



GOVT. GIRLS COLLEGE BUNDI RAJASTHAN
Internal Quality Assurance Cell (IQAC)

Parent's Feedback Form send to
ggcbnd95@gmail.com

.....
Name & Occupation of Parents :

a) Father :.....

b) Mother :.....

Address :.....
.....

Name of Student

Course :.....

1. Do you find this institution better than others for your ward?

Yes/ No.

2. Do you feel facilities in the college are adequate?

Yes/ No.

3. Do you feel that your ward is physically secured in the campus?

Yes/ No.

4. Are you satisfied about hostel facilities?

Yes/ No.

5. Are you satisfied for cooperation from the administrative staff?

Yes/ No.

6. Can you make direct communication with teaching staff?

Yes/ No.

7. Do you find up gradation of hard and soft skills?

Yes/ No.

8. Any suggestions about the syllabus:

.....
.....

9. Any other suggestions:

.....
.....

Signature : a)

b)

Date :