

HOLY CROS COLLEGE, AGATRALA
INTERNAL QUALITY ASSURANCE CELL(IQAC)

Feedback / Suggestion from Parents

Dear Sir/Madam

We seek your observations and valuable suggestions for the further improvement of Holy Cross College.

Brief Parents Information :

1. Full Name : _____
2. Address : _____

Fill in the box with the number given below :

- 1) Curricular
2) Infrastructure
3) Fee Structure
4) Teacher-Student relation
5) Non-Teaching/Staff-Student relation
6) Extra-curricular activity
7) Financial aid (fee freeship etc.)

5 - Excellent 4 - Very Good 3 - Good 2 - Fair 1 - Bad

Suggestion if any :

Signature of the Parent/Guardian : _____

Signature, : _____

Name of Student : (_____)

Dept. & Semester of student : _____