



MATS UNIVERSITY

Aarang-Kharora Highway, Gullu-493447

Ph: 0771- 4078995, fax: 0771-4078997, www.matsuniversity.ac.in

MATS SCHOOL OF INFORMATION TECNOLOGY

ALUMNI FEEDBACK FORM

ESSENTIAL DETAILS			
Alumni Name		Paste photograph in passport size	
Father's Name			
Mother's Name			
Date of Birth (DD/MM/YY)			
Year of Passing			
Permanent Address			
Present Organization			
Designation			
E-Mail ID			
Organization Address			
Contact No.		Mobile No.	
Kindly select the appropriate option as per the following criteria. A – Excellent B - Good C - Average D – Satisfactory			
I. FEEDBACK ABOUT MATS UNIVERSITY (Point No. 1 to 5)			
1. Do you feel proud to be associated with MATS University as an Alumni?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. How do you rate development activities organized by the MATS University 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 Department?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. Are you satisfied with support system? _____ _____			
5. Rate the adequacy of following as they were During your tenure as a student at			
MATS University: -Laboratories & Equipment's	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>		
Library & Reprographic Facilities (Photocopy, scan etc.)	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>		
ICT Facilities (Computer Facilities, Internet, Wi-Fi etc.)	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>		
Sports	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>		
Extracurricular & Co-curricular activities	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>		



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II. FEEDBACK ABOUT DEPARTMENT & FACULTY (Point No. 6 to 9)	
6. Have you obtained sufficient subject knowledge (both in theory and practice) at MSIT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is the education imparted at MSIT 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"/>
9. Rate the academic initiatives taken by the MSIT to improve overall development of the students.	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>
10. Is there any mentoring session conducted for you? If yes answer following :	
i. Were the mentoring sessions helpful for your personal needs:	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii. Were the mentoring sessions helpful for your career needs:	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii. Were the mentoring sessions helpful for your academic needs:	Yes <input type="checkbox"/> No <input type="checkbox"/>
III. FEEDBACK ABOUT TRAINING & PLACEMENT CELL (Point No. 10 to 16)	
11. Has the T&P Cell provided ample opportunities On campus placement	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Has the T&P Cell provided sufficient Off campus placement opportunities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you availed Career counselling and guidance for higher studies from T&P Cell?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Do you interested for Guest Lecture/ Invited Talk / A Motivational Session for your juniors, will you be interested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Do you want to continue MSIT Alumni Association?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you participated in any Alumni meet till date?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Do you interested to receive regular updates from the MSIT through Mails/ Calls/ SMS etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IV. GENERALIZED EXPERIENCE SHARING (Point No. 17 to 20)	
18. 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: _____	



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19. Have you made any significant achievement as:	
A student of MSIT.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please share details	
An Employee of your organization. If yes, please share details:	
20. Most Memorable Moment in the MSIT.	

21. Suggestion for improvements.	

22. If you have other comments to offer on the course and suggestions for the faculty you may do so in the space given below.	

23. Would you like to pass the referral schemes to your juniors of MSIT for Internship/Placement.	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Do you want to give financial support to your alumni association, if yes than please give payment details?	
Cheque /Draft No.:_____ Dated: _____ Amount (Rs.)_____	
Drawn on (Bank): _____	

Date: _____

Student Signature