



Solapur University, Solapur - 413255 (Maharashtra)
Internal Quality Assurance Cell (IQAC)
Parent's Feedback Form

Name of Parents		Occupation	Phone/Mobile no.
Father			
Mother			
Address			

Name of Student/ Ward: _____

Course: _____

1. Do you find this institution better than others for your ward? : Yes No
2. Do you feel facilities in the university are adequate? : Yes No.
3. Do you feel that your ward is physically secured in the campus? Yes No
4. Are you satisfied about hostel facilities? Yes No
5. Are you satisfied for cooperation from the administrative staff? Yes No
6. Can you make direct communication with teaching staff? Yes No
7. Do you find upgradation of hard and soft skills? Yes No
8. Any suggestions about the syllabus :

9. Any other suggestions :

Signature : a) _____ b) _____

Date :