IQAC Feedback Form For The Parents

Bhawanipur Hastinapur Bijni College



Name of the Parent/Guardian *

Niva Kalita

Name of your ward *

Cheki

Course in which your ward is enrolled *
O B.A. (Pass)
B.A.(Hons)
O BCom (Pass)
O BCom (Hons)
O Other:
Contact No. * 8822174391
Email Address * bhanusmitakalita20@gmail.com
Do you believe that the college and its environment has transformed the personality of your * ward?
• Yes
O No
O Other:

Please rate the following areas of the College as per your opinion $\,$ *

	Outstanding	Very Good	Good	Satisfactory
Infrastructure	\bigcirc	\bigcirc	۲	\bigcirc
Teaching and Learning	\bigcirc	۲	\bigcirc	0
Growth Opportunities for Students	0	۲	\bigcirc	\bigcirc
Industry-Academia Exposure	\bigcirc	\bigcirc	۲	0
Extra Curricular Activities	\bigcirc	\bigcirc	۲	0

Please rate the following aspects of academic curriculum as per your opinion *

	Outstanding	Very Good	Good	Satisfactory
The objectives of the course in terms of its clarity and relevance for the students	\bigcirc	\bigcirc	۲	\bigcirc
Courses taught in terms of balance between theory and application	\bigcirc	0	۲	\bigcirc
Flexibility and timely revisions	\bigcirc	0	۲	0

Would you like to join us as Parent-Teacher Association for greater cooperation and better functioning of the College?	*
O Yes	
No No	
O Other:	

Which will be your preferred mode to stay in touch with the College Faculty/Administration? $$ *
O Google Group
Online Forum
Ollege App
O Other:
Any other suggestion/feedback regarding the functioning of the College? *
No

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