



Alumni Feedback Form

Name of the Department / Program:

Name of the Alumni:

Father's Name:

Year of Passing / Batch: Got Campus Placement (Yes / No):

Name of Company / Organization in which you are presently working:
.....

Address:

1. Office Address:
2. Residential Address:
3. Mobile Number: E-mail id: D.O.B:
4. Anniversary Date:

Please answer the following:

Your happiest moment at NIET:

Your opinion about your Department at NIET:

Your satisfaction level after passing from NIET (only tick): (5: highest; 1: lowest)

5	4	3	2	1

Any comment / suggestion for improvement in the Department:
.....
.....

(Signature)