Feedback Form for College Management

Essential Details *Required

- 1. Name of Trustee/Director: *
- 2. Designation *
- 3. Address for Correspondence: *

4. Mobile No. *

5. Email Id.

About	Please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.
College	

6. About College Performance *

Mark only one oval per row.

	Excellent	Very Good	Good	Average	Poor
Role of College in Imparting Quality Education	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Performance of College in Developing Employability skills among students	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Performance of College in organizing curricular, co-curricular, extra-curricular and extension activities for students	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Initiatives taken by College in Community Development Programmes	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Organization of Gender Sensitization programmes by College	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Rate the College as a Quality Education Institute in Women's Education and Their Overall Development	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Role of College in National Integration, Communal Harmony, and Social Services	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Utilization of Govt./UGC/University Funds by College for updating better learning facilities	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

7. Suggestions/Recommendations, if any for better performance *

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