



Date:

Parent/Guardian Feedback

Name of the Parent:	Occupation:
Education: UG/PG/Ph.D/Others	Contact Number:
Student's Name & Roll No:	

Please give your valuable feedback on the curriculum to improve quality of the programme. Choose any level in the range of 5-1. 5-Excellent, 4-Very Good, 3-Good, 2-Average, 1-Poor

S.No	Parameter	5	4	3	2	1
1	Rate the course structure with respect to industry standards / current global academic and business scenarios?					
2	Rate the Techers/Faculty of the department					
3	Rating about the Academic Standers of the Department					
4	Evaluation Process in the Department					
5	Rate Counselling Provided to the Students					
6	Rate the Infrastructure Facilities (Classrooms, Labs, Computer Labs, Dept. Library, Hostel etc.) provided in the Department					
7	Friendliness and Courteousness of the institute Teaching and non-teaching staff					
8	Safe and orderly environment					
9	Overall Rating on the Department					

Please provide any other suggestions regarding curriculum or any other aspect that need to be improved

Date:

Signature of the Parent