

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 (Keep your comments limited to 250 words):	

Note: Keep your comments limited to the feedback on this lecture/session only