

Alumni feedback form

Kindly fill up the following.

*** Required**

1. Email *

2. *Mark only one oval.*

Option 1

Alumni Personal Details

3. Name of the alumnus *

4. Course *

Mark only one oval.

GNM

BSc Nursing

PBBSc Nursing

MSc Nursing

PhD Nursing

5. Batch (eg: 2012-16 batch) *

6. Permanent Address *

7. Contact no: *

8. Whatsapp no. *

9. Email id *

10. Currently working organisation *

11. Additional qualification (if any)

Alumni Feedback

Mark the appropriate responses.

12. 1.Influence of academic learning from this institution in your career. *

Mark only one oval.

- 4- Outstanding
- 3-Excellent
- 2-Good
- 1-Average

13. 2.Involvement of alumni in the activities of this institution *

Mark only one oval.

- 4- Outstanding
- 3-Excellent
- 2-Good
- 1-Average

14. 3.Faculty of this institution *

Mark only one oval.

- 4- Outstanding
- 3-Excellent
- 2-Good
- 1-Average

15. 4. Infrastructure *

Mark only one oval.

- 4- Outstanding
- 3-Excellent
- 2-Good
- 1-Average

16. 5. Library facility *

Mark only one oval.

- 4- Outstanding
- 3-Excellent
- 2-Good
- 1-Average

17. 6. Clinical facility *

Mark only one oval.

- 4- Outstanding
- 3-Excellent
- 2-Good
- 1-Average

18. 7. Community posting *

Mark only one oval.

- 4- Outstanding
- 3-Excellent
- 2-Good
- 1-Average

19. 8.Co- curricular & Extra curricular activities *

Mark only one oval.

- 4- Outstanding
- 3-Excellent
- 2-Good
- 1-Average

20. 9. Hostel & Mess facility *

Mark only one oval.

- 4- Outstanding
- 3-Excellent
- 2-Good
- 1-Average

21. 10. Innovation & Best practices of the institution *

Mark only one oval.

- 4- Outstanding
- 3-Excellent
- 2-Good
- 1-Average

22. 11. Overall rating of this institution *

Mark only one oval.

- 4- Outstanding
- 3-Excellent
- 2-Good
- 1-Average

23. 12. I feel proud to be a part of this institution *

Mark only one oval.

- Yes
- No

24. 13. I shall recommend this institution to others *

Mark only one oval.

- Yes
- No

25. 14. Suggestions (if any) *

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M.O.S.C.C.O.N