FEEDBACK FORM- ALUMNI

Alumni Name		Branch	
Date of Birth (DD/MM/YY)			
Permanent Address			

Kindly select the appropriate option as per the following criteria.

A - Highly Efficient	**B - Efficient**	**C - Satisfactory**	**D - Below Satisfaction**

I. FEEDBACK ABOUT COLLEGE

1.	Do you feel proud to be associated with KCET as an Alumnus?	Yes ☐ No ☐
2.	Are you willing to contribute to the development of the college? If Yes, State how	Yes ☐ No ☐
3.	Rate the adequacy of following as they were during your tenure as a student at KCET	
	a) Laboratories &Equipments	A ☐ B ☐ C ☐ D ☐
	b) Library	A ☐ B ☐ C ☐ D ☐
	c) Computer / Internet Facilities	A ☐ B ☐ C ☐ D ☐

II. FEEDBACK ABOUT DEPARTMENT

4.	Have you obtained sufficient technical know-how (both in theory and practical) at KCET?	Yes ☐ No ☐
5.	Rate the following academic initiatives taken by the college to improve technical know- how of the students.	
	Industry Oriented Projects	A ☐ B ☐ C ☐ D ☐
	Seminars &Workshop	A ☐ B ☐ C ☐ D ☐
	Special Training Classes for bridging Industry Academic gap	A ☐ B ☐ C ☐ D ☐

III. FEEDBACK ABOUT TRAINING & PLACEMENT CELL

6.	Has the T&P Cell provided ample On campus placement opportunities?	Yes ☐ No ☐
7.	If you are invited to deliver A Guest Lecture/ A Special Talk / A Motivational Session for your juniors, will you be interested?	Yes ☐ No ☐
8.	Have you participated in any Alumni meet as of now?	Yes ☐ No ☐

IV. GENERALIZED EXPERIENCE SHARING

9. **Most memorable Moment in the college:**

10. **Suggestion for improvements to:**

    a) Department

    b) College

Date: **Signature:**