

INTERNAL QUALITY ASSURANCE CELL
JDSG COLLEGE::BOKAKHAT::GOLAGHAT::ASSAM

SURVEY/FEEDBACK FORM FOR PARENTS/GUARDIANS

Name of the Parent/Guardian:

Address with contact number:

Name of son/daughter/ward who is studying in this college:

Class/semester of study:

▪ How do you rate the overall growth/personality development of your son/daughter/ward during the Degree Course (Please tick mark the appropriate box)
Not satisfied ☐ Satisfied ☐ Very Satisfied ☐ Cannot Say ☐

▪ Quality of Academic Environment/Transactions in the College (Please tick mark the appropriate box)
Not satisfied ☐ Satisfied ☐ Very Satisfied ☐ Cannot Say ☐

▪ Infrastructure facilities like Library, Labs, Canteen, Sports and other facilities in the College (Please tick mark the appropriate box)
Poor ☐ Good ☐ Very Good ☐ Excellent ☐

▪ Encouragement your son/daughter/ward received for participation in co-curricular/extra-curricular activities: (Please tick mark the appropriate box)
Poor ☐ Good ☐ Very Good ☐ Excellent ☐

▪ Quality of Academic Resources including Teachers, Course Materials, E-Resources, etc made available in the College: (Please tick mark the appropriate box)
Poor ☐ Good ☐ Very Good ☐ Excellent ☐

▪ Placements and records (Please tick mark the appropriate box)
Poor ☐ Good ☐ Very Good ☐ Excellent ☐

▪ Any other suggestion you would like to offer to the College:

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Signature of the Parent/Guardian

Date: