



ALUMNI MEET FEEDBACK FORM

Name: _____

Roll Number: _____

Department: _____

Date: _____ Batch / Year of Graduation: _____

S. No	Particular	Rating (1-5)
1	Overall organization of the event	
2	Communication & coordination	
3	Hospitality & arrangements	
4	Interaction with faculty & students	
5	Networking opportunities	
6	Overall satisfaction	

1. Did the Alumni Meet strengthen your connection with the institution?

- ✧ Yes
- ✧ No
- ✧ To some extent

2. Are you willing to support the institution in future?

- ✧ Guest Lectures
- ✧ Internships/Placements
- ✧ Mentoring
- ✧ Industry Collaboration
- ✧ Other: _____

Suggestions for Improvement (if any):

Overall Rating (1-5): _____

Signature (Optional): _____

Contact Number: _____

e-Mail Address: _____