	Form: QA-SR - 4
Date-	

Institute Academic Quality Assurance Cell Student Exit feedback

Name of the Department:		Name of the program:				
Pleas	e give your feedback on the following point	s:				
. No.	Items	Outstanding	Excellent	Very Good	Good	Fair
1.	Curriculum structure					
2.	Teaching and learning					
3.	Laboratory & IT facilities					
4.	Examination and evaluation system					
5.	LRC (Including digital library)					
6.	Hostel facilities					
7.	Mess facilities					
8.	Extracurricular activities					
9.	Services/interaction with Registry					
10.	Services/interaction with Accounts					
11. T	raining & placement facilities					
(i)	Your current CGPA					
(ii)	Did you sit for placements: Yes	/No (if N	o skin the n	ext question)		
(iii)	1	(ent question)		
(iv)						
(v)	Was T&P helpful when approached? Yes.					
(vi)	1 11		v T&P usefu	1? Yes/No		
` ′	ii) Did student placement committee help in placement? Yes/No					
(i) Should we keep you in our data base for t	-	at ta aama:	Yes/No		

S. No.	Name of competitive exam (NET; SET/SLET; GATE; CAT;GRE; GMAT; IAS; IPS; IFS; UPSC; Others)	Organizing body	Year & Months appeared	Qualified (Yes/No/ Result awaited)	Rank if applicable
1					
2					
3					

Note: If possible please provide the proof such as score card/admit card

Additional Suggestions, if any: (you may use the back side of this sheet, if required)