

MVJ COLLEGE OF ENGINEERING, BENGALURU

Parent's Feedback Form

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Name & Occupation of Parents :

Father/Mother of :.....

Address :.....
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Name of Student/ Ward:

USN of Student/Ward:.....

Dept: : B.Tech/M.Tech Year....sem....

1. Do you feel facilities in the MVJ are adequate?

Yes/ No.

2. Do you feel that your ward is physically secured in the campus?

Yes/ No.

3. Are you receiving the updates about your ward from class coordinator?

Yes/No

4. Is faculty are approachable?

Yes/ No.

5. Any suggestions about the syllabus :

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6. Any other suggestions :

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Signature :

Date :