



A.S.B.A.S.J.S.MEMORIAL COLLEGE, BELA (ROPAR)

Parents Feedback Form on Curriculum for the Academic Session 2019-20

Semester: Odd

Name :..... Phone no.:.....

Occupation :..... E-mail:.....

Address:.....

Student Name:..... Class:.....

➔ Please tick the following as per your view.

PARAMETERS	Excellent	Good	Average	poor
1. How you rate the facilities given to your ward?				
2. How do you rate the quality and relevance of the curriculum for carrier?				
3. How do you rate the environment/discipline of the college?				
4. Is your ward given enough exposure?				
5. Is the college system congenial for the students to discuss their problems?				
6. Are the authorities easily approachable regarding any queries?				
7. Are you satisfied with the communication at the college end regarding the regular performance of your ward?				
8. How do you rate the quality of teaching in the institution?				

9. Suggestions:_____

Date

Signature

[We are really thankful to you for sparing your valuable time to fill this feedback form]

IQAAC Bela College