



Sample Feedback Forms: Parents
Academic Year: 2025-26



View results

03:43

Response 36

Time to complete

1. Name of the Parent

Sunil Kumar Thanvi and Kalpna Thanvi

2. Name of the Ward

Anjali Thanvi

3. Contact No.

6377116419

The value must be a number

4. E-Mail id

anjalthanvi2019@outlook.com

5. Select Program Name

☒ MBA (Hospital and Healthcare

Management) ☐ MBA

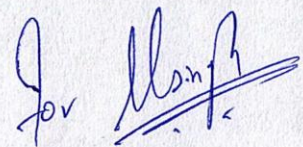
(Pharmaceutical Management)

MBA (Development

Management) ☐ MBA

(Healthcare Analytics)

☐ Master of Public Health (MPH)



Registrar
The IIMR University
1, Prabhu Dayal Marg, Near
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PARENTS' FEEDBACK ON CURRICULUM

6. Please rank your experience on the following items (5- Point Scale)

	Excellent	Very Good	Good	Average	Poor
Rate the outcome that your ward has achieved from the programme	☐	☐	☒	☐	☐
Rate the quality and relevance of the curriculum	☐	☐	☒	☐	☐
Rate the Infrastructure and other facilities available at the University.	☐	☒	☐	☐	☐
Rate the Evaluation and feedback mechanism.	☐	☐	☒	☐	☐
Rate the satisfaction level of curriculum design for employability and higher education requirements.	☐	☒	☐	☐	☐

7. Any other suggestions to improve the curriculum :

No answer provided.

For Singh

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View results

Respondent

113

Anonymous

00:40

Time to complete

1. Name of the Parent

Sandeep kumar dogra

2. Name of the Ward

Apoorva dogra

3. Contact No.

9622270457

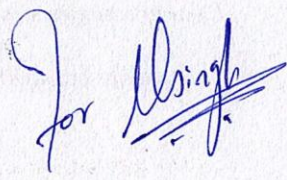
The value must be a number

4. E-Mail id

apoorvadogra4@cloud.com

5. Select Program Name

- ☐ MBA (Hospital and Healthcare Management)
- ☐ MBA (Pharmaceutical Management)
- ☐ MBA (Development Management)
- ☒ MBA (Healthcare Analytics)
- ☐ Master of Public Health (MPH)


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Rate the Evaluation and feedback mechanism.	☐	☐	☒	☐	☐
Rate the satisfaction level of curriculum design for employability and higher education requirements.	☐	☐	☒	☐	☐

7. Any other suggestions to improve the curriculum :

No answer provided.

[Signature]

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View results

Respondent

147

01:47

Time to complete

1. Name of the Parent

Sanjay Sharma

2. Name of the Ward

Kirti Sharma

3. Contact No.

9599930117

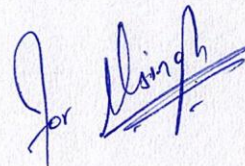
The value must be a number

4. E-Mail id

kirti.hm30@iihmr.in

5. Select Program Name

- ☒ MBA (Hospital and Healthcare Management)
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7. Any other suggestions to improve the curriculum :

Do not put much pressure on the student for attendance, you literally debarred students even before giving the exam. Not right at all.

[Signature]

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PARENTS' FEEDBACK ON CURRICULUM

View results

Respondent

223

02:31

Time to complete

1. Name of the Parent

Lalit Patidar

2. Name of the Ward

Abhinav Patidar

3. Contact No.

8319008229

The value must be a number

4. E-Mail id

abhinavpatidar.prn16@iihmr.in

5. Select Program Name

- ☐ MBA (Hospital and Healthcare Management)
- ☒ MBA (Pharmaceutical Management)
- ☐ MBA (Development Management)
- ☐ MBA (Healthcare Analytics)
- ☐ Master of Public Health (MPH)

For Singh

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Rate the Evaluation and feedback mechanism.	☐	☐	☐	☐	☒
Rate the satisfaction level of curriculum design for employability and higher education requirements.	☐	☐	☐	☐	☒

7. Any other suggestions to improve the curriculum :

Improve the placement of college

For Mr. Singh

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PARENTS' FEEDBACK ON CURRICULUM

View results

Respondent

251

01:00

Time to complete

1. Name of the Parent

Arbind Kumar Singh

2. Name of the Ward

Ankul Kumar Singh

3. Contact No.

9142899252

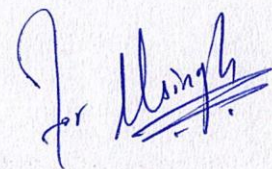
The value must be a number

4. E-Mail id

arbind82101@gmail.com

5. Select Program Name

- ☒ MBA (Hospital and Healthcare Management)
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Rate the satisfaction level of curriculum design for employability and higher education requirements.	☐	☐	☒	☐	☐

7. Any other suggestions to improve the curriculum :

NA

For Singh

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