**BISHOP BENZIGER COLLEGE OF NURSING**

**SASTRI JUNCTION, KOLLAM**

**ALUMNI FEEDBACK FORM**

**GENERAL INFORMATION**

Alumni name:

Father Name:

Date of Birth (DD/MM/YYYY):

Period of study: to

Permanent Address:

Contact No:

E-mail:

Additional Qualification if any:

Current Working place:

Designation:

Any special courses undergone related to nursing and health field after graduation or PG:

**Kindly select the appropriate option given below**

**FEEDBACK ABOUT COLLEGE**

1. Have you obtained sufficient professional knowledge and Yes No

Skill (theory and practice ) at BBCON?

2. Is the education imparted in BBCON useful and Yes No

Relevant in your present job?

3.Were the HOD’s and the faculties co-operative for Yes No

your development?

4.Is your grievances properly handled at the college

as a student? Yes No

5. Rate the adequacy of following as they were during your tenure as student at BBCON

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Highly efficient | Efficient | Satisfactory | Below satisfaction |
| a. Physical facilities |  |  |  |  |
| b. Clinical facilities |  |  |  |  |
| c.Extended community centre |  |  |  |  |
| d.Library |  |  |  |  |
| e.Computer facilities/Internet |  |  |  |  |
| f.Research & projects | |  |  |  |  |
| g.Safety & security in campus | |  |  |  |  |
| h.Co-curricular activities | |  |  |  |  |

6.How do you rate development activities organized by the college for your overall development?

Highly efficient Satisfactory

Efficient Below satisfaction

7.Rate the following academic initiatives taken by the college for imparting quality education to students:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Highly efficient | efficient | Satisfactory | Below satisfaction |
| a.Projects/Assignments |  |  |  |  |
| b.Conferences/Workshops |  |  |  |  |
| c.Extended health programme in community |  |  |  |  |
| d.Speciality training |  |  |  |  |
| e.Retreat /orientation/Add on courses |  |  |  |  |
| f.Establishment of committees |  |  |  |  |
| g.Staff/Student welfare programme |  |  |  |  |

**AS AN ALUMNI**

1.If you are invited to deliver a guest lecture/ special talk/ Yes No

motivational session for juniors ,will you be interested?

2.Have you participated in any alumni meet as of now? Yes No

3.Do you receive regular updates from the college Yes No

through mails/calls?

4.Whether your grievances were adequately addressed by Yes No

College?

5.Do you feel proud to be associated with BBCON as an alumni? Yes No

6.Are you willing to contribute to the development of the Yes No

College?

**YOUR ACHIEVEMENTS**

1. **Have you made any significant achievement as:**

a.***A student of BBCON***

\*From college administration/Management.

If yes ,please share details

\*From Faculty.If yes ,please share details

b. ***An employee of your concerned organization***

\*Hospital/other institution.If yes,please

share details

\*Patients/faculty/student.If yes, please share

details

2.**Most memorable moment in the college**

3.**Suggestions for improvements**

a.Department

b.College