



# BRAINWARE UNIVERSITY

## ALUMNI FEEDBACK FORM

Name of the Alumni : .....

Degree : .....

Branch : .....

Year of Passing : .....

### Professional Details

Organization Name : .....

Designation : .....

Year of joining : .....

Are you willing to support your college juniors (Through seminars, workshops, Industrial Projects etc.)?  
**(Yes/ No)**

If Yes, Please specify .....

We would appreciate your valuable inputs to improve the quality of our academic programs and enhance the credibility of the Institute.

1. Are you placed in a core company? Yes  No

2. Have the basic concepts along with advanced topics taught in your curriculum helped in better understanding at your job?

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3. Do you feel the need for any change in the curriculum and syllabus?

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4. Any other suggestions/comments:

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