



**St. JOSEPH'S COLLEGE OF ENGINEERING**  
**OMR, CHENNAI -600 119**  
**Department of Electrical and Electronics Engineering**  
**PARENT FEEDBACK**

**Vision of Department**

To promote the department of Electrical and Electronics Engineering as a pioneer in education and research by imparting quality education, creating and upgrading the academic facilities and inculcating professional values to the students to face the challenges in the dynamic global society.

**Mission of Department**

- To attain utmost qualities of teaching-learning process and provide a vibrant environment for the students to exhibit their fullest potential in the field of Electrical and Electronics Engineering.
- To improve research and development skills among students towards providing technical solutions with ethical values to meet social challenges.
- To develop the students to face the technological requirements of the industry with professional values and make them employable and to impart the spirit of entrepreneurship for their successful career.

**Student Name:** \_\_\_\_\_ **Period of Study:** \_\_\_\_\_ **Reg. No./Roll No.** \_\_\_\_\_

S.No.	Particulars	Grading				
		5	4	3	2	1
1.	Student's counseling and guidance in college					
2.	Departmental Academic Co-operation					
3.	Computing Facility / Lab Facility					
4.	Departmental Extra/Co-curricular activities					
5.	Sports facilities available in the college					
6.	Library/ Reading facility available					
7.	Discipline in the college					
8.	Facilities available in administrative office					
9.	Mess facility					
10.	Common facility					
11.	Transport Facility					
12.	Industrial exposure given by the department					
13.	Training provided to appear for placement					
14.	Guidance provided for higher studies					
15.	Opportunities provided to develop leadership quality					
16.	Intimation of periodical progress of your ward (SMS / Portal)					
17.	Internal Assessment system adopted by the college					
18.	College/Department Interaction with Industries					
19.	Improvement of your ward Involvement in social activities					

**Grade:** 5-Excellent, 4-Very Good, 3- Good, 2- Satisfactory, 1- Not satisfactory (Use the following scale for grading)

**Remark if any:** (Please specify any changes required in syllabus or department or College)

**Personal Contact Details:****Name of Parent:** \_\_\_\_\_**Occupation:** \_\_\_\_\_**Mail Id:** \_\_\_\_\_**Contact No.:** \_\_\_\_\_**Alternate Contact No.:** \_\_\_\_\_**Permanent Address:** \_\_\_\_\_**Signature**