



Dr. Yogesh Kumbhalkar
President

Prof. Dr.Chandu K. Popatkar
Principal

ALUMNAE FEEDBACK FORM

ESSENTIAL DETAILS

Alumnae Name		
Father's Name/Mothers 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

1. First Job	Campus Placement	Self Effort
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2. Your opinion, please copy tick mark given (✓) and paste in the desired box below

1- Minimum, 5- Maximum

		1	2	3	4	5
i.	Proud to be LAD Alumnae					
ii.	Institute organizes various kind of activities for overall development of students					
iii.	Willingness of Alumnae in contribution of the development of the institute					
iv.	Campus environment					
v.	Teaching standards					
vi.	Student amenities					
vii.	Assessment & Examination System					
viii.	How would you rate this institution?					

Any other suggestion :-

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signature