



Alumni Feedback Form-2016

Name of the Department/Centre:
JAMIA MILLIA ISLAMIA, NEW DELHI

I. Personal Details:

Alumni Name:	
Father's Name:	
Mobile:	
E-mail address:	
Present position/ Designation:	
Present Organization:	
Year of graduation from JMI:	
Degree & Branch/Discipline at JMI:	
JMI Enrolment Number:	
Category in which you were granted admission in JMI (General/SC/ST/OBC)	
Were you availing any Scholarship/ Stipend in JMI? Pl. specify (EBC/Minority/Govt./Others)	

II. Employment Details (starting from the most recent first):

S.No.	Name of organization	Designation	Period	
			From	To
1.				
2.				
3.				

III. Questionnaire for alumni:

Higher Studies, if any:	
University/Institute	
Degree & Discipline/Branch/ Area of specialization	
Year of Enrolment	
Year of passing out	
Have you qualified any competitive examination, if yes, give details:	
If you were placed by the Institute, please mention the company name:	

Is the education imparted at JMI useful and relevant in your present job:
Suggest improvements, if any, in teaching and learning process:
According to you, are there any changes which could augment the existing curriculum:

IV. Your Assessment

	Your Assessment	Very little	Some extent	Quite a bit	Very much
	Program Educational Objectives (PEOs) (To be filled by individual department)	1	2	3	4
1.					
2.					
3.					
4.					
5.					

V. Scope for further improvements

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SIGNATURE.....

DATE.....