

SATYAJIT RAY FILM & TELEVISION INSTITUTE

STUDENT-FACULTY REVIEW FORM

Name of the Student:		Batch No.	
		Registration No.	
Date of Lecture:		Time of Lecture	
		From:	To:
Topics Covered:			
Name of the faculty member:			
Comments on the following parameters (Maximum 50 words each)			
Content			
Communication Value			
Take Home			

Signature of the student with date

To be submitted to the respective 'HOD's in a sealed envelope on a monthly basis