

# D. Y. Patil Education Society, (Institution Deemed to be University)Kolhapur

(Institution Deemed to be University)

869, 'E', D. Y. Patil Vidyanagar, Kolhapur-416 006

Phone No. : (0231) 2601235-36, Fax: (0231) 2601595

Web: [www.dypatilunikop.org](http://www.dypatilunikop.org), E-mail: [info@dypatilkolhapur.org](mailto:info@dypatilkolhapur.org)

## ALUMNI FEEDBACK FORM - 2017-18

Purpose – To collect information pertaining to the academics in the Institution and use it for the improvement in existing systems.

Consent – I give consent to share the results of this feedback in relevant platforms for discussion and action for improvement in the Institution.

Name of the Student

Ms Chandrala S Patole

Mobile No.

8668502344

Email Id

chandrala.sp@gmail.com

### Address

Pratibha nagar, Kolhapur

### Course Completed

- ☒ U.G.
- ☒ P.G.
- ☐ Ph.D.
- ☐ Fellowship
- ☐ Certificate

### Currently working in

- ☒ Institute
- ☐ Organisation
- ☐ Self-Employed

### Current Qualification \*

Assistant professor

### Name of institution/organization where you are presently working \*

D. Y.Patil College of Nursing, Kolhapur

Are You pursuing Higher Education / Super Specialty?

☐ Yes

☒ No

If Yes mention the specialty

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Was the curriculum and syllabus for your course adequate? \*

☒ Strongly Agree

☐ Agree

☐ Neutral

☐ Disagree

☐ Strongly disagree

Whether the curriculum was able to achieve the course outcomes? \*

☒ Yes

☐ No

☐ Maybe

☐ Not Sure

Was the curriculum and syllabus relevant of your course relevant for your future plans? \*

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Dose the curriculum meet the desired standards? \*

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Did the curriculum provide training beyond the minimum prescribed curriculum? \*

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Was faculty participatory in the development, revision, and delivery of the curriculum? \*

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Was the examination system is as per regulatory guidelines? \*

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Whether exams were conducted in a fair and transparent manner? \*

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Was the laboratory and hands on skill development useful? \*

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

How were the classroom infrastructure and facilities? \*

- ☐ Strongly Agree
- ☒ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

How were the computer & ICT facilities? \*

- ☐ Strongly Agree
- ☒ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

How were the sports and cultural facilities? \*

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

How were the library facilities? \*

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Your experience of mentorship program of institute? \*

- ☒ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Suggestions about curriculum improvement for better outcomes \*

No

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Name of the Student

Dr Shashank Chaudhary

Mobile No.

08949011750

Email Id

shashankc276@gmail.com

### Address

Plot no.5, Shyam Nagar, Ward no. 21, Churu, 331001, Rajasthan

### Course Completed

- ☒ U.G.
- ☐ P.G.
- ☐ Ph.D.
- ☐ Fellowship
- ☐ Certificate

### Currently working in

- ☐ Institute
- ☒ Organisation
- ☐ Self-Employed

### Current Qualification \*

MBBS

### Name of institution/organization where you are presently working \*

Rajasthan Government

Are You pursuing Higher Education / Super Specialty?

☐ Yes

☒ No

If Yes mention the specialty

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Was the curriculum and syllabus for your course adequate? \*

☒ Strongly Agree

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Your experience of mentorship program of institute? \*

- ☒ Strongly Agree
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Suggestions about curriculum improvement for better outcomes \*

Everything is Perfect

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Name of the Student

Varsha khambe

Mobile No.

8329868693

Email Id

## Address

Dervan

## Course Completed

- ☐ U.G.
- ☒ P.G.
- ☐ Ph.D.
- ☐ Fellowship
- ☐ Certificate

## Currently working in

- ☒ Institute
- ☐ Organisation
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## Current Qualification \*

Msc

## Name of institution/organization where you are presently working \*

Samarth college of Nursing Dervan

Are You pursuing Higher Education / Super Specialty?

☒ Yes

☐ No

If Yes mention the specialty

Child health nursing

Was the curriculum and syllabus for your course adequate? \*

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Suggestions about curriculum improvement for better outcomes \*

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