# Internal Quality Assurance Cell

### Feedback / Suggestion from Parents

#### **Brief Information :**

- 1. Full Name:
- Sanjay Butt 1. Full Name: \_\_\_\_\_\_\_ 2. Student Name: <u>Anyshke Kottur</u> Program: <u>BNYS</u> ISt year 3. Address: <u>Nagan</u> Nalagan ggte Hegur

	5 - Excellent 4 - Very Good 3	- Good	•			
S.NO	PARAMETERS	5		Fair	1 – Bad	
1.	Student Safety and Living	5	4	3	2	1
2.	Academics	V				
3.	Infrastructure	V	,			
4.	Fee Structure					
5.	Teacher-Student relation					
6.	Non-Teaching/Staff-Student relation	$\checkmark$				
7.	Residential Facilities	$\overline{\mathbf{v}}$				
8.	Co-Curricular & Extra-curricular activities	$\checkmark$				
9.	Management/Administration	$\checkmark$				
ggesti	on if any :					

Jian: Squsqy DyH : Scentey MMD Name of the Parent/Guardian : \_\_\_\_ Signature, Date: 4.6.1.9.1.2.0.22 9460816484

# Internal Quality Assurance Cell

### Feedback / Suggestion from Parents

Ratingach (chusu)

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### **Brief Information :**

- 1. Full Name: \_\_\_\_\_\_\_
- 2. Student Name : Spond bhamber Program: B.A
- 3. Address: Ramder Coloney

# Fill in the box with the number given below :

S.NO	9 - Excellent 4 - Very Good PARAMETERS	3 - Good	2-	Fair	1 – Bad	
4		5	4	3	2	1
1,	Student Safety and Living	1				1
2,	Academics					
3,	Infrastructure					
4,	Fee Structure	L				
5,	Teacher-Student relation	L				
6,		L				
0,	Non=Teaching/Staff-Student relation	2				
7,	Residential Facilities	1		-		
ĝ,	Co-Curricular & Extra-curricular activities		L			
9,	Management/Administration	1	_			

Signature, Somu . Name of Student :( ) Date: 1.J. 1.g. 1.2.4.22 63775458.90

# Internal Quality Assurance Cell

### Feedback / Suggestion from Parents

#### **Brief Information :**

Full Name: <u>Gangerran Maked</u>
Student Name: <u>Poonen kungn'</u> Program: <u>Ged</u>
Address: <u>25-A</u> Green Park extr. nadi Ka
Phytak joipyr

	5 - Excellent 4 - Very Good 3	Good	2 - F	air	1 – Bad	
S.NO	PARAMETERS	5	4	3	2	4
1.	Student Safety and Living	V			2	1
2.	Academics	1				
3.	Infrastructure					
4.	Fee Structure					
5.	Teacher-Student relation					
6.	Non-Teaching/Staff-Student relation		V			
7.	Residential Facilities		-			
8.	Co-Curricular & Extra-curricular activities	5	1			
9.	Management/Administration		-			

	Name of the Parent/Guar	dian	Gaywram plaked	
	Signature,	: _	longthe	
	Name of Student	: (	Poongm kyman'	
Date: 18 / 9 / 2022	Dept. & Semester of student	::_	Education	
			8529546311	

### Internal Quality Assurance Cell

### Feedback / Suggestion from Parents

#### **Brief Information :**

- 1. Full Name: \_\_\_\_

- 2. Student Name : Concord Program: 3. Address:\_\_\_\_

### Fill in the box with the number given below :

		- Good	2-1	air	1 – Bad	
S.NO	PARAMETERS	5	4	3	2	1
1.	Student Safety and Living	L				1
2.	Academics	V				
3.	Infrastructure	1		T.		
4.	Fee Structure		1			
5.	Teacher-Student relation		-			
6.	Non-Teaching/Staff-Student relation					
7.	Residential Facilities		1			_
8.	Co-Curricular & Extra-curricular activities	$\checkmark$				
9.	Management/Administration	1				

Suggestion if any :

Name of the Parent/Guardian :

Signature,

Name of Student

Dept. & Semester of student :

Date: 19 19 12022

9460 R4220

#### **Internal Quality Assurance Cell**

#### Feedback / Suggestion from Parents

#### **Brief Information :**

- 1. Full Name: \_\_\_\_\_
- 2. Student Name : 3. Address: अर्गरा, सहराती लिखिस्का हिन्छ

	5 - Excellent 4 - Very Good 3	- Good	2 - F	air	1 – Bad	
S.NO	PARAMETERS	5	4	3	2	1
1.	Student Safety and Living	V	-			
2.	Academics	1				
3.	Infrastructure					
4.	Fee Structure		V			
5.	Teacher-Student relation	1				
6.	Non-Teaching/Staff-Student relation					
7.	Residential Facilities	V				
8.	Co-Curricular & Extra-curricular activities		V	•		
9.	Management/Administration	$\checkmark$				
ggesti	on if any :					

	Name of the Parent/Guard	lian	जयोजनिष्ट	
	Signature,	: _	LAND	
	Name of Student	: (	डानीति हिंह	)
Date: <u>20</u> / <u>9</u> / <u>20</u> 2 2	Dept. & Semester of student	: _	B.Com IL Year	

### Internal Quality Assurance Cell

#### Feedback / Suggestion from Parents

#### **Brief Information :**

1. Full Name: Suush Sharmo 2. Student Name: Dubika Program: GA B.Com -LLB 3. Address: Baue MADA SPALIS

Fill in the box with the number given below :

5	5 - Excellent 4 - Very Good 3	- Good	2 - F	air	1 – Bad	
S.NO	PARAMETERS	5	4	3	2	1
1.	Student Safety and Living	V				
2.	Academics	V				
3.	Infrastructure	V		1		
4.	Fee Structure	~				
5.	Teacher-Student relation	~	-			
6.	Non-Teaching/Staff-Student relation	,	V			
7.	Residential Facilities		V			
8.	Co-Curricular & Extra-curricular activities		$\checkmark$			
9.	Management/Administration	$\checkmark$				

Suggestion if any :

Name of the Parent/Guardian : Furth Sharping

(1) notice.

com-UB

Signature,

Name of Student

Dept. & Semester of student : \_

Date: 21. 1. 9 / 2022

### Internal Quality Assurance Cell

### Feedback / Suggestion from Parents

### **Brief Information :**

1.	Full Name: SANDFF	-P
2.	Student Name :	
3.	Address: 10 City Dalla	Program:, M, C
	- Jeh SDIN	The Kaisal wers Khind
in t	the box with the number since i	In the state

		- Good	2 - F	air	1-	Bad	
S.NO	PARAMETERS	5	4	3		2	1
1.	Student Safety and Living			1			
2.	Academics						
3.	Infrastructure			1			
4.	Fee Structure	V					
5.	Teacher-Student relation						
6.	Non-Teaching/Staff-Student relation						
7.	Residential Facilities						
8.	Co-Curricular & Extra-curricular activities						
9.	Management/Administration						
ggesti	on if any :						

Name of the Parent/Guardian : Signature, Name of Student Dept. & Semester of student Date: 22 / 9 / 2022 meno-9813019404

### Internal Quality Assurance Cell

#### Feedback / Suggestion from Parents

#### **Brief Information :**

- 1. Full Name: MANISH MIWAR
- 2. Student Name: MS. Chanchel Riwon Program: BAQ 104 400
- 3. Address: Cielar regar babadalow Riedlor

#### Fill in the box with the number given below :

	- Good	2 - F	Fair	1-	Bad	
PARAMETERS	5	4	3		2	1
Student Safety and Living	12					
Academics						
Infrastructure			,		<i>k</i>	
Fee Structure						
Teacher-Student relation						
Non-Teaching/Staff-Student relation			-			
Residential Facilities	1					
Co-Curricular & Extra-curricular activities						
Management/Administration	1					
	PARAMETERSStudent Safety and LivingAcademicsInfrastructureFee StructureTeacher-Student relationNon-Teaching/Staff-StudentrelationResidential FacilitiesCo-Curricular & Extra-curricularactivities	PARAMETERS5Student Safety and LivingAcademicsInfrastructureFee StructureTeacher-Student relationNon-Teaching/Staff-Student relationResidential FacilitiesCo-Curricular & Extra-curricular activities	PARAMETERS54Student Safety and Living1Academics1Infrastructure1Fee Structure1Teacher-Student relation1Non-Teaching/Staff-Student relation1Residential Facilities1Co-Curricular & Extra-curricular activities1	PARAMETERS543Student Safety and Living11Academics11Infrastructure11Fee Structure11Fee Structure11Teacher-Student relation11Non-Teaching/Staff-Student relation11Residential Facilities11Co-Curricular & Extra-curricular activities11	PARAMETERS543Student Safety and Living13Academics11Infrastructure1Fee Structure1Fee Structure1Teacher-Student relation1Non-Teaching/Staff-Student1Residential Facilities1Co-Curricular & Extra-curricular1activities1	PARAMETERS5432Student Safety and Living12Academics132Infrastructure11Fee Structure11Teacher-Student relation11Non-Teaching/Staff-Student relation11Residential Facilities11Co-Curricular & Extra-curricular activities11

Name of the Parent/Guardian : MA wish Ricord

: 14

: ( Charch 2) N'ODON

7999189933

Signature,

Name of Student

Dept. & Semester of student : BAA 1 st year

Date: 1.1.1.0.1.22

### Internal Quality Assurance Cell

#### Feedback / Suggestion from Parents

#### **Brief Information :**

 Full Name: <u>Maug Soni</u>
Student Name: <u>Prisha Soni</u> Program: <u>B. P. T.</u>
Address: <u>Back Sigate</u>, <u>haaalgash</u> *Then i huga* (<u>Rai</u>)

Fill in the box with the number given below :

	- Good	2 - F	Fair	1 -	Bad	
PARAMETERS	5	4	3		2	1
Student Safety and Living	1					-
Academics						
Infrastructure		1	1			+
Fee Structure						
Teacher-Student relation	1					
Non-Teaching/Staff-Student relation						
Residential Facilities						+
Co-Curricular & Extra-curricular activities	L					
Management/Administration		-				
	PARAMETERSStudent Safety and LivingAcademicsInfrastructureFee StructureTeacher-Student relationNon-Teaching/Staff-Student relationResidential FacilitiesCo-Curricular & Extra-curricular activities	PARAMETERS5Student Safety and Living	PARAMETERS54Student Safety and LivingAcademicsInfrastructureFee StructureTeacher-Student relationNon-Teaching/Staff-Student relationResidential FacilitiesCo-Curricular & Extra-curricular activities	PARAMETERS543Student Safety and LivingAcademicsInfrastructureFee StructureTeacher-Student relationNon-Teaching/Staff-StudentResidential Facilities	PARAMETERS543Student Safety and LivingAcademicsInfrastructureFee StructureTeacher-Student relationNon-Teaching/Staff-StudentResidential FacilitiesCo-Curricular & Extra-curricular	PARAMETERS5432Student Safety and LivingAcademicsInfrastructureFee StructureTeacher-Student relationNon-Teaching/Staff-StudentResidential Facilities

Name of the Parent/Guardian : \_\_\_\_\_

Signature,

Name of Student

Dept. & Semester of student :  $\beta$  P.

Marcoj Som : Mary Son (Pyiska Sore)

Date: 12.1.7.122

7742415151

### Internal Quality Assurance Cell

#### Feedback / Suggestion from Parents

#### **Brief Information :**

- 1. Full Name: BHANWAR LOL BOSE
- 2. Student Name : Jyo TI 1305E Program: BAN
- 3. Address: 228 Ram Hagar opp. B.R. 135014 Thanway Road odly in Key. 21

	5 - Excellent 4 - Very Good 3	- Good	2 - 1	Fair	1 – Bad	
S.NO	PARAMETERS	5	4	3	2	1
1.	Student Safety and Living					1
2.	Academics		~			
3.	Infrastructure		V	1 1	-	
4.	Fee Structure					
5.	Teacher-Student relation					
6.	Non-Teaching/Staff-Student relation		V			
7.	Residential Facilities					
8.	Co-Curricular & Extra-curricular activities					
9.	Management/Administration			•		

Extra charges tother Unneccessery faker by Admin. Name of the Parent/Guardian : \_ anwar Lal Bose) Signature, Name of Student bose Dept. & Semester of student : BAMS inall Date: 2.6. 12 122 9414827672

### Internal Quality Assurance Cell

#### Feedback / Suggestion from Parents

#### **Brief Information :**

- 1. Full Name: 2. Student Name Program
- 3. Address:

Fill in the box with the number given below :

	- Excellent 4 - Very Good 3	- Good	2 - F	air 1	– Bad	
S.NO	PARAMETERS	5	4	3	2	1
1.	Student Safety and Living					
2.	Academics					
3.	Infrastructure			4	,	
4.	Fee Structure					
5.	Teacher-Student relation					
6.	Non-Teaching/Staff-Student relation		-			
7.	Residential Facilities			-		
8.	Co-Curricular & Extra-curricular activities					
9.	Management/Administration	1	د			
agosti	on if only	0				

iggestion if any :

Name of the Parent/Guardian :  $\frac{276}{276}$ 32

Signature,

Name of Student

ATTI Rota Dept. & Semester of student :

Date: 26/5/23

## Internal Quality Assurance Cell

### Feedback / Suggestion from Parents

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Program:\_\_\_

200

**Brief Information :** 

- 1. Full Name: \_
- 2. Student Name :
- 3. Address:

1993 -101

Fill in the box with the number given below :

S.NO	PARAMETERS	- Good	2 - F	air 1	– Bad	
3.10	PARAMETERS	5	4	3	2	1
1.	Student Safety and Living	L	-			
2.	Academics	1				
3.	Infrastructure	1		i .		
4.	Fee Structure	1/				
5.	Teacher-Student relation		1	~		
6.	Non-Teaching/Staff-Student relation		در			
7.	Residential Facilities					
8.	Co-Curricular & Extra-curricular activities					
9.	Management/Administration	L	-			
uggesti	on if any :					

Name of the Parent/Guardian : \_\_\_\_

Signature,

Name of Student

Dept. & Semester of student :

Date: 2.2. / 2. / 22