Sacred Heart College (Autonomous), Tirupattur, Vellore Dist.

Department Name: _____ (Shift - I / II)

__ (Shift - I / II)

Minutes of the Parents Meeting				
Date :	Time	:	Place :	
Faculty Members Present	1	Signature		
Number of students who				
brought theirParents				
Number of students who h	ave			
not brought their parents				
Outcomes of the meeting				