



SAINTGITS COLLEGE OF APPLIED SCIENCES

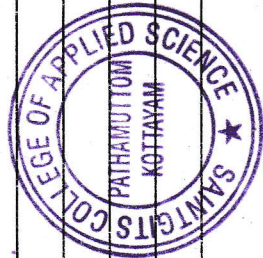
PARENTS - FEEDBACK FORM

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 WILSON ABRAHAM Student Name LUZA WILSON
 Contact Number 9495506718 Department COMMERCE DEPT
 (Parent) Class S-4
 Email wilson.abraham28@gmail.com

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

	3 Very Good	2 Good	1 Satisfactory
Academics			
1. Quality of teaching offered by the college	✓		
2. Cooperation from administrative staff	✓		
3. Discipline maintained by the college	✓		
4. Technical knowledge and communication skills acquired by your ward after the admission to our college	✓		
5. Value added courses offered in the college	✓		
Facilities / activities			
6. Library	✓		
7. Student's counseling and guidance	✓		
8. Extracurricular activities and sports	✓		
9. College bus	✓		
10. Canteen			
11. Hostel			
12. Clubs / Associations			
Suggestions (if any):	Total	Total	Total



Thank you for your Feedback !!

Place : Pathamuttom
 Date : 20.3.19

Signature of Parent

Principal

 Prof. M. C. Joseph