



MGM SCHOOL OF PHYSIOTHERAPY

N-6 CIDCO, AURANGABAD-431003

ALUMNI FEEDBACK FORM

ESSENTIAL DETAILS

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

<u>S. No</u>	<u>Statement</u>	<u>Agree</u>	<u>Sometimes</u>	<u>Disagree</u>
1	Do you feel proud to be associated with mgmsop as an Alumni?			
2	Institute organizes various kind of activities for overall development of students.			
3	Are you willing to contribute in the development of the Institute?			
4	Institute handles student's grievance properly.			
5.	Institute is having adequate laboratories and equipment for practical experiences.			
6.	Is education imparted at L N I P E is useful and relevant in your present job?			
7.	Have you obtained sufficient technical knowledge (both in theory and practical)			

8.	Has the T & P Cell provided ample On Campus and Off Campus placement opportunities?			
9.	Do you like to join the Institute Alumni Association?			
10.	Is Institute providing good hospitality as Alumni after passing out?			
11.	Do you receive regular updates from the Institute through Mails/Calls/SMS etc.?			

Most Memorable moment in the Institute:

Suggestion for improvements:

Departments _____

Institute _____

DATE:

SIGNATURE

