur Campus
- K.J. Somaiya Campus
- Lucknow Campus
- Shri Raghunath Kirti Campus
- Shri Rajiv Gandhi Campus
- Shri Ranbir Campus
- Shri Sadashiv Campus
- Vedvyas Campus

Name of Teacher *

(प्राध्यापकनाम)

Your answer



Qualification *

(शैक्षणिकयोग्यता)

D.Litt

Ph.D

M.Phil

Acharya

MA

Other: _____



Department/ Subject *

विभागनाम (Modern Department's teachers write your subject in other option)

- Navya Vyakarana
- Prachin Vyakarana
- Sahitya
- Siddhanta Jyotisha
- Phalit Jyotisha
- Sarva Darshana
- Dharma Shastra
- Puranetihasa
- Veda
- Paurohitya
- Jain Darshan
- Bauddha Darshan
- Sankhya Yoga
- Navya Nyaya
- Prachin Nyaya Vidya Vaisheshikam
- Mimansa
- Advait Vedanta
- Shikshashastra
- Modern Subjects
- Yoga & Ayurveda
- Vastu & Jyotish Sahitya
- Other:



Date of Joining in this Institution *

नियुक्तितिथि:

Date

dd-mm-yyyy

Date of Birth *

जन्मतिथि:

Date

dd-mm-yyyy

Gender *

लिंगम् (महिला/ पुरुष/ अन्य)

Male

Female

Other:

Category *

श्रेणी (सामान्य (GEN) अनुसूचित जाति (SC), अनुसूचित जनजाति (ST) अन्य पिछड़ा वर्ग (OBC) आर्थिक रूप से कमजोर वर्ग (EWS) दिव्यांग (PH))

General

EWS

OBC

SC



SC

ST

PH

Other: _____

Teacher's Mobile No./ (WhatsApp No.) *

दूरभाषसंख्या

Your answer _____

Designation *

पदम् (निदेशक/ प्राचार्य/ आचार्य/सहाचार्य/ सहायकचार्य)

Director

Principal

Professor

Associate Professor

Assistant Professor

Other: _____

Nature of Employment *

पदप्रकृति: (स्थायी / संविदा/ अतिथि)

Regular

Contractual

Guest

Other: _____



Teacher's PAN No. *

शिक्षकस्य पेनसंख्या

Your answer

Teacher's AADHAR No. *

शिक्षकस्य आधारसंख्या

Your answer

Email Address for further communication *

ई-पत्रसङ्केतः

Your answer

Postal Address for further communication *

पत्रसङ्केतः

Your answer

Permanent Address

स्थायीपत्रसङ्केतः

Your answer

Next

Clear form



Google Forms

