

## FEEDBACK FROM ALUMNI

Name:

Email Address:

Contact Number:

Name of present organisation working:

Designation:

Course Studied:

Kindly rate the following parameters relating to the college as per your opinion:

Parameters	Excellent	Good	Satisfactory
Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching & Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Curriculum & Extra - Curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you like to contribute towards the development of the college? (Please tick the appropriate response)

- Guest session/ Knowledge Partnerships
- Placement/ Internships
- Industry Academia Tie-ups
- Financial Assistance in terms of Sponsorship/ Scholarship
- Teaching

How would you rate your overall experience in the college? Please select your ratings on the scale 1 to 5 where, 5 is the highest rating and 1 being the lowest rating.

1

2

3

4

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Any other suggestion(s) you would like to make

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