

Internal Quality Assurance Cell (IQAC)

Parents Feedback

Name of the Parents: _____ Name of Student: _____

Department: _____ Year of Admission: _____

Note: Your responses will be kept confidential and used only for the stated purpose.

No.	Particulars	Excellent	Good	Average	Blow Average
1.	Overall infrastructural facilities of the College namely library, hostel, classroom, labs etc.				
2.	Overall security, discipline and safety measures maintained in the institute.				
3.	The learning experience of your son/ daughter in the institute				
4.	The examination system adopted by the institute				
5.	Institutional sensitivity to changing educational, social & market demands (Courses, Personality Development Programmes, and Career Oriented Programmes etc.)				
6.	The library and sports facilities provided by the institute				
7.	The social environment in terms of diversity and inclusiveness of the institute				
8.	The counseling, mentorship provided to the students by the institute				
9.	The fests, events, and extra-curricular activities arranged by the institute				
10.	The placements, internship opportunities provided by the institute				

Any Other Suggestion:



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Signature