



### Feedback Performa of Academic Event

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



| <b>Opportunities Emerged for future collaboration during the event</b> (additional sheet may be used): |                    |                  |             |                 |                       |
|--|--------------------|------------------|-------------|-----------------|-----------------------|
|  |                    |                  |             |                 |                       |
|  |                    |                  |             |                 |                       |
| <b>Organizational Part:</b>  | <b>5</b>           | <b>4</b>         | <b>3</b>    | <b>2</b>        | <b>1</b>              |
| <b>Organization of Event</b>   | <b>Outstanding</b> | <b>Very Good</b> | <b>Good</b> | <b>Moderate</b> | <b>Unsatisfactory</b> |
| Support from ORIC  |                    |                  |             |                 |                       |
| Action of Finance/Audit Section  |                    |                  |             |                 |                       |
| <b>Venue</b>   |                    |                  |             |                 |                       |
| Conducive Environment  |                    |                  |             |                 |                       |
| Cleanliness  |                    |                  |             |                 |                       |
| Quality of facilities (furniture, setup, air-conditioning, washroom etc.)                              |                    |                  |             |                 |                       |
| Quality of Equipment (Mic/speakers, multimedia, screen, laptop etc.)                                   |                    |                  |             |                 |                       |
| <b>Facilitation &amp; Cooperation from other Departments</b>   |                    |                  |             |                 |                       |
| 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):

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

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**Signatures:** (Focal Person) \_\_\_\_\_ (Dean/DG): \_\_\_\_\_ Date: \_\_\_\_\_