SHRI SHIVAJI EDUCATION SOCIETY AMRAVATI`S

Y. D. V. D. ARTS, COMMERCE AND SCIENCE COLLEGE, TEOSA,

DIST. AMRAVATI

ALUMNI REGISTRATION FORM

Personal Information

Full Name : _____

E-mail :_____

Contact No :_____

Address :_____

_____

Gender : _____

Academic Information

Year of passing : _____

Course completed from our college : _____

Professional Information

Final qualification : _____

Name of organization : _____

Occupation : _____

Designation :_____

Signature of Alumni

SHRI SHIVAJI EDUCATION SOCIETY AMRAVATI`S

Y. D. V. D. ARTS, COMMERCE AND SCIENCE COLLEGE, TEOSA,

DIST. AMRAVATI

ALUMNI FEEDBACK FORM

Personal Information

Full Name: _____

E-mail: _____

Contact No: _____

Address: _____

Gender: _____

Academic Information

Year of passing: _____

Course completed from our college: _____

Please tick (√) the appropriate option

Sr.no.	Description	Excellent	Very good	Good	Satisfactory	poor
1	Curriculum					
2	Relevance of your degree to your job/life					
3	Library Facilities					
4	Computer/Wi-Fi/Internet Facilities					
5	Sports/Recreation Facilities Audio-visual Aids					
6	NSS					
7	Extra-curricular Activities					
8	Parking/Security					
9	Infrastructure					
10	Administration					
11	Quality of Education					
12	Quality of Teachers					
13	Assessment and Evaluation					
14	Innovative Teaching-learning Methodology					

Signature of Alumni