



**SRINIX COLLEGE OF ENGINEERING, BALASORE**  
(Internal Quality Assurance Cell)

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**Department of .....**

**ALUMNI FEEDBACK FORM**

**We shall be thankful and appreciate, if you could spare some of your valuable time to fill up this feedback form and give us your valuable suggestions for further improvement of the Department/Institute. Your valuable inputs will be of great use to us in improving the quality of our academic programs and to enhance the credibility of the Department//Institute.**

Name of the Alumni		Mobile no.	
Father's Name		E-mail ID.	
Address			
Year of Passing		Roll No.	
Date of Marriage (If Married)		Regd. No.	
		Date of Birth	

**Professional Details**

Name of the Present Organization	
Designation	
Present Location	

**Dear Alumni,**  
**Please give your overall academic assessment of the Department /Institute and rate us on the following criteria:**

**1-Unsatisfactory(US), 2- Satisfactory(S), 3- Fair(F), 4- Good(G), 5- Very Good(VG)**

Sr.	Details	VG	G	F	S	US
1	Admission Procedure					
2	Ambience					
3	Infrastructure & Lab facilities					
4	Faculty					
5	Project Guidance					
6	Quality of support material					
7	Training & Placement					
8	Library					
9	Canteen Facilities					
10	Hostel Facilities					
11	Overall Rating of the Institute					
12	Alumni Association/ Network of Old Friends					

**Most Memorable moment in the Institute:**

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**Suggestion for improvements:**

Please suggest any skills/specific course/training to be imparted by the Department for better employability and human character. All your suggestions are welcome.

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**Signature of the Alumni**