



BABU BANARASI DAS INSTITUTE OF TECHNOLOGY & MANAGEMENT LUCKNOW, (AKTU COLLEGE CODE: 054)

Approved by AICTE, New delhi, Ministry of HRD, Govt. of India
Affiliated to Dr. A.P.J. Abdul Kalam Technical University, Uttar Pradesh, Lucknow

Dear Student,

As Part of the Department's effort to provide the most effective and relevant degree programs, we would like to hear your perspective on a number of topics. While completing this survey, please try to consider your overall experiences, rather than focusing up on a single aspect. There is no right or wrong answer to any of these questions so the first response that comes to mind is likely also the best response. We thank you for your help in this process and we wish you success and fulfillment in your future endeavors. If you have any concerns/suggestions about the **PROGRAM EXIT SURVEY**. Please do inform.

1- Please write your full name (in capital letters) and Roll No.

First Name-		Middle Name-	
Last Name-		Roll No.-	

2- Please write your E-mail ID and Mobile No.

Mobile No.-

Branch-

3- Please write your permanent address (capital letters)

City-		State-		Pin Code-					
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4- Please select the option that best describes your opinion with regard to the following statement on the program.

	Strongly Agree	Agree	Neither Agree nor	Disagree	Strongly Agree
The program was stimulating and challenging	<input type="checkbox"/>				
The program curriculum was rich and work oriented	<input type="checkbox"/>				
There was a good variety of electives to choose from	<input type="checkbox"/>				

5- What is the one thing that you liked best and the one thing that you liked least about the course?

6- Why did you choose to do this program in our college?

- | | | |
|---|--|--------------------------|
| <input checked="" type="radio"/> Good reputation of the college | <input type="checkbox"/> Placement record of the college | <input type="checkbox"/> |
| <input checked="" type="radio"/> Academic environment/result of the college | <input type="checkbox"/> Couldn't secure admission anywhere else | <input type="checkbox"/> |
| <input checked="" type="radio"/> Good discipline and infrastructure | <input type="checkbox"/> A friend had recommended the program | <input type="checkbox"/> |

Other, Please specify

7- How would you rate the following?

	Very Good	Good	Average	Poor	Very Poor
Classroom resources	<input type="checkbox"/>				
Library	<input type="checkbox"/>				
Computing resources	<input type="checkbox"/>				

Sports Facilities	<input type="checkbox"/>				
Food and Canteen	<input type="checkbox"/>				
Assistance by Exam Cell	<input type="checkbox"/>				
Career Prospects and Placement	<input type="checkbox"/>				
General Assistance Other than Classes	<input type="checkbox"/>				

8- Please select the option that best describes your opinion with regard to the following statements on the faculty.

	Strongly Agree	Agree	Neither Agree nor disagree	Disagree	Strongly Agree
The faculty had up to date knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The faculty were perceptive and understood the individual needs of the students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The faculty demonstrated enthusiasm for their subjects as well as for teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The faculty took a keen interest in the professional development of the students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The faculty were accessible outside of the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The faculty evaluated assignments regularly and gave feedback on students' performance at regular intervals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9- Did you ever experience or notice any of the following kinds of discrimination on the campus?

Gender Racial Religious Language Disability Sexual Orientation

10- Have you got the placement? Yes No If yes, than mention the medium
 College Campus Off Campus Self Employed

11- What your plans for higher studies? Please mention name of the program/institute/year of admission?

12- Have you appeared in GATE 20-----/Other competitive examinations?

Yes No

If yes, please mention rank /examination cleared.

13- Were you satisfied with the T & P efforts of the college administration?

Yes No

If no, please specify reason to improve T & P efforts.

14- Were you satisfied with the PDP training being conducted by the college administraton?

Yes No

If no, please specify reason to improve efforts.

15- Suggestion for Improvement of college administration/teaching/environment, if any

16- Rate your overall experience about the college

A+ A B C

Date

Signature