

IQAC Feedback Form For The Parents

Respected Sir/Madam

The Internal Quality Assurance Cell of SGGSCC seeks your valuable feedback for enhancing the quality of education in SGGSCC.

1. Name of the Parent/Guardian _____

2. Name of your ward _____

3. Course in which your ward is enrolled _____ (drop down menu)

4. Email address _____

5. Contact Number _____

6. Do you believe that the college and its environment has transformed the personality of your ward? Yes No

7. Please rate the following areas of the College as per your opinion

a. Infrastructure Outstanding/ Very Good/Good/Satisfactory

b. Teaching & Learning Outstanding/ Very Good/Good/Satisfactory

c. Growth opportunities for students Outstanding/ Very Good/ Good/
Satisfactory

d. Industry-Academia Exposure Outstanding/ Very Good/Good/Satisfactory

e. Extra Curricular Activities Outstanding/ Very Good/Good/Satisfactory

8. Would you like to join us as Parent-Teacher Association for greater cooperation and better functioning of the College? Yes No

9. Any other suggestion/feedback regarding the functioning of the College?
