

HOLY CROSS COLLEGE, AGARTALA

SUGGESTION FORM

Your Ideas Count!

My Suggestion(s)_____

I believe my Idea will:

- | | |
|--|--|
| <input type="checkbox"/> Prevent Accidents | <input type="checkbox"/> Reduce Costs |
| <input type="checkbox"/> Improve Quality | <input type="checkbox"/> Save Time |
| <input type="checkbox"/> Improve Service | <input type="checkbox"/> Prevent Waste |
| <input type="checkbox"/> Improve Morale | <input type="checkbox"/> Improve Academics |
| <input type="checkbox"/> Increase Productivity | <input type="checkbox"/> Others (Specify) |

.....
(Optional Information)

Submitted by _____ Mobile: _____

Dept.: _____ Date: _____

HOLY CROSS COLLEGE, AGARTALA

SUGGESTION FORM

Your Ideas Count!

My Suggestion(s)_____

I believe my Idea will:

- | | |
|--|--|
| <input type="checkbox"/> Prevent Accidents | <input type="checkbox"/> Reduce Costs |
| <input type="checkbox"/> Improve Quality | <input type="checkbox"/> Save Time |
| <input type="checkbox"/> Improve Service | <input type="checkbox"/> Prevent Waste |
| <input type="checkbox"/> Improve Morale | <input type="checkbox"/> Improve Academics |
| <input type="checkbox"/> Increase Productivity | <input type="checkbox"/> Others (Specify) |

.....
(Optional Information)

Submitted by _____ Mobile: _____

Dept.: _____ Date: _____