

**Department of Adult Continuing Education & Extension
University of Delhi**

Parent's Feedback Form

Student's Name: RAHUL BADHWAN
 Course: MA LLE
 Year: 2nd
 Enrolment Number: 22225719007
 Name of the Parent/Guardian: SH. VED PRAKASH

S. No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Satisfactory (2)	Unsatisfactory (1)
1	The ambience of the department with respect to the facilities given to your ward	✓				
2	Fee structure and other expenses	✓				
3	Mentoring by and support from Departmental teachers.		✓			
4	Exposure as far as career orientation is concerned			✓		
5	Resources provided to students by the Department				✓	
6	Fests, events, and extra-curricular activities arranged by the department				✓	
7	Communication at the department end regarding the regular performance of your ward			✓		
8	Career exposure and placement opportunities.					✓
9	Library facilities			✓		
10	Learning experience of your son/ daughter in the department?		✓			
11	Hostel facilities				✓	
12	Security arrangements and safety measures in the Department		✓			
13	Anti-ragging and disciplinary measures in the Department.		✓			
14	Quality of food provided in the hostel mess/ cafeteria.				✓	
15	Overall academic and personality development of your ward after s/he joined the Department			✓		

Any Other Comments:
