

ST. THOMAS COLLEGE, BHILAI

ALUMNI FEEDBACK FORM

Alumni Name

Registration No.

Kindly select the appropriate option as per following Criteria.

1. Is the Course studied at St. Thomas College useful and relevant in your present Job?

Excellent Good Average

2. Have you obtained sufficient technical know-how (both in theory and practice) at St. Thomas College?

Yes No

3. Rate the Faculty relationship in St. Thomas College?

Excellent Good Average

4. Rate the office staff and student relationship in St. Thomas College?

Excellent Good Average

5. How do you rate development activities organized by the college for your overall development?

Excellent Good Average

6. How can you contribute effectively to the development of the college?

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7. If you are invited to conduct/organize activity/motivational session for the students, will you be interested?

Yes No

8. Suggestion for improvements and contributions

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SIGNATURE

DATE