

**FEEDBACK FROM ALUMNI**

Name : Shirin Placement : Bgn

Course completed at VK IDS:

BDS \_\_\_\_\_ year of passing: 2010 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? satisfactory

3. How would you describe under graduate / Post graduate teaching? good

4. How would you describe your interactions and relations with the faculty? UG

5. How beneficial is teaching rendered to you in your private practice? approachable

6. Do you still feel the need for regular upgrade of knowledge? yes, very much

7. Is Post Graduation required for success in practice? yes

8. Were you satisfied with the examination system and assessment of students? not sure

9. Were library facilities adequate? YES

10. Were you satisfied with extracurricular activities conducted in college? YES

11. Have you sent your information for updating alumni records in the College website? YES

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:

Being part

Place:

Bgn

would also be initiated in workshops, guest lectures as someone's person

regularly

20/06/20