

## 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	Susan Wilsow		
Contact Number (Parent) Email	9846085460 Susanwilson4160@gmail.com	Student Name Department Class	Eliza Wilson. Commerce. 56A(C·A)

Make a tick ( $\checkmark$ ) mark in the appropriate cell for rating:-

3	2	1
Very Good	Good	Satisfactory
$\checkmark$		
	la de la companya de	
$\sim$		
	$\sim$	
V		
V		
$\checkmark$		
$\checkmark$		
V		
V		
/		
V		
	$\checkmark$	
	Very Good	Very Good Good   Very Good Good   V V   V V   V V   V V   V V   V V   V V   V V   V V   V V   V V   V V   V V   V V   V V   V V   V V

Thank you for your Feedback !

Signature of Parent



Principal Prof. M. C. Joseph