



# Government Girls college Bundi rajasthan

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## Alumni Feedback form

### ESSENTIAL DETAILS

|                          |            |       |
|--------------------------|------------|-------|
| Alumni Name              |            |       |
| Father's Name            |            |       |
| Mother's Name            |            |       |
| Date of Birth (DD/MM/YY) |            |       |
| Year of Passing out      |            | Class |
| Permanent Address        |            |       |
| Present Organization     |            |       |
| Address                  |            |       |
| Designation              |            |       |
| E-Mail ID                |            |       |
| Contact No.              | Mobile No. |       |

**Kindly select the appropriate option as per the following criteria.**  
 A - Highly Efficient B - Efficient C - Satisfactory D - Below Satisfaction

### I. FEEDBACK ABOUT COLLEGE (Point No. 1 to 5)

|  |   |
|--|---|
| 1. Do you feel proud to be associated with college as an Alumni?                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 2. 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"/> |
| 3. Are you willing to contribute to the development of the college?                              | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 4. Were /Are your grievances properly handled at the college?                                    |   |
| (a) As a student   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| (b) As an alumni   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 5. Rate the adequacy of following as they were During your tenure as a student at GDC: -         |   |
| Laboratories & Equipment's   | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| Library & reading room   | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| Computer Facilities, Internet, Wi-fi   | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| Sports & Extracurricular activities  | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

### II. FEEDBACK ABOUT DEPARTMENT & FACULTY (Point No. 6 to 9)

|   |  |
|---|--|
| 6. Have you obtained sufficient subject knowledge (both in theory and practice) at college? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Is the education imparted at GDC useful and relevant in your present job?                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Were the HOD's & Faculties cooperative?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____   |  |
| _____   |  |
| _____   |  |

|  |   |
|--|---|
| 9. Rate the academic initiatives taken by the college to improve overall development of the students.                                | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| <b>III. FEEDBACK ABOUT TRAINING &amp; PLACEMENT CELL (Point No. 10 to 16)</b>  |   |
| 10. Has the T&P Cell provided ample <b>On campus</b> placement opportunities   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 11. Has the T&P Cell provided sufficient <b>Off campus</b> placement opportunities?  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 12. Have you availed Career counseling and guidance for higher studies from T&P Cell?  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 13. If you are invited to deliver A Guest Lecture/ A Special Talk / A Motivational Session for your juniors, will you be interested? | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 14. Do you like to join the college Alumni Association?  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 15. Have you participated in any Alumni meet as of now?  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 16. Do you receive regular updates from the college through Mails/ Calls/ SMS etc?   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| <b>IV. GENERALIZED EXPERIENCE SHARING (Point No. 17 to 20)</b>   |   |
| <b>17. Have you ever been appreciated by your Company.</b> If yes, please share details.....   |   |
| <b>Faculty.</b> If yes, please share details.....  |   |
| <b>Peers.</b> If yes, please share details.....  |   |
| <b>18. Have you made any significant achievement as:</b>   |   |
| A student of college Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| If yes, please share details   |   |
| An Employee of your organization. If yes, please share details.....  |   |
| <b>19. Most Memorable Moment in the college.</b>   |   |
| <b>20. Suggestion for improvements</b>   |   |
| 21. Do you want to give financial support to your alumni association, if yes than please give payment detail                         |   |
| <b>Cheque /Draft No.:</b> ..... <b>Dated:</b> ..... <b>Amount (Rs.)</b> .....  |   |
| <b>Drawn on (Bank):</b> .....  |   |
| Date:  | Signature:  |
|  |   |
|  |   |
|  |   |