Adarsh Shikshan Santhas

Kalikadevi Arts, Commerce& Science College Shirur (ka), Beed

ALUMNI FEEDBACK FORM

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

Kindly select the appropriate option as per the following criteria.

A - Strongly Agree	B - Agree	C - Disagree	D - Don't know

I.FEEDBACK ABOUT COLLEGE.
1. Do you feel proud to be associated with College as anAlumni?   Yes   No
2. How do you rate development activities organized by the College for your overall development?   A   B   C   D
3. Are you willing to contribute to the development of the college?   Yes   No
II. FEEDBACK ABOUT TRAINING & PLACEMENT CELL.
4.Has the T&P Cell provided ample On campusplacement opportunities?   Yes   No
5.Have you availed Career counseling and guidance forhigher studies from T&P Cell?   Yes   No
6.If you are invited to deliver A Guest Lecture/ A Special Talk / A Motivational Session for your juniors, will you be interested?   Yes   No
7. Do you like to join the college Alumni Association?   Yes   No
8. Have you participated in any Alumni meet as of now?   Yes   No
9.Do you receive regular updates from the college through Mails/ Calls/ SMS etc?   Yes   No

III.GENERALIZED EXPERIENCE SHARING.
10. Have you ever been appreciated by your college. If yes, please share details: •Faculty. If yes, please share details: •Peers. If yes, please share details :
11. **Have you made any significant achievement as:** • A student of College. If yes, please share details:
12. **Most Memorable Moment in the college.**
13. **Suggestion for improvements.** • Department: • College:

SIGNATURE   **DATE**