



RISHI BANKIM CHANDRA EVENING COLLEGE

NAIHATI, WEST BENGAL

Feedback Form for Student and Parents/Guardians

Section A [This part is to be filled up by the **student** himself/herself]

Name of the student:

Class:

Year:

Roll No.:

Session:

Your opinion on the present **syllabus** studied by you:

Your opinion on the **teaching** method in your college:

Date :

Signature of the student

Section B [This part is to be filled in by the **Parents/Guardian** of the student]

Name of Father/Mother/Guardian:

Address:

Your opinion regarding the **curriculum** studied by your ward:

Your views concerning the **teaching-learning** method in this college:

Date:

Signature of father/mother/guardian