

Department of	
SESSION:	

PARENT: SURVEY QUESTIONNAIRE

Name: Mr. / Mrs.:
Ward Name:
Relationship:
Occupation:
Contact Details:
Cultact Details

S. No.	Particulars	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	Getting admission in the PCE	agree				uisagice
1	for my ward is a matter of					
	pride for me.					
	The admission process in the					
2	PCE is fair and accurate.					
	My ward is improving his					
	technical knowledge through					
3	interaction with faculties of					
	the College.					
4	The Discipline in PCE is Good.					
5	The teaching learning process					
5	in the College is Good.					
	The behaviour of my ward					
6	indicates a positive change					
	after joining the college.					
7	The College information is					
,	accessible to all.					
8	Placement of the College is					
0	Good.					
	The College activities					
10	incorporate recent changes in					
	the area.					
	Results of Mid Term					
11	Examinations are declared					
	timely.					
12	The College Faculties and					
	Staff are cooperative.					
13	College bus services are good					
	and timely.					
14	Are you satisfied with the					
	processes in direction to					
	achieve the mission of					

	department?			
15	Guest House and Hostel facilities are good and available when needed.			
16	The Food quality and cleanliness in Canteen and Mess is Good.			
17	The changes introduced in the College in recent years are Progressive.			

17	The changes introduced in the College in recent years are					
17	Progressive.					
app In v Nar Ha eng	e department has organized severallying design process to solve EE prowhich workshop/seminar, you warme of Workshop/Seminar	oblems. d has particular of has be	cipated?			···
reg In v Nai Ha	e Department has been organized var arding social responsibilities, ethics, which event your ward has partici- me of Event	public and o	environme	ntal safety		lic and
Hig	ghly satisfied / satisfied / fairly satisf	ied				
Sugge	stions for further improvement:	•••••••••••••••••••••••••••••••••••••••				
				Si	gnature wi	h date
Name HOD,	ree to Contact: of HOD: Department of					