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Educational Qualification	Graduat	C Organisation	Armed Force		gnation	14	- 6)	
Name of the student	Oshee	n Gara	·					
Name of the Programme	BBA	- 0				. · ·		
Contact Phone Number/s	725902	-9360 e-mail i	d gm	grube	meg	Jmai	1. com	
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Educational Qualification	B-Com	Organisation	Sar	da Pap	u Desig	gnation	Pro	osclor
Name of the student	Shivan	n Soud	a,					
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Contact Phone Number/s	9686532		id 9	;hivan	n.Said	la Q a	prost	con
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CHRIST (Deem PARENT

sity), Bengaluru-560029 N CURRICULUM

NAME OF THE DEPARTMENT:

Name of the Parent	G·RA	MESM	1		1						
Educational Qualification	2nd pu	ners	Desi	gnation	-						
Name of the student	G.R.	G.R. SARVESH									
Name of the Programme	B.T	B.Tech									
Contact Phone Number/s Please tick (_/) the ap	895184199 ppropriate option	3 e-mail io as per the follow		ng scale:							
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General Comments a	ind Suggestions:										

Place: Bengalury Date: 26-1-2020

Signature

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B,

1. Which of the following sustainability courses/ Workshops would you like to suggest for our current students?

Climate Change / Ecosystems /Energy /Environmental Science / Olobal Warming / Nature / Oceanography / Renewable Energy / Solar Energy

2. Which of the following specialization would you like to suggest as a minor in B.Tech., for the graduating students?

CSE-Psychology	
CSE-Business Administration	
CSE- Commerce	
CSE-History and Politics	_
CSE- Artificial Intelligence	
CSE- Data Analytics 🗸	
CSE – Cyber Security	

3. Does the Curriculum of our department adhere to the vision and mission statements in an objective framework?

YES / NO with justifications.

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- 4. Do you like to suggest any special elective courses apart from the current course?

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NAME OF THE DEPARTMENT:

Name of the Parent	S.SUMA	4									
Educational Qualification	B.lom	Organisation	Hon	ne aker	Desig	gnation	-	-			
Name of the student	D.HETH	D.HETHEESN									
Name of the Programme	B . Tech										
Contact Phone Number/s		55 e-mail id	<u> </u>		a bt	ech-c	mistr	niversity. M			
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Place: Bonyalore Date: 27/01/2020

Signature

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CSE-Business Administratio	n
CSE- Commerce	
CSE-History and Politics	
CSE- Artificial Intelligence	
CSE- Data Analytics	
CSE – Cyber Security	/

3. Does the Curriculum of our department adhere to the vision and mission statements in an objective framework?

YES / NO with justifications.

4. Do you like to suggest any special elective courses apart from the current course?

NAME OF THE DEPARTMENT:

Name of the Parent	Madhu	. N	General and an and a second second second second		an a		10.000/01.0000/000000000000000000000000		
Educational Qualification	Nil								
Name of the student	Parejen	rka.M.		an a		l	na de la companya de		
Name of the Programme	CBZ .								
Contact Phone Number/s		012 e-mail id	-						
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Place: Bangalor Date: 9/n/100

Name of the Parent *
Ajimol Mathew
Educational Qualification *
B Com
Organisation *
Manager
Decignation
Designation
Name of the Programme *
Mcom
Contact Phone Number/s *
9447072390

e-mail id *										
Manager										
Please tick (_/) the appropriate option as per the following rating scale:										
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Does the syllabus orient the students towards higher education? *										
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Does the syllabus have components to serve the needs of the society? *										
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Does the syllabus promote self-study and attitude of research? *										
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Does the syllabus help the students to enhance their personality? *										
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General Comments and Suggestions: good skill based										

This form was created inside of Christ University.

Google Forms

Name of the Parent *
Rev Dr Nainan V George
Educational Qualification *
M.Sc
Organisation *
Teacher
Designation
Name of the Programme *
Mcom
Contact Phone Number/s *
9495971100

e-mail id *											
frninanvg@gmail.com											
Please tick (_/) the appropriate option as per the following rating scale:											
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General Comments and Suggestions: good									

This form was created inside of Christ University.

Google Forms

Name of the Parent *
N.Raghupathi
Educational Qualification *
B.com
Organisation *
Agriculture
Designation
Name of the Programme *
Mcom
Contact Phone Number/s *
9885943127

e-mail id *									
rohithnuvulla2015@gmail.co	m								
Please tick (_/) the appropriate option as per the following rating scale:									
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