

# S. P. Jain College, Sasaram

## Parents Feedback Form

Form No. 332/P.....

Meeting Date:.....

### PARENTS INFORMATION

Name	SANTOSH KUMAR		
Students Name	NIKESH KUMAR		
Students Roll No.	13	Class/Course	B.COM
Contact No.		Mobile No.	8862833925
E-Mail ID	www.nikeshkumar60@gmail.com		

**Dear Parents,**

For each item please indicate your level of agreement with the following statement by choosing a [V]Score between 1 and 5. A Higher score indicates a stronger agreement with the statement

SI No.	Details	1	2	3	4	5
1	Admission Procedure		✓			
2	Fee structure			✓		
3	Environment			✓		
4	Infrastructure & Lab facilities			✓		
5	Faculty		✓			
6	Project Guidance		✓			
7	Quality of support material				✓	
8	Training & Placement				✓	

9	Library			✓		
10	Canteen Facilities			✓		
11	Hostel Facilities				✓	
12	Alumni Association/ Network of Old Friends					✓
13	Computer Facilities				✓	
14	Internet & Wi-Fi			✓		
15	Seminars & Workshop				✓	
16	Overall Rating of the College					✓
17	If any suggestions/opinion for further improvement:..... ..... ..... ..... ..... .....					

Date-.....

*Nikhil Kumar*  
Signature