

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
Regional Centre, Delhi-II

Format-5A

**Feedback Report**

Name of SC: \_\_\_\_\_ Total Students allotted: \_\_\_\_\_

Code: \_\_\_\_\_

Session Theory / Practical A.V.:

Sl.No.	Programme	Group/Batch	Total No. of sessions		No. of students	
			Proposed	Held	Assigned	Attended
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

**Signature of PIC/Coordinator**

- Note: I. This report must reach the Regional Centre by 5<sup>th</sup> of every month  
 II. Separate sheets to be used for theory practical and A/V sessions.  
 III. Individual entries for each semester year should be made.