


PARENTS FEEDBACK FORM

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| Name of the Student | Pratiksha Sukhadeo Mohite |
| Class | Third year bpharm |
| Name of Parents / Guardian | Sukhadeo Dnyandeo Mohite |
| Phone No. | 9325204864 |
| Email : | sukhadeomohite@gmail.com |
| Relation with Student | Father |
| Address | Laxmi narayan nagar col.no 8,near sai temple,Wadmukhwadi,Pune 412105 |
| Has your ward Opted the course by own will? | YES |

Rate Your Ward / College for following points

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| Whether your ward has developed liking/ interest in studies? | Very Good |
| Rate the positive changes observed in your ward | Very Good |
| Study | Very Good |
| Communication | Very Good |
| Legal & Ethical Values | Excellent |
| Social | Very Good |
| Environmental Values | Very Good |
| Behaviours | Very Good |
| Any other (Please specify) No | |
| What is your opinion about the communication regarding progress of your ward by college? | Good |
| What is your opinion about behavior of office staff of MMCOP? | Very Good |
| Rate your opinion about MMCOP? | Excellent |
| What more you expect from MMCOP? | Excellent |




PRINCIPAL
 Marathwada Mitra Mandal's
 COLLEGE OF PHARMACY
 Thergaon (Kalewadi), Pune-411 033