

INDIAN INSTITUTE OF MANAGEMENT & COMMERCE

PARENT FEEDBACK FORM

Name of the Parent:

Ward's Name:

Occupation:

Course/Sem & Year:

Mobile No:

Email-Id:

1. Are you interested to be a member of IIMC – Parent Association?
a) Yes b) No c) Already a member
2. Are you satisfied with Quality of teaching offered by the college?
a) Yes b) No
3. Does the authorities easily approachable regarding any queries?
a) Yes b) No
4. Is the environment of the college congenial for the students to discuss their problems?
a) Yes b) No
5. Rate the ambience of the college with respect to the facilities given to your wards?
a)Excellent b) Very Good c)Good d)Average e)Fair
6. Are you satisfied with the Online/Offline teaching?
a) Yes b) No
7. Is your ward regular to the Online / Offline classes?
a) Yes b) No
8. Are you satisfied with the in-house examination system adopted by the institution?
a) Yes b) No
9. Is your ward given enough exposure as far as career orientation is concerned?
a) To a great extent b) Moderate c) Some What
10. Are you aware of the activities conducted by the college?
a) Yes b) No
11. Rate the programs conducted in college (curricular, extracurricular, Co-curricular) helps in holistic development of your ward?
a) Excellent b)Very Good c)Good d)Average e)Fair
12. Do you refer the college to your relatives or friends?
a) Yes b) No
13. How frequently you visit the college website?
a) Very Often b)Rarely c) Never
14. Any suggestions you think to be implemented: _____

Date:

Signature