

Kasturba Health Society's
Kasturba Nursing College, Sevagram
Alumni Feedback Form

Name of the Alumni: _____

Course

Basic B.Sc Nursing _____ P.B.BSc Nursing _____ M.Sc Nursing _____

Passing Year _____

Name and Address _____

Email id: _____

Phone No. _____

Where are you working _____

Present Designation of the Alumni _____

Experience in the present position _____

Feedback Form

Kindly give your rating on below points

	Excellent	Very good	Good	average	poor
College Physical Infrastructure					
Clinical Exposure					
Teaching Evaluation System					
Co-Curricular Activities/Extra Curricular Activities					
Library Facility					
From Non-Teaching Staff Cooperation					
Discipline in College					
Value Added Education					

The Most Useful aspect of your training.

Improvement you would recommend for the College

On the following scale from 1-5 would you recommend to pursuing education in Kasturba Nursing College to Others:

Never		Sometimes		Always		Strongly		Very Strongly	
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Signature _____

Name: _____

Date: _____