AANECG FEEDBACK FROM

Depart	ment /Program		<u> </u>			
Name:					Age /Yrs:	
Dept :	Year of study	/:	Occ	cupation:		
Make t	cick mark in the appropriate cell:					
S.No.	Particulars	Strongly agree	Agree	Neutral	Disagree	Strongl disagre
1	Feel proud to be student of NECG					
2	The learning I had in this NECG is useful in my career					
3	The developments in this NECG in recent years are appreciative					
4	The Alumni have a role to play in academically strengthening the NECG 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 alumniassociation					
Suggestions for the improvement:						
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Note:Send filled form by email to alumninecg@narayanagroup.com join us on facebook: https://www.facebook.com/groups/AANECG/

Date:

Signature of Alumni