Academic Year…………………

PTSI FEEDBACK FORM

Full Name of the Parent			
Email address of Parent			
Whatsapp No			
Full Name of the Student			
Email address of Student			

Roll No:	Course:	Year:		Section	
Are you satisfied with Offline Teaching?(Make a tick ✓)		YES		NO	
Are you satisfied with Library & Laboratory Facilities.(Make a tick ✓)		EXCELLENT	GOOD	AVERAGE	POOR
Involvement of Teachers with respect to Academic Activities.(Make a tick ✓)		EXCELLENT	GOOD	AVERAGE	POOR
Encouragement to students for participation in various co-curricular activities.(Make a tick ✓)		EXCELLENT	GOOD	AVERAGE	POOR
Quality of Academic Resources namely Course Material, teaching aids & use of ICT.(Make a tick ✓)		EXCELLENT	GOOD	AVERAGE	POOR
Efforts taken by Department for overall grooming & Personality Development.(Make a tick ✓)		EXCELLENT	GOOD	AVERAGE	POOR
Student Mentoring (Make a tick ✓)		EXCELLENT	GOOD	AVERAGE	POOR
Valuable Suggestions for further improvement.					

Date: (Signature)