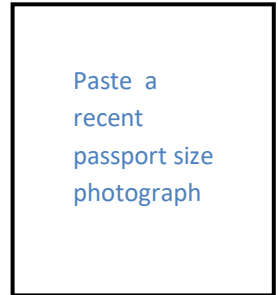


Mehmuda Shiksan & Mahila Gramin Vikas Bahuddeshiya Sanstha, Nagpur

**CENTRAL INDIA INSTITUTE OF PHARMACY,
Godhani Rly, Nagpur.
Alumni Association
Membership Form**



Name :

Father Name:

Mother Name:

Date of Birth: Enrollment No:.....

Age: Gender : M/F

Address :.....

.....

.....

Contact No:

Email Id :

Year of Passing :.....

Occupation & Designation :

.....

.....

Date:

Signature:

Mehmuda Shiksan & Mahila Gramin Vikas Bahuddeshiya Sanstha, Nagpur

**CENTRAL INDIA INSTITUTE OF PHARMACY,
Godhani Rly , Nagpur.
Alumni Feedback Form**

Alumni Name :.....

Kindly select the appropriate options as per the following Criteria

- 1) Is the course studied at central india college of pharmacy is useful and relevant for your present job?
Excellent Good Average
- 2) Have you obtained Sufficient Technical knowledge (both Theory & Practical) at central india college of pharmacy?
Excellent Good Average
- 3) Rate the faculty relationship in central india college of pharmacy?
Excellent Good Average
- 4) Rate the office staff and student relationship in central india college of pharmacy?
Excellent Good Average
- 5) How do you rate the development activities organized by college for your overall development?
Excellent Good Average
- 6) If you are invited to conduct/organize/activity/motivational sessions for the students ,will you be interested?
Yes No

7) Suggestion for improvements and contribution

.....
.....
.....

Date :

Signature