

FEEDBACK FROM ALUMNI

Name : _____ Placement : _____

Course completed at VK IDS:

BDS _____ year of passing: _____ **MDS** _____, Year of Passing: _____

Dear Sir/ Madam,

Thank you for participating in the feedback survey. Your responses will be confidential. You are requested to answer all the questions

1. Please describe your experience in K.L.E.V. K. Institute of Dental Sciences as a student?
2. Please describe your opinion regarding availability of infrastructure and study material?
3. How would you describe under graduate / Post graduate teaching?
4. How would you describe your interactions and relations with the faculty?
5. How beneficial is teaching rendered to you in your private practice ?
6. Do you still feel the need for regular upgrade of knowledge?
7. Is Post Graduation required for success in practice?
8. Were you satisfied with the examination system and assessment of students?
9. Were library facilities adequate?
10. Were you satisfied with extracurricular activities conducted in college?
11. Have you sent your information for updating alumni records in the College website?
12. Give some suggestions in the areas that concern you for improvement.
13. How would you like to contribute to your Alma Mater/Alumni fund?
14. How often would you like to have an Alumni meet and where?

Date:

Place: