



Feedback Performa* of Academic Even

(Please Submit this Performa within 15 days after the Conference and within 07 days after any other event)

- Nature of Event** (Tick Relevant Box): Conference Symposium Seminar Guest Lecture
Training Workshop Colloquium **OR** Event (referred at x or xi of General Guidelines in IIU SoPs)
Pls. Specifically, mention here: _____
- Level:** National International
- Event Focal Person*/Organizer(s):** _____ **Designation:** _____
- Department:** _____ **Faculty/Institute/Academy/Center:** _____
- Title of the Event:** _____
- Event Venue:** _____ **Guest House Requirement:** Yes No
- Date(s):** _____ **No. of Day(s):** _____
- Time:** From _____ (A.M./ P.M.) To _____ (A.M./ P.M.)
- Funding** (Amount PKR): _____ **Funding (Source):** HEC / (any other) _____

Thanks for providing an opportunity to arrange the titled event. However, sincere feedback is being presented as it would help both of us (the organizers as well as the University) in improving our future events.

Please rate the different aspects of the event according to the rating scale given below:

Academic Part:	5	4	3	2	1
Program Contents	Outstanding	Very Good	Good	Moderate	Unsatisfactory
Quality					
Relevance					
Comprehensiveness					
Effectiveness					
Value Addition					
Level of knowledge/skill in the area after the event					
Speakers					
Subject knowledge and competency					
Ability to transfer knowledge					
Objectives of the Events					
Achievement level					
Outcomes of the Event (in the form of recommendations, improved skills) [additional sheet may be used]:					



Organizational Part:	5	4	3	2	1
Organization of Event	Outstanding	Very Good	Good	Moderate	Unsatisfactory
Support from ORIC					
Action of Finance/Audit Section					
Venue					
Conducive Environment					
Cleanliness					
Quality of facilities (furniture, setup, air-conditioning, washroom etc.)					
Quality of Equipment (Mic/speakers, multimedia, screen, laptop etc.)					
Facilitation & Cooperation from other Departments					
Web/IT Section					
Security Cell					
State Management Dept.					
PD Section					
P&PR Section					
Transport (if required)					
Electrical/Mechanical Sections					

How to improve? [Comments/Recommendations] (additional sheet may be used):

Future Follow-up/Plan? [to organize a similar event/or another event]:

Signatures: (Focal Person) _____ (Dean/DG): _____ Date: _____

*The Focal person is also required to submit feedback from the participants by designing the relevant one-page form