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 *
B.A. (Pass)
B.A.(Hons)
O BCom (Pass)
O BCom (Hons)
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
○ No
Other:

Please rate the following areas of the College as per your opinion *					
	Outstanding	Very Good	Good	Satisfactory	
Infrastructure	\circ	\circ	•	0	
Teaching and Learning	\circ		\circ	0	
Growth Opportunities for Students	0		0		
Industry-Academia Exposure	0	\circ	•	0	
Extra Curricular Activities	0	0	•	0	
Please rate the follow	ring aspects of aca	demic curriculum as	s per your opinior	ן *	
	Outstanding	Very Good	Good	Satisfactory	
The objectives of the course in terms of its clarity and relevance for the students	0			0	
Courses taught in terms of balance between theory and application	0			0	
Flexibility and timely revisions	\circ	\circ	•	\circ	

Would you like to join us as Parent-Teacher Association for greater cooperation and better functioning of the College?
○ Yes
No
Other:
Which will be your preferred mode to stay in touch with the College Faculty/Administration? *
Google Group
Online Forum
College App
Other:
Any other suggestion/feedback regarding the functioning of the College? *
No

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