

FEEDBACK PROFORMA FROM PARENTS OF HRD STUDENTS

Name of the parent:

Name of the Student:

Course ----- Year : From ----- to -----

Please give us your Impression about the following (please tick (√) whichever as applicable)

S.No.	Parameters	Not satisfactory	Satisfactory	Good	Very good	Excellent
1.	Admission Process					
2.	Teaching and Evaluation					
3.	Discipline					
4.	Interaction with Staff Members					
5.	Extra-Curricular Activities					
6.	Safety of Students					
7.	Fees Structure					
8.	Health Care					
9.	Comprehensive professional development					
10.	Almanac plan and Execution					

Suggestion for Future:

Date: -----

Signature