



**Solapur University, Solapur - 413255 (Maharashtra)**  
**Internal Quality Assurance Cell (IQAC)**  
**Alumni Feedback Form**

Alumni Name			
Date of Birth			
Year of Passing out		Course	
Permanent Address			
Contact No.		Mobile No.	
E-Mail ID			
Present Organization			
Designation			

**Kindly select the appropriate option as per the following criteria.**

*A – Highly Efficient    B – Efficient    C – Satisfactory    D – Below Satisfaction*

1.	Do you feel proud to be associated with School of _____, Solapur University as Alumni?	Yes	No		
2.	How do you rate development activities organized by the School for your overall development	A	B	C	D
3.	Are you willing to contribute to the development of the School?	Yes		No	
4.	Rate the adequacy of the following as they were during your tenure as a student at School of _____, Solapur University, Solapur				
	• Computer Laboratories	A	B	C	D
	• University Library	A	B	C	D
	• Seminars and Workshops	A	B	C	D
	• R and D Projects / Industrial Oriented Projects	A	B	C	D

5.	Have you obtained proficient knowledge (both in theory and practical) at School of _____, Solapur University	Yes	No
6.	Is the educational imparted at School of _____, Solapur University, Solapur is useful?	Yes	No
7.	Were the HOD's and faculties cooperative?	Yes	No
8.	Has the school provided ON / OFF Campus placement opportunities	Yes	No
9.	If you are invited to deliver A Guest Lecture / A Special Talk / A Motivational Session for your juniors, will you be interested?	Yes	No
10.	Have you participated in any Alumni meet as of now?	Yes	No
11.	Have you ever been appreciated by your <b>Company/Institutions</b> ? (if yes, please share details)		
12.	Have you ever been appreciated by your <b>Faculty</b> ? (if yes, please share details)		
13.	Most Memorable Moment in the School / Department.		
14.	Suggestions for improvements :		

Date:     /     / 20

Signature