

Anjuman Islam Janjira Degree College of Science

Murud Janjira, Dist. Raigad, Pin.402401

Alumni Feedback Form

Academic Year				
Name of the Alumni				
Course completed		Passing Year:		
Present Occupation/ Designation		Contact No:		
01. How effectively is the course covered by the organization?				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
02. Does the course offer "Applicability and relevance" to real life situations.				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
03. How can the course be rated on the Learning values?				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
04. How are the "Teaching abilities" of the teacher in delivering the curriculum?				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
05. Does the organization have the ability to make the curriculum better?				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
06. How is the learning environment of the organization?				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
07. How do you rate the courses that you have learnt in the college in relation to your current job / occupation?				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

08. Infrastructure and Lab facilities:				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
09. Faculty:				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
10. Library:				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
11 Office Staff:				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
12. Educational Resources:				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
13. Admission Procedure:				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
14. Overall Rating of the College:				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
15. Do you have any grievances with the college?				
<input type="checkbox"/> NO	<input type="checkbox"/> YES	If Yes Specify:		
16. Are you a member of Alumni Association of our College?				
<input type="checkbox"/> NO	<input type="checkbox"/> YES	If NO: Wish to Joint: <input type="checkbox"/> YES		
18. Any Recommendations for the course improvement				
Date:			Signature	