



# BAREILLY INTERNATIONAL UNIVERISTY

Pilibhit Bypass Road, Bareilly, Uttar Pradesh (U.P.) 243006

Phone: 0581-2526051 Fax: 0581-2526054

E-mail: [info@biu.edu.in](mailto:info@biu.edu.in) Website: [www.biu.edu.in](http://www.biu.edu.in)

## ALUMNI FEEDBACK FORM

Dear Alumni,

We shall appreciate and be thankful if you can spare your valuable time to fill up this feedback form and give us your valuable suggestion for the improvement of quality standard of the Bareilly International University, Bareilly.

Name of Alumni:..... Enrollment No:.....

Name of Program /Course: ..... Academic Year: (Passout).....

Department: ..... E-Mail: .....

Mobile Number: .....

### Part-I

Criteria	Very poor	Below Average	Good/ Average	Above Average	Excellent
Teacher student relationship					
Academic environment					
Faculty Knowledge					
E-resources					
Laboratory and equipment setup					
Training and placement					
Library and its facility					
Involvement of alumni					
Sports Facility					
University administration					
Course Employability					
Course Structure					
Examination Pattern					
Overall rating of the University					

### Part-II

CRITERIA	Yes	No
Would you like to keep yourself in touch with your department/College?		
Have you participated in any Alumni meet?		
Is there a need to improve teaching learning?		
Are you willing to contribute in development of department/University?		
Is teacher friendly in class?		
Does teacher allow raising of question?		
Do you feel proud to be Alumnus of Bareilly International University?		
Remark if any :		

Suggestions /scope for future improvement, if any.....

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### Feedback is based on 5 Points

- Excellent  $\geq 4 - 5$
- Above Average  $\geq 3 - 4$
- Good Average  $\geq 2 - 3$
- Below Average  $\geq 1 - 2$
- Very Poor  $0 - <1$

**Signature of Alumni**

**Date:.....**

\* - All the information submitted by you shall be kept confidential.