



RAJGAD DNYANPEETH'S  
**COLLEGE OF PHARMACY**

Bhor, Tal: Bhor, Dist: Pune-412206

**PARENT FEEDBACK FORM**

**ACADEMIC YEAR: 20\_\_ - 20\_\_**

Name of Parent: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Parent: \_\_\_\_\_

Contact No.: \_\_\_\_\_ E-Mail ID: \_\_\_\_\_

Name of the Ward: \_\_\_\_\_ Class: \_\_\_\_\_

**DIRECTIONS: 1- Poor, 2- Satisfactory, 3- Good, 4- Very Good & 5-Excellent**

Please indicate your level of satisfaction with the following statement by choosing ☒ a score between 1 and 5.

SR. NO	STATEMENT /QUESTION	1*	2	3	4	5	TOTAL SCORE
1	Academic performance of your ward throughout Graduation.						
2	Institute regularly inform you about her/his performance.						
3	College atmosphere is free from nuisance/ragging.						
4	Satisfied with the quality of teaching offered by the college.						
5	Infrastructural facilities of the Institution.						
6	Student counseling and guidance provided at the Institute.						
7	Relevance of Curriculum with respect to industrial Application.						
8	Discipline at the Institute.						
9	Teachers are supportive and co-operative						
10	Placement and Career Guidance Activities						
11	College provides conducive environment for personality development of your ward						
12	College has taken efforts for overall development of your ward						
13	Curriculum of the course.						
14	Curriculum satisfy the required competence.						
15	Holistic development of students is ensured by participation of students in various sports, cultural co-curricular and Extra-curricular activities organized throughout the year.						
16	Courses in the curriculum promote Entrepreneurship.						

\* If Poor, Please give the Suggestions for improvements.

- Comments/Suggestions:

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Place:

Name & Sign of Parent

*Thank You for Completing and Submitting This Form*