

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

Parent's Feedback Form

Student's Name: *Riya Singh*
 Course: *MA LL & Ext*
 Year: *1st*
 Enrolment Number: *19SACDBCOM000027*
 Name of the Parent/Guardian: *Raj Kumar Singh*

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:
