PARENT FEEDBACK ON FACILITIES
* Required

1. Name of the respondent (Optional) :

2. Name of the ward (Optional)

3. Student Roll number *

4. Branch *

5. Contact details (Optional)

A. General

6. 1. Are you satisfied with the results the college produced in the past? : Yes/No *

7. 2. What is your general opinion regarding the college? *

B. Facilities for the Students

8. 1. Library & Reading Room: *
   Mark only one oval.
   □ Excellent
   □ Good
   □ Satisfactory
   □ Average
   □ Unsatisfactory
9. **2. Canteen:**
   *Mark only one oval.*
   - [ ] Excellent
   - [ ] Good
   - [ ] Satisfactory
   - [ ] Average
   - [ ] Unsatisfactory

10. **3. Drinking Water**
    *Mark only one oval.*
    - [ ] Excellent
    - [ ] Good
    - [ ] Satisfactory
    - [ ] Average
    - [ ] Unsatisfactory

11. **4. Class Rooms**
    *Mark only one oval.*
    - [ ] Excellent
    - [ ] Good
    - [ ] Satisfactory
    - [ ] Average
    - [ ] Unsatisfactory

12. **5. Infrastructure and Laboratories**
    *Mark only one oval.*
    - [ ] Excellent
    - [ ] Good
    - [ ] Satisfactory
    - [ ] Average
    - [ ] Unsatisfactory

13. **6. Internet and Wi-Fi facility**
    *Mark only one oval.*
    - [ ] Excellent
    - [ ] Good
    - [ ] Satisfactory
    - [ ] Average
    - [ ] Unsatisfactory
14. 7. Counselling *
   
   Mark only one oval.

   - Excellent
   - Good
   - Satisfactory
   - Average
   - Unsatisfactory

15. 8. Remedial Classes *
    
    Mark only one oval.

    - Excellent
    - Good
    - Satisfactory
    - Average
    - Unsatisfactory

16. 9. Transportation *
     
     Mark only one oval.

     - Excellent
     - Good
     - Satisfactory
     - Average
     - Unsatisfactory

17. 10. Co-Curricular Activities *
        
        Mark only one oval.

        - Excellent
        - Good
        - Satisfactory
        - Average
        - Unsatisfactory

18. 11. Extra-Curricular Activities *
        
        Mark only one oval.

        - Excellent
        - Good
        - Satisfactory
        - Average
        - Unsatisfactory
19. **12. Functioning of exam cell**
*Mark only one oval.*
- [ ] Excellent
- [ ] Good
- [ ] Satisfactory
- [ ] Average
- [ ] Unsatisfactory

20. **13. Functioning of Office**
*Mark only one oval.*
- [ ] Excellent
- [ ] Good
- [ ] Satisfactory
- [ ] Average
- [ ] Unsatisfactory

21. **14. Health & Medical Service**
*Mark only one oval.*
- [ ] Excellent
- [ ] Good
- [ ] Satisfactory
- [ ] Average
- [ ] Unsatisfactory

22. **15. Security system**
*Mark only one oval.*
- [ ] Excellent
- [ ] Good
- [ ] Satisfactory
- [ ] Average
- [ ] Unsatisfactory

23. **16. What are the strong points which assess the quality of the Institute?**

24. **17. Further suggestions if any,**