

ALUMNI FEEDBACK FORM

Name			
Father's Name			
D.O.B. (dd/mm/yyyy)			
Year of Passing Out		Department	
Permanent Address			
Contact No.		Mobile No.	
E-mail Id			
Present Organization			
Designation			

SN.	Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Has the course done by you from the college helped you in life?					
2.	Does the college provide opportunities for overall development of students?					
3.	Are you willing to associate and contribute to the development of the college?					
4.	Does the college have adequate facilities like lab and equipment for the concerned courses?					
5.	Do you find the education imparted to you in college useful and relevant to your present job?					
6.	Have you obtained sufficient support and guidance form the faculty in your college while studying?					
7.	Are satisfied with the facilities (like washroom, common room, library, cycle stand) provided in the college?					
8.	Is the college providing good hospitality to the Alumni after passing out?					
9.	Would you like to join the Alumni Association of the college?					
10.	Are you satisfied with the work of the Alumni Association of the college?					

Suggestions:- <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
--

Date:-

Signature