**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 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Statement** | **Agree** | **Sometimes** | **Disagree** |
| 1 | Do you feel proud to be associated withMary Matha as an Alumnus? |  |  |  |
| 2 | Institute organizes various kinds of activities for overall development of students.staffmembers. |  |  |  |
| 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 Mary Matha is useful and relevant iyourpresent job? |  |  |  |
| 7. | Have you obtained sufficient technical knowledge (both in theory and practical) ? |  |  |  |

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

**Most Memorable moment in the College:**

**Suggestion for improvements:**

Departments

College

**DATE:**

**SIGNATURE**