



SAINTGITS

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 Agith Thomas John

Contact Number (Parent) 9387970197

Email

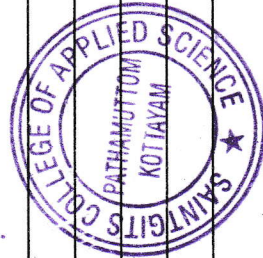
Student Name Agith Jawn Agith

Department B.A

Class 1

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 : 25/11/17

[Signature]
Signature of Parent

[Signature]
Principal
Prof. M.C. Joseph