

**ALUMNI FEEDBACK QUESTIONNAIRE**

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

Department :**Present Position**
:.....

Official address:
.....

..... **Contact number :**

Email ID :

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