

Date:-

Alumni Feed back form

Name of the Alumni :

Degree/Passing out year:

Current Employment:

Designation and address of the Company :

Your Feedback :

Important note: (Rating 5- EXCELLENT, 4- VERY GOOD, 3- GOOD, 2- SATISFACTORY, 1- POOR)

1. First Job through :- Campus Placement or Self effort (tick any one)

(a) Rate the Campus environment

(b) Rate the Teaching standards

(c) Rate the Quality of Lab Training

(d) Rate the Student amenities

(e) Rate the Assessment & Examination System

(f) How would you rate this Institution

(g) Public perception of Institution

(h) Placement efforts of the Institute

Any comments/ suggestions:-

Please submit your response in a week's time.