



SOMESHWAR SHIKSHAN PRASARAK
MANDAL'S

SHARADCHANDRA PAWAR OLLEGE OF
ENGINEERING & TECHNOLOGY,
SOMESHWARNAGAR

Record No:-

Revision:-

Date:-

PARENTS FEEDBACK FORM

Details of Ward		Details of Father/Mother/Guardian				
Name:		Name:				
Class:		Profession & Qualification:				
Branch:		Address:				
Contact No:		Contact No:				
Email:		Email:				
Sr. No	Details	Excellent	Very good	Good	Average	Poor
1	How is Teaching learning process in the college?					
2	How are Infrastructural facilities in the college?					
3	How is progress of your ward?					
4	How is Work culture observed by you and your ward?					
5	How is the Library facility?					
6	Education here is value based.					
7	Education here will help in making career.					
8	Have you visited the college/Department to know the progress of your ward? (YES/NO)					
9	Opportunities/suggestions for improvement					
10	Strength of the Department					

Signature of Parents/Guardian