

ALUMNI FEEDBACK

* Indicates required question

1. Alumni Name

2. Faculty of

Mark only one oval.

Medicine

Dentistry

3. Department

4. Degree Obtained

5. Year of Passing

6. Current Designation

7. Official Address

8. Mobile Number

9. E-mail ID

10. Are you a registered member of Alumni Association

Check all that apply.

YES

NO

11. Employment Obtained Through *

Check all that apply.

Campus

Self Effort

Extraordinary– 5, Very Good-4, Good-3, Average-2, Poor-1

12. Aptness of Curriculum prescribed for your Program *

Mark only one oval.

1

2

3

4

5

13. Quality of Faculty

Mark only one oval.

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1

2

3

4

5

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14. Quality of education imparted in the Institution

Mark only one oval.

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1

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15. Course Curriculum for fulfilling your experience

Mark only one oval.

1

2

3

4

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16. Quality of Skills Training Offered

Mark only one oval.

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1

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17. Use of ICT tools by Faculty for teaching learning

Mark only one oval.

1

2

3

4

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18. How would you rate your Institution ?

Mark only one oval.

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1

2

3

4

5

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19. Mention at least three points which make you feel proud to be associated with Santosh as an Alumni

Any Suggestions

20. Course Curriculum

21. Library

22. Infrastructure

23. Hospital

24. Any Other Suggestion of Improvement

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