



S.D. COLLEGE OF MANAGEMENT STUDIES

Bhopa Road, Muzaffarnagar, Uttar Pradesh 251001

Alumni Feedback Form for the Academic Year ———

Name of Alumnus			
Course & Passout year			
Address for Correspondence			
E mail		Mobile No.	
If in service name of organization/ Self employed		Designation	

Please select the appropriate option as per the following criteria.

S.No.	Statement	Highly Efficient	Efficient	Satisfactory	Below Satisfaction
1	How do you rate development activities organized by the College for your overall development?				
2	How do you rate student teacher relationship in SDCMS as a whole?				
3	How do you rate the academic initiatives taken by the college to bridge the gap between industry & academia?				
4	Rate the efforts of Department/Institute towards Career counseling and guidance.				
5	How do you rate the contribution of faculty members in shaping your career and life skills?				
6.	How do you rate the Infrastructure and Lab facilities?				

Please select the appropriate option as per the following criteria.

S.No.	Statements	Yes.	No.
1	Do you feel proud to be associated with SDCMS as Alumni?		
2.	Will you recommend your relative/friends to enroll at SDCMS?		

3.	Are you a member of Alumni Association of our College?		
4.	Would you be interested to ask your batchmates to join the Department/Institute Alumni Association?		

GENERALIZED EXPERIENCE SHARING

12. Most memorable moment in the college:

13. Any suggestion / comment for the overall improvement of the deptt./ college:

Signature

Date:



Edit with WPS Office