ALUMNI FEEDBACK FORM

West Guwahati Commerce College: Baripara Guwahati-781012

Academic Year:

|  |  |
| --- | --- |
| Alumni Name |  |
| Father’s Name |  |
| Mother’s Name |  |
| Date of Birth (DD/MM/YY) |  |
| Year of Passing out |  |
| Department |  |
| Permanent Address |  |
| Present Address |  |
| Contact No. |  |
| E-Mail ID |  |
| Present Organization |  |
| Designation |  |

 **Kindly tick the appropriate option:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL.****No** | **Statement** | **Agree** | **Sometimes** | **Disagree** |
| 1 | Do you feel proud to be associated with West Guwahati Commerce College as Alumni? |  |  |  |
| 2 | Were the HOD’s & Faculties cooperative? |  |  |  |
| 3 | Does the institution provides proper infrastructural and sports facilities? |  |  |  |
| 4 | Does the library of the institution is well equipped? |  |  |  |
| 5 | Have you availed Career counseling and guidance for higher studies from the institution? |  |  |  |
| 6 | Does the institution organize various kinds of activities for holistic development of thestudents? |  |  |  |
| 7 | Is the education imparted at West Guwahati Commerce College useful and helped in your present job? |  |  |  |
| **Suggestions for Development:** |

**Signature**