

ALUMNI FEEDBACK FORM

PERSONAL INFORMATION

Alumni Name		
Father's Name		
Date of Birth (DD/MM/YY)		
Year of Passing out	Department	
Permanent Address		
Contact No.		
E-Mail ID		
Present Organization		
Designation		

ABOUT COLLEGE

SI. No	Details	Yes	No
1.	Do you feel proud to be associated with Samsi College as Alumni?		
2.	Are you willing to contribute to the development of the college?		
3.	Are your grievances properly handled at the college?		
4.	Is the education imparted at Samsi College useful and relevant in your present job?		
5.	If you are invited to deliver a Guest Lecture/ Special Talk /Motivational Session for your juniors, will you be interested?		
6.	Have you participated in any Alumni meet as of now?		
7.	Do you receive regular updates from the college through Mail/Calls/ SMS?		

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B- Efficient C - Satisfactory D – Below Satisfaction

Sl No	Details		В	C	D
1.	Admission Procedure				
2.	Fee structure				
3.	Environment				
4.	Infrastructure & Lab facilities				
5.	Faculty				
6.	Quality of support materials				
7.	Library				
8.	Canteen facilities				
9.	Hostel facilities				
10.	Overall rating of the college				
11.	Alumni Association/ Network of old friends				
12.	Security arrangements and safety measures				

SUGGESTIONS:

Sl.	About	Suggestion
No No	nout	Buggestion
1.	Improvements in college administration.	
2.	Improvements in college infrastructure.	
3.	Improvements in physical environments.	
4.	Improvements in teaching and learning process.	
5.	Any other suggestions/comments.	