INTERNAL QUALITY ASSURANCE CELL (IQAC)

ALUMNI FEEDBACK ON CURRICULUM

Name of the Alumni:	M. Prasanneswari		
Father's Name:	M. Chandrasekhar Reddy		
DOB(DD/MM/YYYY):	4-8-1995		
Name of the Programme: B.Tech	Department: EEE	Year of Passing: 2016	
Permanent Address:			
E-Mail ID:		Mobile No.: 9963651658	

Present Organization	Type: ☐Self Employed ☑Private Sector ☐Public Sector ☐Others
	Name: Jercobit
	Designation:	Present Location: Hydrabad

Field of working: ☐Core ☐Inter-disciplinary ☑IT Industry ☐Administration ☐Others

Higher Education	☐Master's Degree ☐Ph.D. ☐Any Others
	Year of Admission: Name of the Programme:
	Name of the Institution:

Please rate your valuable feedback on the curriculum for the review of syllabus / to improve the quality of programme.

S.No	Question	Excellent	Very Good	Good	Average	Poor
1	Rate the adequateness of the courses offered in the programme.	✓				
2	Rate the sufficiency of content in syllabus to bridge the gap between academics and industry.		✓			
3	Rate the curriculum concerning your current professional standards.					
4	Rate the skills acquired from the curriculum to face the industry challenges/requirements.		✓			
5	Rate the Institute's laboratory and equipment adequateness for the practical exposure.			✓		
6	Rate the offering of elective courses concerning technology advancements.	✓				
7	Rate the design of the courses in terms of extra learning or self-learning.			✓		
8	Rate the training and placement cell in getting placement opportunities.				✓	
9	Rate the competence and support offered by the faculty		✓			
10	Rate the institute's support and contribution to the overall development of students.			✓		

Any other suggestions: _____

_____

Date: 22-12-2018

Signature of Alumni

M. Piorz

RISE KRISHNA SAI PRAKASAM GROUP OF INSTITUTIONS::ONGOLE

(Approved by AICTE-NEW DELHI, Affiliated to JNTUK KAKINADA)

NH-16, Valluru-523272, Ongole, Prakasam (District), A.P

INTERNAL QUALITY ASSURANCE CELL (IQAC)

ALUMNI FEEDBACK ON CURRICULUM

Name of the Alumni:	Mannam. Lavanya			
Father's Name:	M. Subbarao			
DOB(DD/MM/YYYY):	20-07-1995			
Name of the Programme: B.Tech	Department: ECE		Year of Passing: 2015	
Permanent Address:	Tangutuer			
E-Mail ID: lavanya15095@gmail.com		Mobile No.: 8686000504		

Present Organization	Type: ☐Self Employed ☐Private Sector ☐Public Sector ☑Others
	Name:
	Designation: Present Location:
Field of working: ☐Core ☐Inter-disciplinary ☐IT Industry ☐Administration ☑Others	
Higher Education	☐Master's Degree ☐Ph.D. ☐Any Others
	Year of Admission: Name of the Programme:
	Name of the Institution:

Please rate your valuable feedback on the curriculum for the review of syllabus / to improve the quality of programme.

S.No	Question	Excellent	Very Good	Good	Average	Poor
1	Rate the adequateness of the courses offered in the programme.	✓				
2	Rate the sufficiency of content in syllabus to bridge the gap between academics and industry.			✓		
3	Rate the curriculum concerning your current professional standards.		✓		✓	
4	Rate the skills acquired from the curriculum to face the industry challenges/requirements.	✓				
5	Rate the Institute's laboratory and equipment adequateness for the practical exposure.			✓		
6	Rate the offering of elective courses concerning technology advancements.		✓			
7	Rate the design of the courses in terms of extra learning or self-learning.				✓	
8	Rate the training and placement cell in getting placement opportunities.			✓		
9	Rate the competence and support offered by the faculty		✓			
10	Rate the institute's support and contribution to the overall development of students.				✓	

Any other suggestions: Parents and students requested for global exposure.

22-12-2018

Date:

M. Lavanya.

Signature of Alumni

INTERNAL QUALITY ASSURANCE CELL (IQAC)

ALUMNI FEEDBACK ON CURRICULUM

Name of the Alumni:	E. Venkata Prasad
Father's Name:	Kamiah
DOB(DD/MM/YYYY):	22/3/1997

Name of the Programme: B.Tech	Department: Mechanical	Year of Passing: 2018

Permanent Address: B.C colony, Kuelmipudi

E-Mail ID:	Mobile No.: 9502484753

Present Organization

Type: ☐ Self Employed ☑ Private Sector ☐ Public Sector ☐ Others

Name: Indus Bank

Designation: Fuld officer | Present Location: Ongole

Field of working: ☐ Core ☐ Inter-disciplinary ☐ IT Industry ☑ Administration ☐ Others

Higher Education

☐ Master's Degree ☐ Ph.D. ☐ Any Others _____

Year of Admission: | Name of the Programme:

Name of the Institution:

Please rate your valuable feedback on the curriculum for the review of syllabus / to improve the quality of programme.

S.No	Question	Excellent	Very Good	Good	Average	Poor
1	Rate the adequateness of the courses offered in the programme.		✓			
2	Rate the sufficiency of content in syllabus to bridge the gap between academics and industry.	✓				
3	Rate the curriculum concerning your current professional standards.		✓			
4	Rate the skills acquired from the curriculum to face the industry challenges/requirements.	✓				
5	Rate the Institute's laboratory and equipment adequateness for the practical exposure.		✓			
6	Rate the offering of elective courses concerning technology advancements.		✓			
7	Rate the design of the courses in terms of extra learning or self-learning.	✓				
8	Rate the training and placement cell in getting placement opportunities.		✓			
9	Rate the competence and support offered by the faculty	✓				
10	Rate the institute's support and contribution to the overall development of students.		✓			

Any other suggestions: Provide Smart class room for improvement of teaching and learning.

Date: 22-08-18

Signature of Alumni

RISE KRISHNA SAI PRAKASAM GROUP OF INSTITUTIONS::ONGOLE

(Approved by AICTE NEW DELHI, Affiliated to JNTUK KAKINADA)

NH-16, Valluru-523272, Ongole, Prakasam (District), A.P

INTERNAL QUALITY ASSURANCE CELL (IQAC)

ALUMNI FEEDBACK ON CURRICULUM

Name of the Alumni:	KATTA. MOURYA
Father's Name:	KATTA. Rajendar
DOB(DD/MM/YYYY):	11/21/1995

Name of the Programme: B-tech.	Department: Civil	Year of Passing: 2017

Permanent Address: NH-5 Flyover.

E-Mail ID: Mourya05@gmail.com	Mobile No.: 9542288481

Present Organization	Type: ☐Self Employed ☑Private Sector ☐Public Sector ☐Others
	Name: SMR. holding pvt ltd, site engineer
	Designation: Sight engineer resignation. Present Location: Hydrabad

Field of working:	☐Core ☐Inter-disciplinary ☐IT Industry ☐Administration ☐Others

Higher Education	☐Master's Degree ☐Ph.D. ☐Any Others _____
	Year of Admission: _____ Name of the Programme: _____
	Name of the Institution:

Please rate your valuable feedback on the curriculum for the review of syllabus / to improve the quality of programme.

S.No	Question	Excellent	Very Good	Good	Average	Poor
1	Rate the adequateness of the courses offered in the programme.		✓			
2	Rate the sufficiency of content in syllabus to bridge the gap between academics and industry.				✓	
3	Rate the curriculum concerning your current professional standards.	✓				
4	Rate the skills acquired from the curriculum to face the industry challenges/requirements.			✓		
5	Rate the Institute's laboratory and equipment adequateness for the practical exposure.		✓			
6	Rate the offering of elective courses concerning technology advancements.	✓				
7	Rate the design of the courses in terms of extra learning or self-learning.			✓		
8	Rate the training and placement cell in getting placement opportunities.	✓				
9	Rate the competence and support offered by the faculty			✓		
10	Rate the institute's support and contribution to the overall development of students.	✓				

Any other suggestions: _____

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Date: 22/12/2018

Signature of Alumni

INTERNAL QUALITY ASSURANCE CELL (IQAC)

ALUMNI FEEDBACK ON CURRICULUM

Name of the Alumni:	Peravarapu Aparana
Father's Name:	P. Venkateswarulu
DOB(DD/MM/YYYY):	30-8-1994

Name of the Programme: PG	Department: MCA	Year of Passing: 2017

Permanent Address: Seetharampuram (v), Maddipadu (m) praakasam (pt)

E-Mail ID: peravarapuara @gmail. com	Mobile No.: 9494459845

Present Organization	Type: ☐ Self Employed ☐ Private Sector ☐ Public Sector ☑ Others
	Name:
	Designation:	Present Location:

Field of working: ☐ Core ☐ Inter-disciplinary ☐ IT Industry ☐ Administration ☑ Others—House wife

Higher Education	☐ Master's Degree	☐ Ph.D.	☐ Any Others
	Year of Admission:	Name of the Programme:	
	Name of the Institution:		

Please rate your valuable feedback on the curriculum for the review of syllabus / to improve the quality of programme.

S.No	Question	Excellent	Very Good	Good	Average	Poor
1	Rate the adequateness of the courses offered in the programme.	✓				
2	Rate the sufficiency of content in syllabus to bridge the gap between academics and industry.		✓			
3	Rate the curriculum concerning your current professional standards.			✓		
4	Rate the skills acquired from the curriculum to face the industry challenges/requirements.	✓				
5	Rate the Institute's laboratory and equipment adequateness for the practical exposure.		✓			
6	Rate the offering of elective courses concerning technology advancements.			✓		
7	Rate the design of the courses in terms of extra learning or self-learning.			✓		
8	Rate the training and placement cell in getting placement opportunities.	✓				
9	Rate the competence and support offered by the faculty	✓				
10	Rate the institute's support and contribution to the overall development of students.	✓				

Any other suggestions: _____

Date: 22|12|18

Signature of Alumni