ORIENTAL COLLEGE OF PHARMACY



(Approved by AICTE, PCI, D.T.E., Affiliated to University of Mumbai & Certified by ISO 9001:2008)

Parents Teachers Meeting B.Pharm. AY 20....-20.... PARENT FEEDBACK FORM

Name of the Stud	ent:			
Semester/Annual	Year:			
Name of the Pare	nt:			
Phone No. of the	Parent:			
Your feedback on	the following. Plo	ease tick mark	k appropriate	field.
1. Teaching- lear	ning process			
□ Excellent	□Very Good	□Good	□Average	□Needs improvement
2. Cocurricular a	nd extracurricula	r activities		
□Excellent	□Very Good	□Good	□Average	□Needs improvement
3. Overall Develo	pment of your ch	nild		
□Excellent	□Very Good	□Good	□Average	□Needs improvement
Suggestions 				
Signature				

E-Mail: admin@ocp.edu.in Website: www.ocp.edu.in