**JAMAL MOHAMED COLLEGE (AUTONOMOUS)**

**TIRUCHIRAPPALLI – 620 020**

**INTERNAL QUALITY ASSURANCE CELL**

**PARENT TEACHER’S MEETING REPORT**

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| **Name of the Department** | **Aided / SF(Men) / SF (Women)** | **UG / PG** |
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| **Class** | **Date of meeting** | **Name(s) of the faculty members who addressed the meeting** | **No. of parents attended** |
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**(The above number of rows may be increased or decreased depending on the number of classes in the department)**

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| **Consolidated Feedback / Suggestions given by the parents** |
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1. **Kindly submit the reports for UG and PG separately. Signature of the Coordinator / HOD with date**
2. **The hard copy of the reports should be submitted to the Principal’s**

**Office and a soft copy of the same should be sent the IQAC office.**