



OMDAYAL GROUP OF INSTITUTIONS

Uluberia, Howrah

Internal Quality Assurance Cell (IQAC)

ALUMNI FEEDBACK FORM

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

Give a number that best describes your level of satisfaction at each question: 1 –Below Standard, 2 - Average, 3 - Good, 4 – Very Good, 5 - Excellent

| Sl. No. | Statement | Marks |
|---------|--|-------|
| 1 | Do you feel proud to be associated with ODGI as 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 ODGI is useful and relevant in your present job? | |
| 7 | Have you obtained sufficient technical knowledge (Both in Theory and practical) at ODGI? | |
| 8 | Do you like to join ODGI Alumni association? | |
| 9 | Is ODGI providing good hospitality as Alumni after passing out? | |
| 10 | Do you receive regular updates from the Institute through mails/ calls/sms etc. ? | |

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| <p>Most memorable moment in the Institute:</p> <hr/> <hr/> |
| <p>Suggestion for Improvements:</p> <p>Departments: _____</p> <p>Institute: _____</p> |

DATE:

SIGNATURE