



ALUMNI FEEDBACK FORM

ESSENTIAL DETAILS

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

<u>S. No</u>	<u>Statement</u>	<u>Agree</u>	<u>Sometimes</u>	<u>Disagree</u>
1	Do you feel proud to be associated with Mary Matha as an Alumnus?			
2	Institute organizes various kinds of activities for overall development of students.			
3	Are you willing to contribute in the development of the Institute?			
4	College handles student's grievance properly.			
5.	College is having adequate laboratories and equipment for practical experiences.			
6.	Is education imparted at M a r y M a t h a is useful and relevant			
7.	Have you obtained sufficient technical knowledge (both in theory and practical) ?			

8.	Do you like to join the Institute Alumni Association?			
9.	Is Institute providing good hospitality as Alumni after passing out?			
10.	Do you receive regular updates from the College through Mails/Calls/SMS etc.?			

Most Memorable moment in the College:

Suggestion for improvements:

Departments _____

College _____

DATE:

SIGNATURE