



## Alumni Association Feedback Form

<b>Name: Mr/ Ms</b>						
<b>Year of Passing:</b>			<b>Qualification:</b>			
<b>Occupation:</b>			<b>DOB:</b>			
<b>Office address:</b>			<b>Permanent Address:</b>			
<b>Email:</b>			<b>Mobile / Phone No:</b>			
S.N.	Particulars	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
1	Learning in BCS is useful in my career					
2	The recent developments in BCS are appreciative in view of Autonomy, NAAC A grade, CPE and Star College Scheme					
3	The newly introduced courses meet current requirements and job opportunities					
4	BCS is involving alumni in its activities					
5	The alumni have a role to play in academically strengthening BCS further.					
6	The alumni have a financial support to play in development of BCS					
7	I feel the facilities of Library, Laboratory, ICT are adequate					
8	I feel the facilities of Sports, extracurricular activities are adequate					
9	I feel proud to be the student of BCS					

**Most memorable moments in college:**

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**I wish to contribute to alumni association for: Sponsoring needy students / organizing extension activities / any other (please mention) Please tick.** \_\_\_\_\_

**Suggestions for further improvement:** \_\_\_\_\_

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Date

Signature