

Department of Instrumentation & Control

Pad. Dr. D.Y.Patil Institute of Engineering & Technology

Alumni feedback

| Sr. No. | Questionnaire   | Rating           |                     |             |             |             |
|---------|---|------------------|---------------------|-------------|-------------|-------------|
|         |   | Excellent<br>(5) | Very<br>good<br>(4) | Good<br>(3) | Fair<br>(2) | Poor<br>(1) |
| 1       | Rate the level of education you have received in this institution.  | Excellent<br>(5) | Very<br>good<br>(4) | Good<br>(3) | Fair<br>(2) | Poor<br>(1) |
| 2       | Rate yourself on the basis of fundamental knowledge of Professional Engineering.  | Excellent<br>(5) | Very<br>good<br>(4) | Good<br>(3) | Fair<br>(2) | Poor<br>(1) |
| 3       | Rate yourself on the basis of written/spoken communication skills/ soft skills gained in the institute.                                 | Excellent<br>(5) | Very<br>good<br>(4) | Good<br>(3) | Fair<br>(2) | Poor<br>(1) |
| 4       | Do you feel the course has inculcated social and ethical values in you?   | Yes              | No                  |             |             |             |
| 5       | Whether courses in mathematics, basic sciences, engineering and humanities were adequate to help you analyse/solve a real life problem? | Yes              | No                  |             |             |             |
| 6       | Do you think that more exposure is given to entrepreneurship through Industry Interaction and BIEL?                                     | Yes              | No                  |             |             |             |
| 7       | Do you have your own start-up/plan to form a firm of your own?  | Yes              | No                  |             |             |             |
| 8       | Are you pursuing any higher educational course or completed?  | Yes              | No                  |             |             |             |
| 9       | Have you published a conference/journal article since graduation?   | Yes              | No                  |             |             |             |
| 10      | Have you filed a patent since graduation?   | Yes              | No                  |             |             |             |

Sign

Date

Name (Optional)