



Shahir Annabhau Satho Mahavidyalaya



Arts & Science
Mukhed Dist. Nanded - 431715 (M.S.)

IQAC CELL

NAAC ACCREDITED C++ GRADE

E-mail - cascmkd@gmail.com

Dr. Manohar Totare (M.A., NET, SET, Ph.D.)

I/C Principal

drmanohartotare@gmail.com

Shri. Avinash M. Ghate B.E. (Mech.)

President

Ex. MLA Mukhed - Degloor

Ref.No. SASM/2019-20/

Date: / /20

PARENTS FEEDBACK FORM- 2019-20

Brief Parents Information:

(पालकांची संक्षिप्त माहिती)

1. Full Name: (पूर्ण नाव) श्री. सुधाकर मासोती मारफळे
2. Address: (पत्ता) मुखेड ता. मुखेड

Fill in the box with the number given below:

खाली दिलेला क्रमांक चोकोनात भरा

- | | | |
|---|---|--------------------------------|
| 1. Curricular (अभ्यासक्रम) | : | <input type="text" value="2"/> |
| 2. Infrastructure (पायाभूत सुविधा) | : | <input type="text" value="2"/> |
| 3. Fees Structure (फीस आकारणी) | : | <input type="text" value="3"/> |
| 4. Teacher-Student relation (शिक्षक-विद्यार्थी संबंध) | : | <input type="text" value="1"/> |
| 5. Non-Teaching Staff-Student relation (शिक्षकेत्तर कर्मचारी-विद्यार्थी संबंध): | : | <input type="text" value="2"/> |
| 6. Extra-Curricular activity (अभ्यासक्रमेत्तर उपक्रम) | : | <input type="text" value="2"/> |
| 7. Financial aid (Fee. Free ship, etc.) (आर्थिक मदत) | : | <input type="text" value="4"/> |

1. Excellent (उत्कृष्ट)
2. Very Good (अति उत्तम)
3. Good (उत्तम)
4. Average (साधारण)

Signature of the Parents/Guardian: (पालकांची सही) *S. Phule*

Name of the Student: (विद्यार्थ्याचे नाव) कु. श्वेजल सुधाकर मारफळे

Class of the Student: (विद्यार्थ्याचा वर्ग) B.Sc.T.Y.

Date: (दिनांक) 2018-19

Place: _____

Date: _____

(Signature)
Principal
Shahir Annabhau Satho
Mahavidyalaya, Mukhed
Tq. Mukhed Dist. Nanded

Shahir Annabhau Sathé Mahavidyalaya

Arts & Science

Mukhed Dist.Nanded - 431715 (M.S.)

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President

Ex.MLA Mukhed - Degloor

Dr.Manohar Totare (M.A.,NET,SET,Ph.D.)

I/C Principal

drmanohartotare@gmail.com

Ref.No. SASM/2019-20/

Date : / /20

PARENTS FEEDBACK FORM- 2019-20**Brief Parents Information:**

(पालकाची संक्षिप्त माहिती)

1. Full Name: (पूर्ण नाव) नागोराव काळवा मुंडकर
2. Address: (पत्ता) मु. प्रो. पिंपळगुंटा ता. मुळेड जि. नांदेड

Fill in the box with the number given below:

खाली दिलेला क्रमांक चौकोनात भरा

- | | | |
|--|---|--------------------------------|
| 1. Curricular (अभ्यासक्रम) | : | <input type="text" value="1"/> |
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| 3. Fees Structure (फीस आकारणी) | : | <input type="text" value="3"/> |
| 4. Teacher-Student relation (शिक्षक-विद्यार्थी संबंध) | : | <input type="text" value="2"/> |
| 5. Non-Teaching Staff-Student relation (शिक्षकेत्तर कर्मचारी-विद्यार्थी संबंध): | : | <input type="text" value="2"/> |
| 6. Extra-Curricular activity (अभ्यासक्रमेत्तर उपक्रम) | : | <input type="text" value="1"/> |
| 7. Financial aid (Fee, Free ship, etc.) (आर्थिक मदत) | : | <input type="text" value="2"/> |

1. Excellent (उत्कृष्ट)
2. Very Good (अति उत्तम)
3. Good (उत्तम)
4. Average (साधारण)

Signature of the Parents/Guardian: (पालकांची सही)

नागोराव

Name of the Student: (विद्यार्थ्याचे नाव)

शिवाजी नागोराव मुंडकर

Class of the Student: (विद्यार्थ्याचा वर्ग)

बी.ए.सी. I

Date: (दिनांक)

Place: _____

Date: _____

Principal
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Tq. Mukhed Dist. Nanded

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**Shri.Avinash M. Ghate** B.E. (Mech.)
President
Ex.MLA Mukhed - Degloor**Dr.Manohar Totare** (M.A.,NET,SET,Ph.D.)

I/C Principal

drmanohartotare@gmail.com

Ref.No. SASM/2019-20/

Date : / /20

PARENTS FEEDBACK FORM- 2019-20**Brief Parents Information:**

(पालकांची संक्षिप्त माहिती)

1. Full Name: (पूर्ण नाव) शामराव हरिसिंग राठोड
2. Address: (पत्ता) मु.पो. सोनपेठवाडी ता. मुण्डेड

Fill in the box with the number given below:

खाली दिलेला क्रमांक चौकोनात भरा

1. Curricular (अभ्यासक्रम) :
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Signature of the Parents/Guardian: (पालकांची सही) शामराव राठोडName of the Student: (विद्यार्थ्याचे नाव) राठोड नागेश शामरावClass of the Student: (विद्यार्थ्याचा वर्ग) B.Sc f.y.

Date: (दिनांक) _____

Place: _____

Date: _____


Principal
Shahir Annabhau Sathé
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**Shri. Avinash M. Chate** B.E. (Mech.)

President

Ex.MLA Mukhed - Degloor

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I/C Principal

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Ref.No. SASM/2019-20/

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PARENTS FEEDBACK FORM- 2019-20**Brief Parents Information:**

(पालकांची संक्षिप्त माहिती)

1. Full Name: (पूर्ण नाव) विठोबा बालाजी वाडेकर
 2. Address: (पत्ता) मु.पो. भुखेड ता. मुखेड

Fill in the box with the number given below:

खाली दिलेला क्रमांक चोकोनात भरा

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Date: (दिनांक) _____

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Ref.No. SASM/2019-20/

Date: / /20

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Brief Parents Information:

(पालकांची संक्षिप्त माहिती)

1. Full Name: (पूर्ण नाव) के.के. पुजाताई माधवराव बाबुराव
2. Address: (पत्ता) मु.पो. लादगा ता. मुखेड

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Date: (दिनांक) _____

Place: Mukhed.

Date: _____

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Principal
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