Institute Academic Quality Assurance Cell
Stakeholder Relationship
Parents Feedback Form

1. Name of the Ward (Optional): _____

2. Program Enrollment No. (Optional): _____ Year of admission _____

3. Year in which your ward is studying/pass out: _____

4. Change that you see in your ward:
   (a) After One year: _____
   _____

   (b) At the end of the Program: _____
   _____

5. Knowledge Acquired:

   a) Significant   b) Average   c) Marginal

6. Skills Acquired:
   a) Significant   b) Average   c) Marginal

7. How relevant are the courses offered to the students in the University:
   a) Conventional   b) Up-to date c) exceptional

8. Admission procedure:
   a) Highly satisfied   b) Satisfied   c) Dissatisfied

9. Why did you choose JIIT for your ward's education? (Tick one or more options)
   a.   Fee structure
   b.   Infrastructure
   c.   Technical strength (teaching, faculty and lab facilities)
   d.   Placement
   e.   Location, environment
   f.   Any other (pl. specify) _____

10. Do you find the knowledge and Skills relevant to get a job: (Yes/No/Can't Say?)

11. Suggestions for the Improvement of the program
    _____
    _____

    Please give an overall rating to the program:

Outstanding	Excellent	Very good	Good	Fair

Thanks for your feedback