

BRAINWARE UNIVERSITY

Internal Quality Assurance Cell Parent's Feedback Form

Dear Parent / Guardian,

Parental review and feedback are important for us. We are always looking forward for your feedback to improve and create an extraordinary and challenging academic experience.

Na	me:							
Co	ntact No.:							
Oc	cupation:							
Re	lationship with student:							
Pro	ogramme pursuing by the war	Semester:						
Ple	ease rate your level of satisfac	tion in the follow	ving aspects	with the gi	ven score:			
1:	Poor 2: Average 3: Go		4: Very Good		5: Excellent			
			1	2	3	4	5	
1.	. The ambience of teaching, learning and research in the campus.							
2.	The quality and relevance of the curriculum and syllabus with the chosen field of study.							
3.	The quality of teaching in the University.							
4.	The transparency of the evaluation system in the University.							
5.	The discipline, cleanlinss and security in the campus.							
6.	The career counselling and placement services of the University.							
7.	The hostel facilities in the campus.							
8.	The sports and cultural active University.	ities in the						
9.	Your satisfaction level in communication from the Un							

10. Your ward's improvement in soft skills, technical/subject knowledge, ethics and moral values during his/her study tenure in the University.				
Suggestions for improvement				
Date :	Sig	gnature:		