



Anantrao Kanase Homoeopathic Medical College & Hospital
Alephata, Tal -Junnar, Dist- Pune.

ALUMNI REGISTRATION FORM

Name:

Father's name:

Date of birth: (DD/MM/YYYY)

Gender: MALE / FEMALE

Degree:

Branch:

Year of passing

Marital status: YES / NO

Telephone no:

Mobile no:

E-mail ID:

Affix
Passport photo

Current address:

Permanent address:

Details of Higher Studies, if applicable:

Course Name:

Specialization:

University:

Address:

Work Information:

Employer:

Job designation:

Office phone no:

Official email:

Field of work:

Details of Entrepreneurship, if applicable:

Name of the Organization:

Address:

Products/ Services offered

Suggestions for the growth of your Alma Mater:

ALUMNI COORDINATOR

PRINCIPAL

ALUMNI FEEDBACK FORM

ESSENTIAL DETAILS

Alumni Name			
Father's Name			
Date of Birth (DD/MM/YY)			
Year of Passing out		Department	
Permanent Address			
Contact No.		Mobile No.	
E-mail ID			
Present Organization			
Designation		Present Location	

<u>S. No</u>	<u>Statement</u>	<u>Agree</u>	<u>Sometimes</u>	<u>Disagree</u>
1	Do you feel proud to be associated with LNIPE as an Alumni?			
2	Institute organizes various kind of activities for overall development of students.			
3	Are you willing to contribute in the development of the Institute?			
4	Institute handles student's grievance properly.			
5.	Institute is having adequate laboratories and equipment for practical experiences.			
6.	Is education imparted at LNIPE is useful and relevant in your present job?			
7.	Have you obtained sufficient technical knowledge (both in theory and practical) at LNIPE?			

8.	Has the T & P Cell provided ample On Campus and Off Campus placement opportunities?			
9.	Do you like to join the Institute Alumni Association?			
10.	Is Institute providing good hospitality as Alumni after passing out?			
11.	Do you receive regular updates from the Institute through Mails/Calls/SMS etc.?			

<p>Most Memorable moment in the Institute:</p> <hr/> <hr/>
<p>Suggestion for improvements:</p> <p>Departments _____</p> <hr/> <p>Institute _____</p> <hr/>

DATE:

SIGNATURE