



YMCA UNIVERSITY OF SCIENCE AND TECHNOLOGY, FARIDABAD

FEEDBACK FORM FOR PARENTS

SECTION: A

ABOUT PARENT	Name*		
	Relationship with ward*		
	Profession/Occupation*		
	Address*		
	Contact*	PIN Code	
Mobile/LL No.*			
Email*			
Are you an Alumnus of the University* (Please tick)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
ABOUT YOUR WARD	Name*		
	Engineering stream/ Course/Department*		
	Duration of Study* (yyyy - yyyy)		

***Required Field**

Do you visit the YMCA University /Department and interact with teachers of your ward?

NEVER ONCE A SEMESTER ONCE A MONTH

SECTION-B

Here are some of the queries for giving feedback about 'Quality of Education' in Department where your ward is studying/has studied.

Rate the following based on your experience. (Please Tick your choice)

**EXCELLENT - 5, VERY GOOD - 4, GOOD - 3, SATISFACTORY - 2,
NEEDS IMPROVEMENT - 1, NOT APPLICABLE/ DO NOT KNOW - 0**

a)	Quality of teaching/faculty	0	1	2	3	4	5
b)	Knowledge in terms of relevance to the latest technologies	0	1	2	3	4	5
c)	Academic environment/ lab facilities	0	1	2	3	4	5
d)	Outcomes that your ward has achieved from the courses	0	1	2	3	4	5
e)	Transparency of the class tests evaluation	0	1	2	3	4	5
f)	Interaction/counselling of students with teachers	0	1	2	3	4	5
g)	General Discipline of students	0	1	2	3	4	5
h)	Students grievances handling	0	1	2	3	4	5
i)	Information to parents about ward's attendance/ performance if below standard.	0	1	2	3	4	5

Important note: In case the parents do not want to disclose their identity, they must print the form. Hard copy may be submitted to Internal Quality Assurance cell (IQAC) office.

SECTION-C

The extent to which the following central 'Facilities' of **YMCAUST** satisfy you.
Please tick in the box provided against each item as per the following norms.

EXCELLENT - 5, VERY GOOD - 4, GOOD - 3, SATISFACTORY - 2,
NEEDS IMPROVEMENT - 1, NOT APPLICABLE/ DO NOT KNOW - 0

a)	Annual Fee Structure	0	1	2	3	4	5
b)	Extracurricular activities	0	1	2	3	4	5
c)	Counselling & Guidance facilities	0	1	2	3	4	5
d)	Hostel facilities /Fee structure	0	1	2	3	4	5
e)	Library facilities	0	1	2	3	4	5
f)	Medical/First Aid facilities	0	1	2	3	4	5
g)	Canteen/Refreshment facilities	0	1	2	3	4	5
h)	Internet/Wi-Fi facilities	0	1	2	3	4	5
i)	Playground/Sports facilities	0	1	2	3	4	5
j)	Training & Placement facilities	0	1	2	3	4	5
k)	Examination system and Result Display	0	1	2	3	4	5

Suggestion for further improvement:

.....

.....

.....

.....

Date:

Place:

Signature of the Parent(s)

Important note: In case the parents do not want to disclose their identity, they must print the form. Hard copy may be submitted to Internal Quality Assurance cell (IQAC) office.