



Vidarbha Youth Welfare Society's
PROF RAM MEGHE COLLEGE OF ENGINEERING & MANAGEMENT
INTERNAL QUALITY ASSURANCE CELL



Format: IO-XVI-B

Summary of Feedback from Parents
(Name of Department)

Sr. No	Session	Total no. of Feedbacks Received	No. of Preventive Measures Taken	No. of Corrective Measures Taken

Co-ordinator
(Name & Signature)

Head
(Name of Department)