

DDU GOVT. P.G. COLLEGE SITAPUR

Alumni Feedback

We are glad that you spent valuable years as a student at DDU Govt. P.G. College, Sitapur. While we tried to make your time here most useful, we would like to know your opinion, now that you have moved on. Kindly spare some of your valuable time to fill up this form and give us your valuable feedback and suggestions for further improvement of the College. Your inputs will be of great use to improve the quality of our academic programmes and enhance the credibility of our College.

Your Degree/s from this College (Tick): - B.A. / B.Sc. (PCM/ZBC)/ B.Com/ M.Com

Year of Completion: _____

Please rate the following points about this College as per your experience during your Academic stay here.

Attributes	Excellent	Very Good	Good	Average	Poor
Admission Procedure					
Fee structure					
Faculty					
Laboratories & Equipment					
Classrooms					
Academic Environment					
Sports and Cultural facilities					
Library/ Reading Room					
Discipline in College					
Teacher-student relationship					
What is the caliber of students passing out of this College?					
How do you rate the learning experience in terms of their relevance to the real life application?					
How do you rate the way your grievances were handled at the Department/College?					
Overall Rating of the College					

Please Tick 'Yes' or 'No'

1. Do you feel proud to be an Alumnus of DDU Govt. P.G. College, Sitapur? **Yes / No**
2. Are you willing to contribute to the development of the Department / College in Future? **Yes / No**
3. Have you participated in any Alumni meet as of now? **Yes / No**
4. Do you receive communications from the College/Department through Mails/ Calls/SMS etc? **Yes / No**
5. If you are invited to deliver a Guest Lecture / Special Talk / Motivational Session for your juniors, will you be interested? **Yes / No**

Note- If you would like to provide details in response (Yes) to questions 6-10, please write them on additional page(s).

6. Is there a need to improve the teaching and learning process? **Yes / No**
7. Is there a need to improve the general environment in the College/Department and attitude of the people? **Yes / No**
8. Is there a need for any change in curriculum and syllabi? **Yes / No**
9. Have you ever been appreciated by your teachers, organization or peers? **Yes / No**
10. Have you made any significant achievement in College or afterwards? **Yes / No**
11. Your most memorable moment in College- _____

12. Mention any contribution you made to the College _____

14. Any other suggestions/comments _____

Name of the Alumnus: _____

E-Mail ID: _____ Contact No. _____

Current Position & Organization Name: _____

Date: _____

Place: _____

Signature of the Alumnus