

**PARENTS FEEDBACK FORM**  
**ON PARENTS TEACHERS MEETING AND**  
**SEMINAR ON HAIR SKIN FITNESS & NUTRITION FOR**  
**DANCERS 20-07-2019**

1. Name: - \_\_\_\_\_

2. Relation: - \_\_\_\_\_

3. Ward's Name & Current class: - \_\_\_\_\_

4. How did you find the experience of the seminar on Fitness, Nutrition,  
Hair & Skin: -

Informative & Impressive

Not required

None of the above

Irrelevant

5. Will you be able to apply the daily routines mentioned by the esteemed  
panel to your ward's routine?

Yes

No

May be

Not interested

6. What is your opinion on such workshops being conducted by Nalanda?  
Should they be continued?

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7. Any specific remarks on the Parents Teachers Meeting: -

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**STUDENTS FEEDBACK FORM**  
**SEMINAR ON HAIR SKIN FITNESS & NUTRITION FOR**  
**DANCERS 20-07-2019**

1. Name: - \_\_\_\_\_

2. Class: - \_\_\_\_\_

**Dr.PunitSaraogi Session of Skin & Hair**

1. How did the session help you?

Informative    Educative    Easy to follow    All of the above

2. What do you feel of such sessions being conducted?

Very important    Irrelevant    Not interested    Boring

3. How was your experience?

\_\_\_\_\_  
\_\_\_\_\_

**Mr.MehulLal Session of Fitness & Nutrition**

1. Name: - \_\_\_\_\_

2. Class: - \_\_\_\_\_

3. How did the session help you?

Informative    Educative    Easy to follow    All of the above

4. What do you feel of such sessions being conducted?

Very important    Irrelevant    Not interested    Boring

5. How was your experience?

\_\_\_\_\_  
\_\_\_\_\_