



Office of the IQAC

TANGLA COLLEGE, TANGLA

P.O. TANGLA, Dist. Udalguri, B.T.A.D., Assam.

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From:

Dr. Prasen Daimari, M.A., Ph.D.,

Principal/Chairman

Dr. Geetali Sarma
M.A, Ph.D.

Coordinator

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ALUMNI FEEDBACK FORM

Name			
Father's Name			
Date of Birth (DD/MM/YY)			
Year of Admission session		Department	
Year of Passing out			
Permanent Address			
Contact No.			
E-Mail ID			
Present Organization(Employed)			
Designation		Present Location	

Kindly select the appropriate option as per the following criteria. (Wherever applicable)

A - Highly Efficient B - Efficient C - Satisfactory D - Below Satisfaction

I. ABOUT COLLEGE (Point No. 1 to 5)

1.	Do you feel proud to be associated with VSWC as Alumni?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	How do you rate development activities organized by the College for your overall development?	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
3.	Are you willing to contribute to the development of the college?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Were /Are your grievances properly handled at the college?	
	a) As a student	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) As Alumni	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Rate the adequacy of the following as they were During your tenure as a student of the College:	
	• Laboratories & Equipments	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
	• Library (Central)	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
	• Library (Departmental)	
	• Computer Facility	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
	• Common Room Facility	
	• Play Ground Facility	

II. ABOUT DEPARTMENT OF YOUR SUBJECTS AND COLLEGE (Point No.6 to 8)

6.	Have you obtained sufficient technical knowledge (both in theory and practice) at Tangla College?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Is the education imparted at Tangla College useful and relevant in your present job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Were the HOD's & Faculties cooperative?	Yes <input type="checkbox"/> No <input type="checkbox"/>

III. ABOUT PLACEMENT TRAINING CELL (Point No. 9 to 15)

9.	Has the Placement Training Cell provided ample On campus placement opportunities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Has the Placement Training Cell provided ample Off campus placement opportunities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Have you availed Career counseling and guidance for higher studies from Placement Training Cell?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	If you are invited to deliver a Guest Lecture/ Special Talk / Motivational Session for your juniors, will you be interested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Do you like to join the college Alumni Association?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Have you participated in any Alumni meet as of now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Do you receive regular updates from the college through Mail/ Calls / SMS?	Yes <input type="checkbox"/> No <input type="checkbox"/>

IV. GENERALIZED EXPERIENCE SHARING(Point No. 16 to 19)

16.	Have you ever been appreciated by your Company If Yes, Please Share Details _____ _____ Faculty If Yes, Please Share Details _____ _____ Peers If Yes, Please Share Details _____ _____
17.	Have you made any significant achievement as: A Student of VSWC If Yes, Please Share Details _____ _____ As an Employer of the Organization If Yes, Please Share Details _____ _____
18.	Most Memorable Moment in the college.
19.	Suggestions for Development

Signature with date