

**INTERNAL QUALITY ASSURANCE CELL (IQAC)**

Sri Sri University, Bidyadharpur Arilo, Cuttack 754 006

**Parent Appraisal Form**

**Academic year 2017-18**

**I. General Information:**

1. Name of the parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Program\_\_\_\_\_\_\_\_\_\_\_\_Reg. No.\_\_\_\_\_\_\_\_\_\_\_Section\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_\_
5. School/Faculty/Department:
6. Parents contact number and e-mail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address:

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**II.** **What made you to choose Sri Sri University (Choose any and/or all):**

1. Ideal location

2. Merit/discipline/Spiritual environment

3. Uniqueness education environment

4. Competitive fee and amenities cost

5. Chose SSU Voluntarily and/or recommended

6. Are you satisfied with initial input given about the university

**III. Parent’s perception of the university**

**(**Please rank assigning value in 1 to 5 point scale. (1 Minimum; 5 Maximum)

1. Outlook of the university

2. Discipline and spiritual orientation

3. Quality of Teaching

4. Extra-curricular activities

5. Campus atmosphere

6. Sports and allied facilities

7. Classroom, laboratory and support facilities

8. Examination and evaluation system

9. Amenities: Bus, WiFi, Library, Cafeteria etc.

10. Hostel and food quality

11. Student safety and free from ill habits

12. Technical knowledge and communication

 skills acquired by your ward after the admission

13. Overall outlook and merit of the university

**IV. Suggestions/comments if any (to be filled by the parents)**

1.

2.

3.

4.

5.

Signature of the parent Date

Office Reference Database

**Summary of analytics:**

**Recommendations:**

Signature of the faculty member Date