

Alumni Feedback Form

1. Name of the Department / Program:

2. Name of the Alumni:

3. Father's Name:

4. Year of Passing / Batch:

5. Got Campus Placement (Yes / No):

6. Name of Company / Organization in which you are presently working:

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7. Address: 1. Office Address:

8. Residential Address:

9. Mobile Number:

10. E-mail id:

11. D.O.B:

12. Anniversary Date:

13. Please answer the following:

Your happiest moment at B.S.K.College,Barharwa:

Your opinion about your Department at B.S.K.College,Barharwa :

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Your satisfaction level after passing from B.S.K.College,Barharwa (only tick): (5: highest; 1: lowest)

5	4	3	2	1

14. Any comment / suggestion for improvement in the Department:

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(Signature)