

**Institute Academic Quality Assurance Cell
Stakeholder Relationship
Trustee Feedback Form**

1. Name of the program:
B. Tech. /Dual degree / M.Tech / Ph.D.
2. Please give your opinion on the overall functioning of the program and any noteworthy changes that you observed.
3. Your observations on the Institute in general and its success in terms of the output it is generating.
4. In your opinion, is the institute upholding its commitment to students and parents in terms of?
Imparting value education:
Maintaining student discipline:
Providing healthy academic environment:
5. Are you being actively communicated about various developments / initiatives taken by the institute from time to time? Please provide your opinion.
6. Please give an overall rating to the program:

Outstanding	Excellent	Very good	Good	Fair
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7. Please provide your suggestions for further improvements

(Name and Signature)

Thank you