



SAINTGITS COLLEGE OF APPLIED SCIENCES PARENTS - FEEDBACK FORM

Please share your input about the following details for parental involvement documents and our overall college parental activities. Your feedback is essential in helping us to build parent and staff relation in college. We welcome all of your comments and suggestions.

Parent Name Aleyamma Thomas
Contact Number 9946846733
(Parent)
Email joshnajakob98@gmail

Student Name Joshna Leela Jacob
Department B.Com (CA)
Class SoA

Make a tick (✓) mark in the appropriate cell for rating:-

	3 Very Good	2 Good	1 Satisfactory
Academics and support rendered			
1. Quality of teaching offered by the college	✓		
2. Improvement in knowledge, communication/soft skills,ethics and morality observed in your ward after getting admission in the college	✓		
3. Syllabus taught	✓		
4. Discipline maintained in the college	✓		
5. Value added courses offered in the college	✓		
6.Examination system adopted in the college	✓		
7. Coperation from office staff	✓		
Facilities / activites			
8. Library	✓		
9. Student's counseling,mentoring and guidance	✓		
10. Extracurricular activities and sports	✓		
11. College bus	✓		
12. Canteen	✓		
13. Hostel	✓		
14. Clubs / Associations	✓		
15.Placement	✓		
Suggestions (if any):			

Thank you for your Feedback !!

Place : Pathamuttom
Date : 02/02/2020

Aleyamma
Signature of Parent



Joseph
Principal
Prof. M. C. Joseph