SCHOOL FEEDBACK FORM



Name of So	chool							
Address								
City			District			State		
Phone Number						Fax No.		
E-mail								
Total No. o	f students							
				Princip	al's Detail			
Name								
Address								
Phone no.					Mobile			
E-mail								
Computer I	Literacy	Υ	N					
If the Sch	ool is alre	eady usi	ng any s	oftware	for Repor	tcard		
Software N	lame							
Company Name								
Are you sa		tisfied v	vith the s	oftware	?			
If NO, Wha	t problems	you are f	acing?					
PARIKSH	APHAL:	PROGR	ESS REP	ORT C	ARD SOFT	WARE (F	PLEASE	TICK BELOW)
Yes I am in	iterested in	Pariksha	ıphal					
Please sen	d your repr	esentativ	e to perso	nally visi	it our School			
Date:				Place:				
					TIOT LIGE			(Signature)
Executive I	d	Executi	FOR OFFICE USE tive Name Date			Comments		
ZNOGALIVO IA								
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