**Dr. Babasaheb Ambedkar Marathwada University, Aurangabad**

**Name of the Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Feedback Form for Alumni**

|  |  |  |
| --- | --- | --- |
| ***Personal Details (Compulsory)*** |  |  |
|  | Name of the Alumni | : |  |
|  | Present Position/Designation | : |  |
|  | Name of Organization (If any) | : |  |
|  | Address | : |  |
|  | Email Id | : |  |
|  | Mobile No. | : |  |
| ***Please read the following questions carefully and choose the relevant response. Your feedback is valuable for the development of the University*** |
|  | The Course & Programme objectives & outcomes were clearly defined identified? * Outstanding
* Excellent
* Good
* Average
 |
|  | Course Material were of appropriate length, high quality and up-to-date? * Outstanding
* Excellent
* Good
* Average
 |
|  | The course provides focus on skill Development/ Employability / Entrepreneurship?* Outstanding
* Excellent
* Good
* Average
 |
|  | How do you grade the overall academic environment in the University? * Excellent
* Very Good
* Good
* Average
 |
|  | How would you rate the extra-curricular environment of the University?* Excellent
* Very Good
* Good
* Average
 |
|  | Have you participated in the Alumni Meets?* Always
* Some Time
* Eventually
* Never
 |
|  | To what extent course/programme learnt in the University benefitted you?* 100%
* >80%
* >60%
* >40
 |
|  | Suggestions If any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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