

FEEDBACK FROM PARENTS

Parents/Guardian Information:

1. Full Name : _____
2. Address : _____
3. Email Id : _____

Student Information:

1. Name of the Student : _____
2. Programme : _____
3. Semester : _____

Please mark the following given parameters using – 3-point scale (A, B & C)

(A – Excellent, B – Good & C – Satisfactory)

- | | |
|------------------------------|--------------------------|
| 1) Curricular | <input type="checkbox"/> |
| 2) Infrastructure | <input type="checkbox"/> |
| 3) Fee Structure | <input type="checkbox"/> |
| 4) Teacher-Student relation | <input type="checkbox"/> |
| 5) Extra-curricular activity | <input type="checkbox"/> |
| 6) Examination & Assessment | <input type="checkbox"/> |
| 7) Quality Teaching | <input type="checkbox"/> |

Suggestion if any:

Signature of the Parent/Guardian: _____

Signature: _____