





Name: Co		Course:					
Years of passing: D		Date:	ate:				
_	ation and address of work place if working/ Course education:	and name o	of the ins	stitution	if pursu	ing	
ALUMINI FEEDBACK ON CURRICULUM							
Dear Alumni, The purpose of this feedback is to obtain input on the quality of education. Please give your view to assess the quality of the courses in the academic program. Ratings are in 5-point scale: I-Excellent, 2-Very Good, 3-Good, 4-Satisfactory, 5-unsatisfactory.							
S.NO	COURSE CONTENT	1	2	3	4	5	
1.	The quality of program content						
2.	The relevance of the curriculum						
3.	The overall development you received						
4.	The curriculum is skill oriented						
5.	The curriculum is job-oriented						
6.	The standard of the curriculum is on par with national/international						
7.	The overall standard of the curriculum						
Any oth	ner comments						
Signatu	are:			Princi	pal		