

PARENTS FEEDBACK FORM

Student Name:..... **Batch:**

Course : **Branch:** **Year :** **Semester:**

Name of the Parent: -

Qualification of the parent: - Occupation: -

Present Postal Address: -

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Pin Code: - Phone No: - Mobile: -

Email Id: -

1. Please rate the college for the following parameters given below in a scale of 1 to 4 where 1 is Poor, 2 is Average, 3 is Good and 4 is excellent. (Mark the rating scale using \surd)

a. Basic Aspects						
S. No	Parameters	Poor	Average	Good	Excellent	Rating
1	Administrative facilitation					
2	Help from college office					
3	Performance of teachers					
4	Practical Knowledge imparted					
5	Quality of Teaching					
6	Lab infrastructure					
7	Industrial Exposure					
8	Placement & Career guidance					
9	Transportation					
10	Canteen					
11	Extracurricular activities					
12	Bank/Post Office					
13	Medical Facilities					
14	Security					
15	Overall exposure					
Total Score						
b. Curricular Aspects:						
1	Curriculum delivery to your ward is satisfied compared to other engineering colleges					
2	After joining the institution, technical knowledge has improved to your ward.					

3	Satisfied with the academic results of our institution.					
4	Library and industry powered centre facilities for the courses are more than adequate in our Institution.					
5	Assessment pattern is satisfied for your wards					

2. Does your ward regularly inform you about his/her Performance? : Yes/No

3. Did you receive any complaints about your ward from the institution? : Yes/No

If yes specify the nature of the compliant:

1. Whether you are getting information about your ward from the Institution : Yes/No

2. Your Suggestions

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Signature of the Parent