

# M J COLLEGE

(Affiliated to Hemchand Yadav Vishwavidyalaya, Durg )  
Kohka-Junwani Road, Bhilai

## **ALUMNI FEEDBACK FORM** **ESSENTIAL DETAILS**

Alumni Name	
Class	
Year of Passing out	
Permanent Address	
Mobile No.	
E-Mail ID	
If in service name of Organization / Self Employed	

**Kindly select the appropriate option as per the following criteria.**

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

1.	How do you rate development activities organized by the College for your overall development?	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
2.	Are you willing to contribute to the development of the college?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Rate the adequacy of the following as they were During your tenure as a student at M J College :	
	• Laboratories & Equipments	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
	• Library	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
	• Computer Facility	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
4.	Rate the Functionality of Training and Placement Cell.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
5.	If you are invited to deliver a Guest Lecture/ Special Talk / Motivational Session for your juniors, will you be interested?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6.	Do you like to join the college Alumni Association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.	Do you receive regular updates from the college through Mail/ Calls / SMS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.	Do you think that Knowledge received by you from M J college has been beneficial?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
9.	Rate the faculty student relationship at M J College.	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
10.	Rate the counseling you received from carrier Guidance cell.	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

**Other Suggestions :**

**SIGNATURE**