**CHETTINAD DENTAL COLLEGE AND RESEARCH INSTITUTE**

**CHETTINAD LEGENDRY ALUMNI WING (CLAW)**

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| **We shall be thankful and appreciate you, if you can spare some of your valuable time to fill up this feedback form and give us your valuable suggestions for further improvement of the Institute.** | | | | |
|  |  |  |  |  |
| Name:\* |  | | | |
|  |  | | | |
| Batch:\* |  | | | |
|  |  |  |  |  |
| **Dear Alumni, Please give your overall assessment of our Institute in academics and other facilities. Please rate us on following criterion** | | | | |
|  |  |  |  |  |
| **S.No** | **Details** | **Average** | **Good** | **Excellent** |
| 1 | Faculty & Mentorship |  |  |  |
| 2 | Learning Management System |  |  |  |
| 3 | Library |  |  |  |
| 4 | Lab facilities |  |  |  |
| 5 | Infrastructure & Hostel facilities |  |  |  |
| 6 | Training & Placement |  |  |  |
| 7 | Sports & Extracurricular activities |  |  |  |
| 8 | Canteen & Other Facilities |  |  |  |
| 9 | Environment & Green campus |  |  |  |
| 10 | Overall Rating of the University |  |  |  |
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Any other suggestions

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