

## FEEDBACK FORM ON INFRASTRUCTURE AND FACILITIES

As part of Continuous Quality Improvement, your feedback is valuable as it helps us to develop and improve our standards on facilities and services.

1. Name of the student (Optional) : \_\_\_\_\_

2. Registered Number (Optional) : \_\_\_\_\_

3. Year of graduation : \_\_\_\_\_

4. Branch : \_\_\_\_\_

5. E-Mail ID & Contact No. : \_\_\_\_\_

6. Please give a rating of your course on the following:-

Where 5: Excellent, 4: Very Good, 3: Good, 2: Average, 1: Poor

<b>INFRASTRUCTURE AND FACILITIES</b>			
<b>S.No</b>	<b>Facility</b>	<b>Feedback</b>	<b>Remarks</b>
<b>1.</b>	<b><i>Class Room</i></b>		
a.	PC & Projectors		
b.	Cleanliness		
<b>2.</b>	<b><i>Computer Labs</i></b>		
a.	No. of Computers/ Connectivity/ Anti-Virus		
b.	Availability of Software/ Maintenance		
<b>3.</b>	<b><i>Wi-Fi and Internet Facility</i></b>		
a.	Accessibility of Wi-Fi & Net Speed		
<b>4.</b>	<b><i>Canteen</i></b>		
a.	Food Prices/ Quantity/ Hygienic Food		
b.	Service		
c.	Timings		
d.	Adequate sitting arrangement		
<b>5.</b>	<b><i>Washroom &amp; Drinking water</i></b>		
a.	Cleanliness/ Lighting of Washroom all the time		
b.	Quality of drinking Water		
<b>6.</b>	<b><i>Extra-Curricular activities</i></b>		
a.	Availability of free time for extra-curricular activities		
b.	Enough space available to play sports in college		
	<b><i>Gym</i></b>		
a.	Availability of Gym equipments/ Gym Instructor		
b.	Timings		

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<b>S.No</b>	<b>Facility</b>	<b>Feedback</b>	<b>Remarks</b>
<b>7.</b>	<b><i>Mentoring System</i></b>		
a.	Regularity in counseling		
b.	Motivation to the students to participate in Co-curricular and Extra-curricular activities.		
<b>8.</b>	<b><i>Library</i></b>		
a.	Availability of books/Journals		
b.	Utilizing Digital Library		
c.	Timings		
<b>9.</b>	<b><i>Medical</i></b>		
a.	Availability of Doctor and Medicines/ Timings		
<b>10.</b>	<b><i>Transportation</i></b>		
a.	Availability of busses in all routes		
b.	Availability of seating in busses		
c.	Timings		
<b>11.</b>	<b><i>Bank &amp; ATM</i></b>		
<b>12.</b>	<b>HOSTEL</b>		
a.	Availability of water/ Wi-Fi/food		
b.	Cleanliness		
c.	Timings		
<b>13.</b>	<b>Overall Impression on the Institution</b>		

Any other suggestions for improvement: \_\_\_\_\_

Signature

\*\*\*\*\*Thank you for your participation and completing this feedback form \*\*\*\*\*

