

ALUMNI FEEDBACK FORM

Alumni Details	
Name of the Alumni	
Year of Passing	
Company Details	
Name of the Organization:	
Date of Joining	
Email ID	
Mobile no	
Higher Education Details	
Program Enrolled	
Name of the Institute	
Qualifying Exam	

Rate the Institution on Scale 1 to 4 based on the following aspects:

Excellent :4 Good : 3 Average : 2 Below Average : 1

S No	Questions	Rating
1	How do you find overall infrastructure at the Institute?	
2	How do you rate Syllabus in preparing you for a Job/Higher Studies?	
3	Do you feel the existing curriculum/syllabus fulfil the industrial requirement?	
4	Did you attend industry training/internship to prepare for industry job?	
5	Rate the various curricular, co-curricular and extra-curricular activities, during your course of study, in the Institute.	

Signature of Alumni

Date: