

## ALUMNI FEEDBACK FORM

BIHPURIA COLLEGE: BIHPURIA-784161

Academic Year: \_\_\_\_\_

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

**Kindly tick the appropriate option:**

SL. No	Statement	Agree	Sometimes	Disagree
1	Do you feel proud to be associated with Bihpuria College as Alumni?			
2	Were the HOD's & Faculties cooperative?			
3	Does the institution provides proper infrastructural and sports facilities?			
4	Does the library of the institution is well equipped?			
5	Have you availed Career counseling and guidance for higher studies from the institution?			
6	Does the institution organize various kinds of activities for holistic development of the students?			
7	Is the education imparted at Bihpuria College useful and helped in your present job?			

**Suggestions for Development:**

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**Signature**