



VINAYAKA MISSIONS UNIVERSITY, SALEM
(Declared Under Section 3 of the UGC Act,1956)
Vinayaka Mission's College of Pharmacy, Salem

FEEDBACK FROM PARENTS

E- 1

a) Name of the Parent : _____

b) Present Address : _____

Phone Number : _____

Email ID : _____

c) Name of the Student : _____

d) Course and year : _____

e) Please provide your comments on the following :

1. College Infrastructure : Excellent Good Average Fair

2. Teaching imparted to your ward : Excellent Good Average Fair

3. Department Resources : Excellent Good Average Fair

4. Faculties Helpfulness : Excellent Good Average Fair

5. Library Facilities : Excellent Good Average Fair

6. Computing and internet Facilities : Excellent Good Average Fair

7. Sports, Extra Curricular Facilities : Excellent Good Average Fair

8. Personality/Communications Skills Development Facilities : Excellent Good Average Fair

9. Placement Opportunities : Excellent Good Average Fair

10. Transport Facilities : Excellent Good Average Fair

11. Mess/Canteen Facilities : Excellent Good Average Fair

12. Feedback on ward's Progress : Excellent Good Average Fair

13. Discipline standards in the college : Excellent Good Average Fair

14. Overall rating of the college : Excellent Good Average Fair

a) Your Positive / Negative comments:

b) Your suggestions for the Improvement of the Institution/Department:

Date :

Signature: