



## Feedback from Alumni

Name:-.....

Father's Name:-.....

Address:-.....

Phone No. (s):-.....

E-mail Id. (s):-.....

Admission Year:-.....

Year of Passing:-.....

Class Studied in N.A.S. College:-.....

(1) Your Perception about the college of following spheres.

	Excellent	Good	Average	No Comment
Academic				
Library				
Co-Curricular				
Sports				
Infrastructure (buildings/sports fields)				
Interaction with faculty members				
Interaction with College Staff				

(2) Is any of your ward have studied/presently studying in the college?

1. Yes

2. No

(2a) If yes, how do you rate the performance of your ward in the following spheres?

	Excellent	Good	Average	No Comment
Academic Performance				

(2b) Whether your ward participates in following activities. If Yes, then rate.

	Excellent	Good	Average	No Comment
Cultural				
Sports				
NCC				
NSS				
NSS/Rovers Rangers/Other				

(3) How would you like to support the college/students?

- A. Scholarship to the student.
- B. Financial help to the college.
- C. In placement.
- D. In academics.
- E. In sports.
- F. Any other (please specify). \_\_\_\_\_

(4) Please suggest improvement in the following spheres.

(a) Curriculum

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(b) Pedagogy

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(c) Sports

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(d) Cultural

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(e) Social Service

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(f) Infrastructure Development

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(g) Any Other

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Date:-

Signature