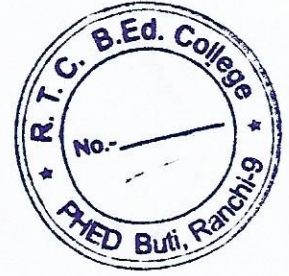


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PARENTS FEEDBACK FORM

1. Name of Parent
2. Name of Student
3. Course Session Year
4. Please give us your impressions the following (please tick whichever is applicable)

| Sl. No. | Subject | Excellent | Very Good | Good | Satisfactory | Not Satisfactory |
|---------|-----------------------------|-----------|-----------|------|--------------|------------------|
| 01 | Teaching | | | | | |
| 02 | Discipline | | | | | |
| 03 | Interaction with Staff | | | | | |
| 04 | Extra Curricular Activities | | | | | |

Suggestions for improvement:-

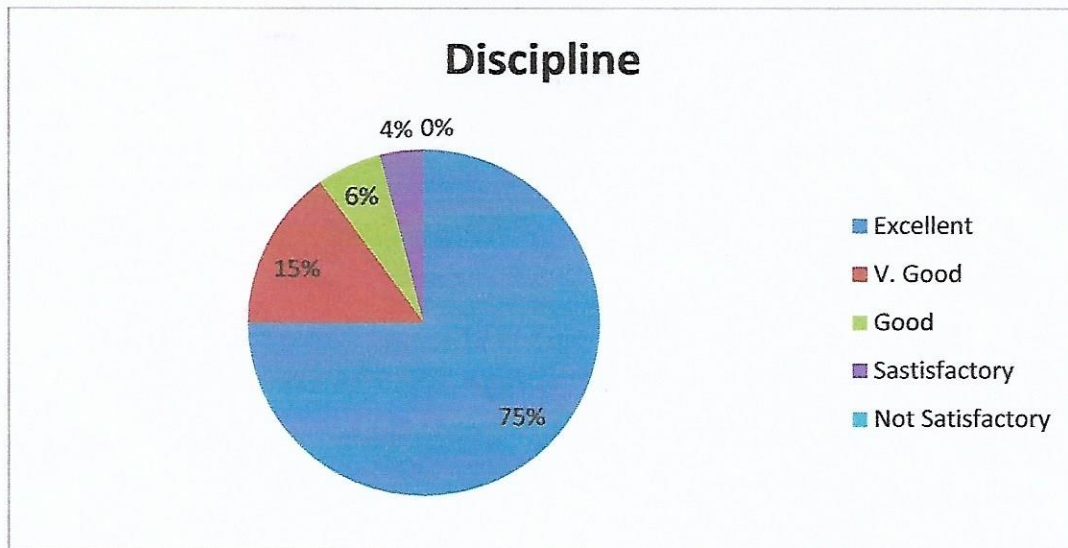
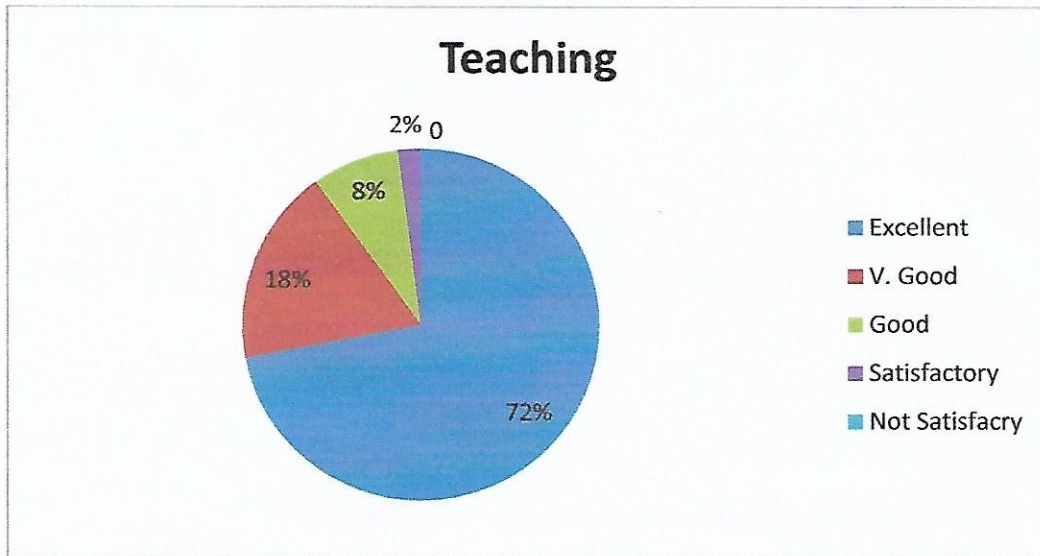
Signature of Parent

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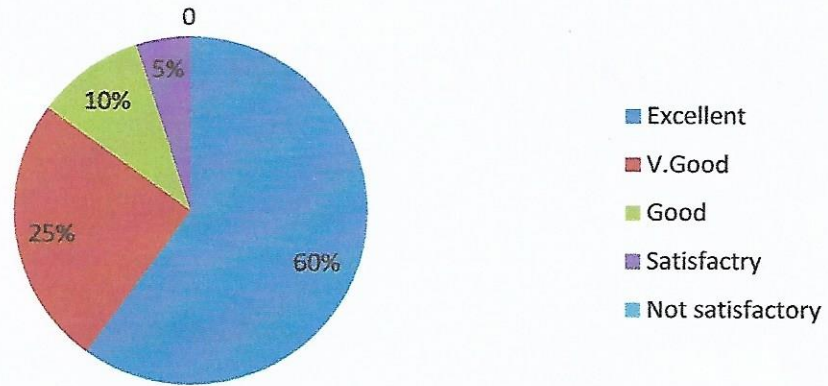
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Parent's Feedback

2020-2021



Interaction with Staff



Extra Curricular Activities

