FEEDBACK ON FACILITIES

* Required

1.	Name of the student (Optional)
2.	Registered Number (Optional)
3.	Year of graduation
4.	Branch :
5.	E-Mail ID & Contact No.:
6.	Mentoring system facility in the campus * Mark only one oval.
	Excellent
	Very Good
	Good
	Average
	Poor
7.	2. Mineral water facility in the campus * Mark only one oval.
	Excellent
	Very Good
	Good
	Average
	Poot
8.	3. Library facilities * Mark only one oval.
	Excellent
	Very good
	Good
	Average
	Poor

9.	9. 4. Medical Doctor facility in the campus * Mark only one oval.		
	() E:	xcellent	
	O Ve	ery good	
		ood	
	() A	verage	
	P	oor	
10	5. Transı	portation facilities *	
		y one oval.	
	E	xcellent	
	O Ve	ery good	
	G	ood	
	A	verage	
	Po	oor	
11.	-	uter facilities * y one oval.	
	E	xcellent	
	O Ve	ery good	
	G	ood	
	A	verage	
	O Po	oor	
	. 7. Hoste l Mark only	I facility * y one oval.	
	E	xcellent	
	O Ve	ery good	
	G	ood	
	A	verage	
	Po	oor	
13.		en facility * y one oval.	
	E	xcellent	
	O Ve	ery good	
	G	ood	
	A	verage	

) Poor

14. 9. Games/Sports/Yoga/NCC/NSS facility in the campus *		
Mark only one oval.		
Excellent		
Very good		
Good		
Average		
Poor		
15. 10. Campus environment * Mark only one oval.		
Excellent		
Very good		
Good		
Average		
Poor		
16. 11. Internet and Wi-Fi Facility *		
Mark only one oval.		
Excellent		
Very good		
Good		
Average		
Poor		
17. 12. Bank Facility *		
Mark only one oval.		
Excellent		
Very good		
Good		
Average		
Poor		
18. 13. Encouragement of students to participate in co-curricular activities * <i>Mark only one oval.</i>		
Excellent		
Very good		
Good		
Average		
Poor		
Option 6		
19. 14. Any other suggestions for improvement		