



BALRAM KRISHAN ACADEMY

(A College of Higher Education Affiliated to University of Lucknow)

Atrauli, Mohanlalganj, Lucknow – 226301

E-mail: principalbkacademy@gmail.com

website: www.balramkrishanacademy.ac.in



STUDENT'S FEEDBACK FORM

We shall be thankful and appreciate, if you could spare some of your valuable time to fill up this feedback form and give us your valuable suggestions for further improvement of the department. Your valuable inputs will be of great use to us in improving the quality of our academic programs and to enhance the credibility of the department/College.

Name of the Student	Shikha Singh	Phone No.	8127582514
Father's Name	VINOD SINGH	Email ID	shikhasingh2547@gmail.com
Mother's Name	SITA SINGH	Enrollment No.	
Course	B-A	Semester	4
		Year	2024

Dear Student,

Please give your overall academic assessment of the College and Department, rate us on the following criteria:
{1-Unsatisfactory (US), 2-Satisfactory(S), 3-Fair (F), 4-Good (G), 5-VeryGood (VG)}

Sr.	Details	VG	G	F	S	US
1.	Admission Procedure	✓				
2.	Ambience		✓			
3.	Infrastructure		✓			
4.	Lab facilities		✓			
5.	Faculty	✓				
6.	Office Staff		✓			
7.	Counseling and Guidance			✓		
8.	Quality of support material			✓		
9.	Training			✓		
10.	Library				✓	
11.	Canteen Facilities				✓	
12.	Overall Rating of the College	✓				
13.	Student Association			✓		

Any other suggestion:

Shikha

Name and Signature



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ALUMNI FEEDBACK FORM

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Name of the Alumni	Priyanka Shukla			Phone No.	9140642780	
Course	B.Ed.			Email ID	shuklapriyanka167@gmail.com	
Year of Passing	2019			Enrollment No.	LA/12/17789	
NET, CTET, TET, PET and any other Exam	Yes/No	CTET	Roll No.	198001666	Year	2019
Professional Details						
Name of the Organization	—					
Designation	—					
Year of Joining	—					

Dear Alumni,

Please give your overall academic assessment of the College and Department, rate us on the following criteria:
{1-Very Poor (VP), 2-Poor (P), 3- Satisfactory (S), 4-Good (G), 5-VeryGood (VG)}

Sr.	Category	VP	P	S	G	VG
1.	Admission Procedure					✓
2.	Ambience					✓
3.	Infrastructure & Lab facilities				✓	
4.	Faculty					✓
5.	Project Guidance					✓
6.	Quality of Support Material				✓	
7.	Training and Placement					✓
8.	Library					✓
9.	Alumni Networking				✓	
10.	Recommendation Likelihood					✓

Please suggest any skills you want our Department should focus on for the grooming of students. All your suggestions are welcome.

Suggestions:

Relevance of curriculum in your job: *Yes*

Need any change in curriculum and syllabi? *No*

Improvements in teaching and learning Process: *No*

What help did you get through your Project work and Industrial Training?

Not in my Area

Suggestions regarding opening of a new program: *No*

Any other suggestion:

Shukla
Pragya Shukla
Name and Signature



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PARENT'S FEEDBACK FORM

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Parent's Name	Mr. Vijay Shankar Singh			Phone No.	8707338686
Name of the Student	Sristhi Singh			Email ID	singhsristhi17@gmail.com.
Course	B.A.	Semester	V th	Year	2021-2024

Dear Parent,

Please give your overall academic assessment of the College and Department, rate us on the following criteria: {1-Very Poor (VP), 2-Poor (P), 3-Satisfactory (S), 4-Good (G), 5-VeryGood (VG)}

Sr.	Category	VP	P	S	G	VG
1.	Student's Academic Progress				✓	
2.	Communication				✓	
3.	Safety and Security				✓	
4.	Value for Money					✓
5.	Support Services					✓
6.	Extracurricular Activities					✓
7.	Teaching Quality					✓
8.	Infrastructure				✓	
9.	Parental Involvement				✓	
10.	Overall Satisfaction					✓

Any other suggestion:

Sristhi
Name and Signature



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TEACHER'S FEEDBACK FORM

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Teacher's Name	POONAM CHAURASIA	Phone No.	7523060315
Department	EDUCATION	Email ID	poonam.bka@gmail.com

Dear Teacher,

Please give your overall academic assessment of the College and Department, rate us on the following criteria:

{1-Very Poor (VP), 2-Poor (P), 3-Satisfactory (S), 4-Good (G), 5-VeryGood (VG)}

Sr.	Category	VP	P	S	G	VG
1.	Teaching Resources				✓	
2.	Professional Development					✓
3.	Administrative Support				✓	
4.	Student Engagement					✓
5.	Curriculum Design				✓	
6.	Teaching Environment					✓
7.	Colleague Collaboration					✓
8.	Workload Management			✓		
9.	Job Satisfaction			✓		
10.	Feedback and Evaluation					✓

Any other suggestion:

Poonam Chaurasia

Signature
Name and Signature



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अभिभावक प्रतिपुष्टि प्रपत्र

हम आपके आभारी रहेंगे, यदि आप इस प्रतिक्रिया फॉर्म को भरने और संस्थान के आगे के सुधार के लिए हमें अपने मूल्यवान सुझाव देने के लिए कुछ समय निकाल सकें। आपके मूल्यवान सुझाव हमारे लिए हमारे शैक्षणिक कार्यक्रमों की गुणवत्ता में सुधार करने और संस्थान की विश्वसनीयता बढ़ाने में बहुत उपयोगी होंगे।

अभिभावक का नाम	राजेंद्र कुमार	फ़ोन नंबर	9519649176
छात्र का नाम	आशीष रेदास	ईमेल आईडी	atrauli244@gmail.com
कोर्स	B.A.	सेमेस्टर	V th
		वर्ष	2024

प्रिय माता-पिता,

कृपया कॉलेज और विभाग का निम्नलिखित मापदंडों पर आपका समग्र मूल्यांकन प्रदान करें:

{1-बहुत खराब (VP), 2-खराब (P), 3-संतोषजनक (S), 4-अच्छा (G), 5-बहुत अच्छा (VG)}

क्रमांक	श्रेणी	VP	P	S	G	VG
1.	छात्र की शैक्षणिक प्रगति				✓	
2.	सम्प्रेषण				✓	
3.	सुरक्षा और संरक्षा			✓		
4.	धन की उपयोगिता			✓		
5.	सहायता सेवाएं			✓		
6.	अतिरिक्त पाठ्यक्रम गतिविधियां			✓		
7.	शिक्षण गुणवत्ता				✓	
8.	बुनियादी ढांचा				✓	
9.	माता-पिता की भागीदारी			✓		
10.	कुल संतुष्टि					✓

कोई अन्य सुझाव:

राजेंद्र कुमार

नाम और हस्ताक्षर