



SHRI SARVAJANI PHARMACY COLLEGE

MEHSANA

FEEDBACK FORM FOR PARENTS

Name of guardian : _____

Name of daughter / son : _____

Academic year of student : F.Y / S.Y. / T.Y / L.Y. (200 /200)

Permanent Address : _____

Mailing Address : _____

Profession : _____

Remarks:

Signature :

Date : ____ / ____ /200__