



VIDHYA SAGAR WOMEN'S COLLEGE

Accredited at "A" Grade by NAAC

(Affiliated to University of Madras)

G.S.T. Road, Vedanarayanapuram, Chengalpattu - 603 111

Phone: 7299008494

Website: www.arts.vidhyasagar.in

ALUMNI FEEDBACK FORM

ESSENTIAL DETAILS

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

Kindly select the appropriate option as per the following criteria.

A - Highly Efficient B - Efficient C - Satisfactory D - Below Satisfaction

I. ABOUT COLLEGE (Point No. 1 to 5)

1.	Do you feel proud to be associated with VSWC as Alumni?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	How do you rate development activities organized by the College for your overall development?	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
3.	Are you willing to contribute to the development of the college?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Were /Are your grievances properly handled at the college?	
	a) As a student	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) As Alumni	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Rate the adequacy of the following as they were During your tenure as a student at VSWC:	
	• Laboratories & Equipments	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
	• Library	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
	• Computer Facility	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>

II. ABOUT DEPARTMENT AND COLLEGE (Point No. 6 to 8)

6.	Have you obtained sufficient technical knowledge (both in theory and practice) at VSWC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Is the education imparted at VSWC useful and relevant in your present job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Were the HOD's & Faculties cooperative?	Yes <input type="checkbox"/> No <input type="checkbox"/>

III. ABOUT PLACEMENT TRAINING CELL (Point No. 9 to 15)

9.	Has the Placement Training Cell provided ample On campus placement opportunities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Has the Placement Training Cell provided ample Off campus placement opportunities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Have you availed Career counseling and guidance for higher studies from Placement Training Cell?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	If you are invited to deliver a Guest Lecture/ Special Talk / Motivational Session for your juniors, will you be interested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Do you like to join the college Alumni Association?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Have you participated in any Alumni meet as of now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Do you receive regular updates from the college through Mail/ Calls / SMS?	Yes <input type="checkbox"/> No <input type="checkbox"/>

IV. GENERALIZED EXPERIENCE SHARING(Point No. 16 to 19)

16.	Have you ever been appreciated by your Company If Yes, Please Share Details _____ _____ Faculty If Yes, Please Share Details _____ _____ Peers If Yes, Please Share Details _____ _____
17.	Have you made any significant achievement as: A Student of VSWC If Yes, Please Share Details _____ _____ As an Employer of the Organization If Yes, Please Share Details _____ _____
18.	Most Memorable Moment in the college.
19.	Suggestions for Development

SIGNATURE WITH DATE