Janki Devi Memorial College Alumni Feedback Form 2019-20

| | Your Email | | | | | |
|----|--|--|--|--|--|--|
| | Name | Name of the Course you have studied in the college | | | | |
| 1. | How d | lo you rate your experience of studying at JDMC? | | | | |
| | | Exceptional | | | | |
| | b. | Good | | | | |
| | c. | Satisfactory | | | | |
| | d. | Unsatisfactory | | | | |
| 2. | How v | vould you rate your course? | | | | |
| | a. | Exceptional | | | | |
| | b. | Good | | | | |
| | c. | Satisfactory | | | | |
| | d. | Unsatisfactory | | | | |
| 3. | How likely are you to recommend this college to your family and friends? | | | | | |
| | a. | Definitely recommend it | | | | |
| | b. | Recommend it | | | | |
| | c. | May recommend it | | | | |