

FEEDBACK PROFORMA FOR ALUMNI

Please rate the following facilities by putting tick mark in the appropriate boxes

Sl No	Criteria	1	2	3	4	5
1.	Infrastructure			✓		
2.	Teaching Faculty					✓
3.	Hostel Facilities		✓			
4.	Clinical Material		✓			
5.	Laboratories			✓		
6.	Teaching Learning Process			✓		
7.	Indoor & Outdoor Sports Facilities		✓			
8.	Cultural Activities		✓			
9.	Learning and Library Resources		✓			
10.	Greenery in Campus		✓			
11.	Communication		✓			
12.	Transport Facility		✓			
13.	Security				✓	

14. ANY Suggestions for improvement?

Nil

NAME: *Dr. Sohan Kumar*

MOBILE NUMBER:

DATE: *06/03/2019*

SIGNATURE

Sohan Kumar

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13.	Security			✓		

14. ANY Suggestions for improvement?

None

NAME: Dr. Aditi Rao.

MOBILE NUMBER:

DATE: 10/3/2019

SIGNATURE

