

Feedback on	Facilities	by	Alumn	i
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## Academic Year:

Name of the Alumnia	Name	of	the	Alu	mni	i:
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Regd. No:

**Department:** 

Phone no:

Email:

**Batch:** 

## Present Designation & Address:

Rating Score: Excellent (5), Very Good (4), Good (3), Fair (2), Needs Improvement (1).

	Description of Facility	Rate your Level of Assessment					
S. No		Excellent	Very Good	Good	Fair	Needs Improvement	
		Institution	al Facilities		-		
1	Central Library						
2	Central Computing Centre						
3	Training & Placement						
4	Sports & Games						
5	Literary Activities						
	D	epartment I	Level Facilities			1	
1	Laboratory infra structure						
2	Laboratory Machinery/ Equipment						
3	Department Library						
4	Classrooms						
		General A	Amenities				
1	Facilities- Physical Fitness						
2	Medical/ First Aid						
3	Safety Measures						
4	Provision for Differently Abled Persons						
5	ATM/ Banking Facilities						
6	Wi-Fi Connectivity						
7	e-Learning Resources						
Any S	pecific Feedback						