

Parents Feedback Form

Name of the parent:	
Address:	
Email ID:	Mobile No. :
Name of the Student:	RRN:
Program/Branch of Study:	
Year:	

E – Excellent

VG – Very Good

G – Good

S – Satisfactory

NS – Not Satisfactory

S.No.	Description	E	VG	G	S	NS
1	Cleanliness and ambience in campus					
2	Quality of teaching					
3	Examination & evaluation system					
4	Laboratory facilities					
5	Value added courses offered in the department/School					
6	Organizing guest lectures					
7	Field trip arrangements					
8	Industry Internship (Industry Training)					
9	Student amenities (Library, Wi-Fi/Internet, etc)					
10	Sports & Cultural activities					
11	Effectiveness of training for placement					
12	Canteen facilities					
13	Transport facility					
14	Medical facility					

15	(a) Please rate the attainment of programme outcomes (Has the objective of studying the chosen programme fulfilled)					
	(b) Please rate the attainment of course outcomes (Have the courses helped in gaining relevant knowledge)					
16	Security arrangements					
17	Hostel (Parents of Hostellers only):					
	(a) Accommodation & Amenities					
	(b) Food					
	(c) Security Arrangements					
18	Your opinion about Curriculum (courses in the programme) and suggestions for new courses to be introduced:					
Any other suggestions:						