

Alumni Coordination cell

ALUMNI FEEDBACK FORM

ESSENTIAL DETAILS:

Alumni Name :
Father's Name :
Mother's Name :
Date of Birth :
Year of Passing Out : Class :
Permanent Address :
Present Organization :
Address :
Designation :
E – Mail ID :
Contact No. :
Mobile No. :

Kindly select the appropriate option as per the following criteria. A – Highly Efficient B – Efficient C – Satisfactory D – Below Satisfaction	
Feedback about College (Point No. 1 to 5)	
1. Do you feel proud to be associated with SPEC as Alumni?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How do you rate development activities organized by the college for your overall development?	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
3. Are you willing to contribute to the development of the college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Were /Are your grievances properly handled at the college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Rate the adequacy of the following as they were during your tenure as a student at SPEC.	
Laboratory and Equipments	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Library & Reading Room	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Computer Facilities, Internet and WI-Fi	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Sports and Extracurricular activities	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Feedback about Department and Faculty (Point No. 6 to 9)	
6. Have you obtained sufficient subject knowledge (theory & Practical)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is education imparted is useful and relevant in your present job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Were the HODs and Faculties cooperative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Rate the academic initiatives taken by the college to improve overall development of the students	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Feedback about Training and Placement Cell (Point No. 10 to 16)	
10. Has the T & P Cell provided ample On- Campus Placements Opportunities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Has the T & P Cell provided ample Off-Campus Placements Opportunities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you availed Career Counseling and Guidance for Higher Studies from T & P Cell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. If you are invited to deliver a guest lecture or a special talk or a motivational session for your juniors will you be interested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you like to join the college Alumni Association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you participated in any Alumni Meet as of Now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you Receive Regular Updates from the college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Generalized Experience Sharing (Point No. 17 to 20)	
Have you ever been appreciated by your	
Company. If yes, Share Details.	
Faculty. If yes, Share Details.	
Peers. If yes, Share Details.	
Have you made any significant achievements as	
A student of SPEC.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Share Details.	
An Employee of your organization.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Share Details.	
Most memorable Moment in the college	
Suggestions for improvements.	

Signature