Form - II

Internal Quality Assurance Cell (IQAC) NILAMBAZAR COLLEGE: NILAMBAZAR

Parents Feedback Form

Academic Year: -

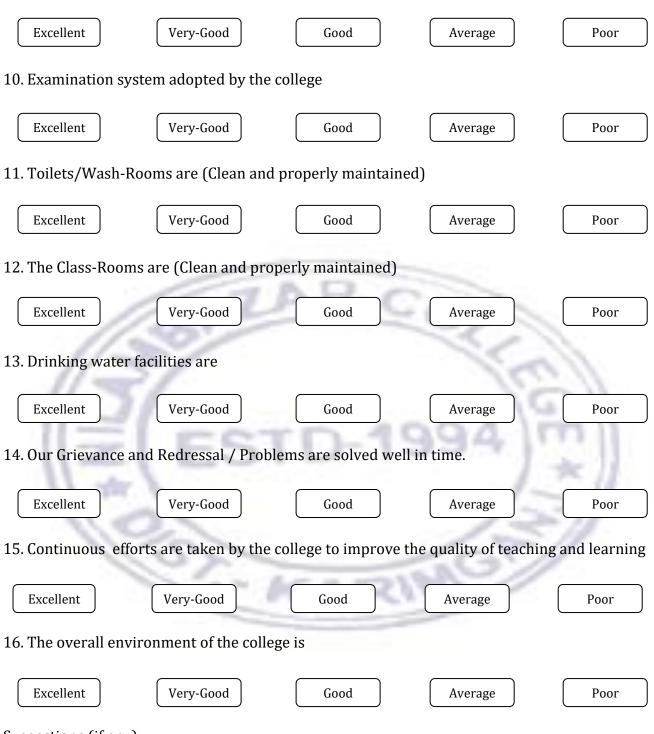
PRELIMINARY INFORMATION :-

Name of the Parent/Guardian							
Name of the Student		Class / Semester					
Course :	rse : (General / Honours)						
Address : Vill/Road		P.O					
Dist.	State						
1	21	ARCON					

You are requested to select appropriate option for the following points:

1.	1. Admission Procedure							
	Excellent	Very-Good	Good	Average	Poor			
2.	. Infrastructure and Class Rooms							
	Excellent	Very-Good	Good	Average	Poor			
3. Library Facility								
	Excellent	Very-Good	Good	Average	Poor			
4.	4. Teaching Staff behaviour is (warm and co-operative)							
	Excellent	Very-Good	Good	Average	Poor			
5.	5. Non-Teaching Staff behaviour is (warm and co-operative)							
	Excellent	Very-Good	Good	Average	Poor			
6. Safety on the campus is								
	Excellent	Very-Good	Good	Average	Poor			
7.	7. Other facilities provided by the college							
	Excellent	Very-Good	Good	Average	Poor			
8.	3. Students Counselling Activities							
	Excellent	Very-Good	Good	Average	Poor			

9. Improvement in soft skills, knowledge, ethics, morality observed by you in your word while studying in the college.



Suggestions (if any)

Signature of the Parents / Guardians