

# FEEDBACK ON FACILITIES

\* Required

1. Name of the student (Optional)

U. Anjali

2. Registered Number (Optional)

201701A3302

3. Year of graduation

II year

4. Branch : AIML

5. E-Mail ID & Contact No.:

6302434022

6. 1. 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
- Poor

8. 3. Library facilities \*

Mark only one oval.

- Excellent
- Very good
- Good
- Average
- Poor

**9. 4. Medical Doctor facility in the campus \***

*Mark only one oval.*

- Excellent
- Very good
- Good
- Average
- Poor

**10. 5. Transportation facilities \***

*Mark only one oval.*

- Excellent
- Very good
- Good
- Average
- Poor

**11. 6. Computer facilities \***

*Mark only one oval.*

- Excellent
- Very good
- Good
- Average
- Poor

**12. 7. Hostel facility \***

*Mark only one oval.*

- Excellent
- Very good
- Good
- Average
- Poor

**13. 8. Canteen facility \***

*Mark only one oval.*

- Excellent
- Very good
- Good
- Average
- Poor

4. 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 \*

Mark only one oval.

- Excellent
- Very good
- Good
- Average
- Poor
- Option 6

19. 14. Any other suggestions for improvement