## 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