

ALUMNI REGISTRATION FORM



Department / Program.....

1. Name :.....

2. Father's name :.....

3. Roll / Hall ticket No.
:.....

4. Year of study :

5. Course & Branch :

6. Address for Communication
(Permanent).....
.....
.....
.....

Mobile :.....Email id

7. Hobbies :
.....

8. Academic Achievements :
.....

9. Awards achieved :

10. Placement details

11. Name & Phone nos of 5 best friends in your class:

Friend Name	Contact number

12. Job details with address :
.....

13. Future plans :
.....

Date:

Signature of Student

FEEDBACK FROM ALUMNI

Department /Program.....Name:Age /Yrs:

Dept :Year of study:
Occupation:.....

Make tick mark in the appropriate cell:

Sl	Particulars	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	Feel proud to be student of SGIPS					
2	The learning I had in this SGIPS is useful in my career					
3	The developments in this SGIPS in recent years are appreciative					
4	The Alumni have a role to play in academically strengthening the SGIPS further					
5	Formulation of department wise Alumni associations a step in the right direction					
6	The department administration should take initiative to efficiently enroll and strengthen the alumni-association					

Suggestions for the improvement:

Date:

Signature of Alumni