



INTERNAL QUALITY ASSURANCE CELL (IQAC)

PARENT FEEDBACK ON COLLEGE FACILITIES

As part of Continuous Quality Improvement, your feedback is valuable in helping us enhance the standards of our facilities and services.

Parent Details:

1. Name of the Parent: _____
2. Name of the Student: _____
3. Register Number: _____
4. Course & Year of the Student: _____

Please rate the following facilities

(5 – Excellent, 4 – Very Good, 3 – Good, 2 – Average, 1 – Poor)

Facility	Rating (1-5)
1. College Infrastructure & Ambience	
2. Classroom Facilities provided for your ward	
3. Laboratory Facilities and Practical Support	
4. Library Facilities and Access for Students	
5. Computer/Internet Access for Academic Purposes	
6. Canteen Facility and Food Hygiene	
7. Drinking Water Facility	
8. Washroom & Hygiene Facilities	
9. Sports / Extracurricular Activities Encouraged	



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10. Hostel Facility & Student Safety (if applicable)
 11. Parking Facility (for students & visitors)
 12. Information & Communication (Website/Notice Boards/Parent Communication)
 13. Grievance Redressal and Student Support Services

Any Suggestions/Remarks:
