

CSMSS
AYURVED MAHAVIDYALAYA
Kanchanwadi, Aurangabad.
(ISO: 9001-2015)

Form No.5

ALUMINI FEEDBACK FORM

Name :- _____ Date:- _____

Admission Year :- _____

UG/PG :- _____

Completion :- _____

Recent Address :- _____

Mob. No. :- _____

Email-ID :- _____

Special Achievement (if any) :- _____

Designation (Present Position) :- _____

* Tick to Appropriate.

Sr. No.	Focus Area	Excellent	Good	Non Satisfactory
1	Curriculum Opinion about in Present Era (1 to 5 year)			
2	Opinion about Institute			
3	Opinion about Staff			
4	Opinion about Facilities provided by Institute			
5	Opinion about Exposer to actual practical work during the course			

Remark: - Your Opinion for Improvement.