

**Institute Academic Quality Assurance Cell
Stakeholder Relationship
Alumni Feedback Form**

1. Name of the Alumni: _____
2. Branch and Pass-out year: _____
3. Contact Details: E-mail: _____ Phone Number: _____

4. Higher Studies Details (if any)

Course Name	M.Tech	M.S.	MBA	PhD	Any other
University Name					
National/International					
Session (if completed else year of admission)					

5. Any competitive exam cleared after graduation

Exam	SET/SLET	GATE	CAT	IAS	IPS	IFS	UPSC	NET	Any other
Year									
Rank/Qualified									

6. Placement Details (if any)

Current Organization name: _____

Organization type: a) Govt./PSU b) MNC c) Private sector d) Self employed

Current Designation: _____

Previous Organization (s), if any: _____

7. Any specific course (or curriculum in general) that helped in your development:

8. The competency (technical/personality) level of JIITians at your current Organization / University:

9. Any specific course you want to be included into the JIIT Course Curriculum to be at par with others at your Organization /University:

10. Any suggestions for improvement:

11. Please give an overall rating to the program:

Outstanding	Excellent	Very good	Good	Fair
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Thanks for your feedback