

SRI VENKATESWARA DENTAL COLLEGE AND HOSPITAL

THALAMBUR, CHENNAI

Feedback Form for Parents of Students

As part of a continuing improvement process, our college appreciates suggestions and inputs regarding the institution. We request you to complete this feedback form. Your interest in making our institution better is greatly appreciated.

Name of parent:

Contact no:

Address:

Student name:

Batch/Year:

Parameter	A	B	C	D
ACADEMIC ACTIVITIES				
PARENT – COLLEGE COMMUNICATION				
LIBRARY AND EDUCATIONAL FACILITIES				
HOSTEL AND TRANSPORT				
CAFETERIA/CANTEEN				
EXTRA-CURRICULAR ACTIVITIES				
OVERALL				

A – VERY GOOD B – GOOD C – FAIR D – NEEDS ATTENTION

SUGGESTIONS:

THANK YOU