



St.Xavier's College(Autonomous),Palayamkottai – 2

DEPARTMENT OF PHYSICS

### ALUMNI FEEDBACK FORM FOR SYLLABUS REVISION

1. Name (IN BLOCK LETTERS) & Reg.No.: SIVAGAMINATHAN.
2. Correspondence Address : M.123, STAGE III, TNHB COLONY, V.M. CHATRAM.
3. Contact No. & Email : 8300031726; siva20495@gmail.com.
4. Year of Passing : 2015
5. Course studied : Bsc. Physics.
6. Present Status

If working Designation : <u>Own Business</u> Address of Work Place : <u>SAS Events,</u> <u>2<sup>nd</sup> Floor, MSVA Tower,</u> <u>K.T.C.Nagar, Tirunelveli-1</u>	if studying Course of Study : Institution Address :
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8. Annual Salary (if working) (This will be used to submit report to UGC & NAAC and not for any other purpose : 4,00,000 .

Please give your feedback on the following scale [Please put a  $\checkmark$  in A or B or C or D]

4.00	3.00	2.00	1.00	0.0
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A	B	C	D
Excellent $\checkmark$	Good	Satisfactory	Unsatisfactory

Sl	Details	A	B	C	D
1	The quality of course content	$\checkmark$			
2	The relevance of the syllabus	$\checkmark$			
3	The overall development you received	$\checkmark$			
4	The syllabus is skill oriented	$\checkmark$			
5	The syllabus is job oriented	$\checkmark$			
6	The standard of syllabus is on par with National / International standards	$\checkmark$			
7	The overall standard of syllabus	$\checkmark$			

Suggest changes to be incorporated in the syllabus

Sivagaminathan  
Signature