



HINDUSTHAN

College of Engineering and Technology

Department:

Parent Feedback on Curriculum

Name of the Parent :
Profession :
Name of the Student : **Roll No:**
(Ward) :
Department : **Semester:**
Mobile Number : **E-Mail id:**
Date of Feedback : **Academic year:**

Please mention your assessment of the board of studies meeting by **put the (√) mark** among those given against each query.

Sl.No.	Questions	Excellent	Good	Average	Necessitate to Improve
1.	Syllabus content of the course which encourage the students self-learning.				
2.	Teaching Faculty treat the students equally irrespective of the background				
3.	Transparency of the evaluation system followed by the Institution				
4.	Infrastructure and Lab Facility available to support the curriculum.				
5.	Availability of the text and reference books in Central and Department library.				

If any suggestions for improvement:

Signature of the Parent