### Dr.V.S.KRISHNA GOVT. DEGREE COLLEGE (Autonomous) (NAAC REACCREDITED 'B' GRADE INSTITUTION [CGPA 2.94] & DISTRICT IDENTIFIED COLLEGE)

( NAAC REACCREDITED 'B' GRADE INSTITUTION [CGPA 2.94] & DISTRICT IDENTIFIED COLLEGE)
CENTRE FOR RESEARCH STUDIES
Maddilapalem, VISAKHAPATNAM 530 013, Andhra Pradesh

### PARENT FEED BACK FORM

Dear Parents,

We thank you for having chosen Dr.V.S.Krishna GOVT. Degree College (Autonomous) for your ward. In an endeavor to provide world class training and teaching our college is striving to update its practices. In one of the steps to achieve this, we provide you with a feed back form and request you to dully fill the same and post it at the earliest. It will help us to evaluate our principles and practices.

Your time and effort will make us even better and we assure you of the best

Thanking you

### (Academic Coordinator)

| S.No. | Activity  | Answer                     | Remarks if any |
|-------|---|----------------------------|----------------|
| 1     | Does your ward inform you regularly about His/Her performance?  | Yes/No                     |                |
| 2     | Library facilities  | Average / Good / Excellent | Ves<br>Grood   |
| 3     | Canteen   | Average / Good / Excellent |                |
| 4     | JKC and Other Job Oriented Trainings                            | Average / Good / Excellent | Averlage       |
| 5     | Add-on Courses  | Average / Good / Excellent | Greed          |
| 6     | Examination System  | Average / Good / Excellent | Great          |
| 7     | Sports  | Average / Good / Excellent | Gwed           |
| 8     | Please provide your valuable suggestions for our improvement    |                            | Aveslage.      |
|       | 1 - 1-100 provide your variable suggestions for our improvement | please bround card         | en yacilities. |

Name of the Parent P. Satyavathi

Mobile.No.: 7288035317

Signature of the Parent

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(Academic Coordinator)

| 8 Ficase province your variance and a second | plane provide wour valuable suggestions for our improvement |      |                            | S Examination System                         | Add-on Courses             |                            | JKC and Other Job Oriented Trainings |                            |          | Library facilities         |                            | Does your ward inform you regularly about mis/mic personners. | S.NO. Activity |     |                |
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|  | Commen  | いった。 | HODA                       |  | Excellent                  | 1 2 5 5 1 5 1 5            | Tilles 1                             | 6000                       |          | Good                       | V 10021                    | Allexage  | 62             | Val | Remarks if any |

Name of the Parent

Mobile.No.: 6305/46495

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| ×  | '  | 1 0  | 7                          | ^                          | 4                                    | w                       | 1                          | <b>3</b>                   | -  | S.No. Activity |                |
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| please provide your valuable suggestions for our improvement | Sports   | Lyaninanon of the control of the con | Evamination System         | Add-on Courses             | JKC and Other Job Oriented Trainings | Canteen                 | LIU(a) Inclinics           | I ihrary facilities        | Does your ward inform you regularly about His/Her performance: | Activity       |                |
| Lycase mountains bases of                                    | Black west to be broker to                         | Average / Good / Excellent   | Average / Good / Excellent | Average / Good / Excellent | Avelage / Good / Executions          | Assert Cood / Excellent | Average / Good / Excellent | Average / Good / Excellent | I CS/IVO   | VacNia         | Answer         |
|  | Blesse with higher sanctown accletices or conteau. | Good   | Moode                      | 20000                      | 0-1                                  | Lood.                   | Averege                    | Lood                       |  | Voc            | Remarks if any |

Name of the Parent G.V. RAMANA

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(Academic Coordinator)

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|---|--|-----------------------|----------------------------|----------------------------|----------------|----------------------------|--------------------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|--|--------|---------------|----------------|
| Please provide your valuable suggestions are our mine | Sports sports and sale suggestions for our improvement | Sports                | Examination System         | Dismination System         | Add-on Courses |                            | JKC and Other Job Oriented Trainings | Caliccii                   | Canteen                    | Library lacilities          | Tillian foilition          | Does your ward inform you regularly about rustuce periodication. |        | Activity      |                |
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|   | wood fredering word                                    | 1.0                   | HOBE                       |                            | Ond '          |                            | Para                                 | Podak                      |                            | P. T. So.                   | THUCK                      |  |        |               | Remarks if any |

Name of the Parent P. Applacadu

Mobile.No.: 9490653357

Signature of the Parent

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|--|----------------------------|----------------------------|----------------------------|------------------------------|-------------------------------------|----------------------------|----------------------------|------------|--|------------------|
| riease provide your valuable suggestions for our improvement | Sports                     | Sports Sports              |                            | Add on Controlled Hallilligs | IKC and Other Ich Oriented Training | Canteen                    | Library facilities         | Lith E ::: | Does your word inform your last at the first | S.No.   Activity |
|  | Average / Good / Excellent   | Tar Stabe / Good / Patentill        | Average / Good / Excellent | Average / Good / Excellent | Yes/No     | 1 2110 1101                                  | Answer           |
|  | (400)                      | (nob)                      | (Froot)                    | MESS JAN                     | サイクライ                               | 1100000                    | Averose                    | yes        | Veniance in any                              | Damaska if any   |

Name of the Parent
SINTOI ANDWA

Mobile.No.: 9573571892

Signature of the Parent 422520