

Parent's Feedback Form

IQAC, MANUU

Name:

Name of your son/daughter:

Programme your son/daughter studied:

Year of Passing:

Address:

Email:

Phone No.

1. Has your son/daughter learnt the courses according to your expectation?
Yes/no
2. Has your son/daughter got the job/ or admission into higher studies after completing the programme?
Yes/no
3. What aspect of education do you think should be taught to your son/daughter in addition to the courses he/she studied?

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