



ONE BEAT COLLEGE OF MEDICAL SCIENCES

Sant Garh Nagar, Bhira Kheri, Uttar Pradesh-262901

Dear Parents,

This form has been designed to seek feedback from parents to strengthen the quality teaching-learning environment in the college, to assess and to improve academic, non-academic, infrastructure facilities. The information provided by you will be kept confidential.

PARENTS FEEDBACK FORM

Name of the Parent: _____

Name of the Ward: _____

Address: _____

Contact number: _____

Email id: _____

Course: D. Pharma

Academic Year- 2nd Year

FEEDBACK

*Rating Scale: (Please use the rating scale for filling up the particulars)

5	4	3	2	1
Excellent	Very Good	Good	Average	Poor

S.N.	PARAMETERS	5	4	3	2	1
01	Admission procedure of the institute					
02	Teaching and learning System					
03	Student Counselling and Guidance through mentoring system					
04	Infrastructural facility of the college (Library, laboratory and other facilities)					
05	Grievances Redressal system of the institute					
06	Examination System of the College					
07	Training and placement support of the institute					

Any Special Remark/Suggestion: -

Signature

Thank You For Providing Us The Feedback
Your Suggestion and Healthy Criticism Will Definitely Help Us To Reach Our Goal Of Excellence

