

Parents Feedback Form	No. _____
	Date _____

Date: _____ **Department:** _____ **Year:** _____

Name of Parent: _____ **Name of the Student:** _____

Please rate the College/Institution on the following parameters

SI No.	Parameters	Excellent 4	Good 3	Average 2	Poor 1	Comments
1.	Administrative facilitation					
2.	Help from college/institution 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/ATM					
13.	Medical Facilities					
14.	Security					
15.	Overall exposure					

Your suggestions to improve further : _____

Date:.....

Signature

