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| ACA – R - 43 | **Alumni Feedback Form** | Academic Year: 2018-19 |
| Rev : 00 | Annual/Semester: I / II |
| Date: 15.06.2018 |

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|  | Name of The Student | ……………………………………………………..………… |
|  | Age | ………………………………………………….……………. |
|  | Gender | Û Male Û Female |
|  | Department | ……………………………………………………..………… |
|  | Year of Study | ……………………………………….………………………. |
|  | Occupation | ……………………………………………………………….. |
|  | Mobile No | ……………………………………………………………….. |
|  | e-mail Id | ……………………………………………………………….. |

**Note: Tick the most appropriate option /choice**

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| **Sr. No** | **Questionnaire** | **Strongly Agree** | **Agree** | **Neutral** | **Strongly Disagree** |
| 1 | It needs to update the syllabus. |  |  |  |  |
| 2 | Course Curriculum intellectually stimulates you. |  |  |  |  |
| 3 | Course Curriculum fulfills your expectations. |  |  |  |  |
| 4 | Reading material of curriculum is easily available. |  |  |  |  |
| 5 | Syllabus enhances employability. |  |  |  |  |
| Total | |  |  |  |  |

Suggestion if any:………………………………………………………………………………………

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| Coordinator/Member  Feedback committee | Signature of the Alumni |