

NIGHT COLLEGE OF ARTS AND COMMERCE KOLHAPUR

Feedback Form From Parent about College

Academic Year -

Name of the Parent -

Contact No. -

Name of the ward and class -

1. Admission Procedure*

Excellent Good . Poor .

2. Infrastructure and Classrooms*

Excellent Good . Poor .

3. Library and Computer lab/ Internet Facility *

Excellent Good . Poor .

4. Sports and Physical education*

Excellent Good . Poor .

5. Academic Discipline and examination system *

Excellent Good . Poor .

6. Counselling and overall personality development of the student

Excellent Good . Poor .

7. Evaluation and feedback mechanism:*

Excellent Good . Poor .

8. Placement and career guidance

Excellent Good . Poor .

9. Suggestions if any

Signature of the Parent