ALUMNI FEEDBACK QUESTIONNAIRE

Name of the Student : ……………………Roll Number : ………………Batch: ………………..

Department : ……………………………………Present Position :…………………………

Offical address: ……………………………………………………………………

……………………………………………………………………………………………

Contact number : ………………………

Email ID : …………………………………………………………………

Excellent (A)   Very Good (B   Good (C)   Average (D)   Poor (E)

S.No	Attributes	A	B	C	D	E
1	The Curriculum in the program is adequate and Effective for future enhancement					
2	The program is effective in developing analytical and problem solving skills					
3	The program is effective in developing independent thinking and Other job employability skills					
4	The curriculum is advanced to meet the industry requirements					
5	Were the courses applicable in your practical / daily life?					

Name & Signature

Note : * Course   -   Subject

**   * Programme -   Name of the Degree**