



**Alumni Survey Form**

Name of Alumni : \_\_\_\_\_  
 Year of passing: \_\_\_\_\_  
 Name of the organisation in which you are working: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Department: \_\_\_\_\_  
 Contact NO.: \_\_\_\_\_ Email ID: \_\_\_\_\_  
 Name of HR Manager: \_\_\_\_\_  
 Contact NO.: \_\_\_\_\_ Email ID: \_\_\_\_\_

**Please rate your answer on the scale of 1 to10 (10 being Best) and Kindly mark Y/N wherever applicable.**

**Let us know about your progress since graduation.**

During one year from graduation: \_\_\_\_\_  
 1 to 3 yrs. From graduation: \_\_\_\_\_  
 3 to 5 yrs. From graduation: \_\_\_\_\_

	Y/N	10	9	8	7	6	5	4	3	2	1
Q.1 Are you engaged in core mechanical engineering field? State briefly.	<input type="checkbox"/>	<input type="text"/>									
Q.2 Have you undergone any formal training/education? If yes, kindly specify briefly? (Postgraduate degree, diploma, certification program etc.)	<input type="checkbox"/>	<input type="text"/>									
Q.3 Have you been promoted since graduation? If yes, kindly specify?	<input type="checkbox"/>	<input type="text"/>									
Q.4 To what extent you feel confident and comfortable in handling real life engineering/managerial problems?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.5 Are you involved in any creative/innovative/research activities or projects? If yes, kindly specify briefly.(Publication/patents/projects etc.)	<input type="checkbox"/>	<input type="text"/>									
Q.6 Are you leading a team as part of your work profile?	<input type="checkbox"/>	<input type="text"/>									
Q.7 Have you conducted/delivered any training program?	<input type="checkbox"/>	<input type="text"/>									
Q.8 To what extent you feel confident and comfortable while adapting changes in work environment (to learn new software, to operate new equipments, to learn about new systems)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.9 To what extent you feel confident and comfortable with your subordinates, colleague and authorities?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q.10 Are you involved in CSR activities of your organisation?	<input type="checkbox"/>	<input type="text"/>									
Q.11 Are you associated with any organisation working for benefit of society/nation? If yes kindly specify?	<input type="checkbox"/>	<input type="text"/>									
Q.12 Are you a member of any professional society or organization? If yes kindly specify?	<input type="checkbox"/>	<input type="text"/>									
Q.13 How do you rate your overall performance/ achievements so far?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any other comments which will help department to cater needs of students: \_\_\_\_\_

Place: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Name: \_\_\_\_\_

Thank You! And All the Best for your future endeavor's.