



# Vasant Rao Naik Mahavidyalaya Alumni Association (VNMAA) Aurangabad.

## REGISTRATION FORM FOR AN ALUMNI ASSOCIATION

To apply for an Alumni Association Membership, please complete this form and return to:  
Vasant Rao Naik Mahavidyalaya, Aurangabad, Maharashtra, Airport Road, Cidco, Aurangabad-431003

College Address: - Vasant Rao Naik Mahavidyalaya, Aurangabad, Maharashtra  
E-mail : naikcollege@rediffmail.com Fax : +91-0240-2482625, Ph. No: +91-0240-2482321  
Website: www.naikcollege.org E-mail: 11vasantnaik.aurangabad@gmail.com

Please paste  
your latest  
photograph

### MEMBERSHIP REGISTRATION FORM

<b>Name In Capital Letters</b>			
	First Name	Middle Name	Last Name
<b>Maiden Name In case of Female Students</b>			
<b>Address for Communication</b>	<b>Flat No./Building No./Name:</b>		
	<b>Area Name:</b>		
	<b>Street Name:</b>		
	<b>City :</b>	<b>Post Office :</b>	<b>State:</b>
	<b>Pin Code:</b>		
<b>Telephone Numbers</b>	<b>Residence Phone</b>	<b>Office Phone</b>	
<b>Mobile No :</b>		<b>Email ID :</b>	
<b>Year of Passing/ Batch</b>		<b>Specialization</b>	<b>B.A./B.Sc/B.Com/M.A./M.Sc</b>
<b>Present Employment Details</b>	<b>Organization Name</b>	<b>Address</b>	<b>Designation</b>

Your suggestions if any and what way you can contribute for institutional development: \_\_\_\_\_

\_\_\_\_\_

Special achievements: \_\_\_\_\_

Any other details: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Kindly send Rs.1000/- cash/DD, in the name of Secretary, Vasant Rao Naik Mahavidyalaya Alumni Association, Aurangabad (VNMAA), as a registration fee along with this form, at college address or send it through email.)

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of the receiver: \_\_\_\_\_

**VASANTRAO NAIK MAHAVIDYALAYA  
AURANGABAD**

**ALUMNI FEEDBACK FORM**

We shall be thankful to 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. Your valuable inputs will be of great use to improve the quality of our academic programs and enhance the credibility of the Institute. Hence your feedback on Institute will help us to improve our approach in Academics.

Name of the Alumni			
Degree [√]	BA	B.Com	B.Sc
GROUP			
Passing Year			

**Professional Details**

Organization Name	
Designation	
Joined Year	

Dear Alumni,  
Please give your overall assessment of our Institute academics. Please rate us on following criterion :  
1- Unsatisfactory(UN), 2- Satisfactory(S), 3- Fair(F), 4- Good(G), 5- Very Good(VG)

Sr.	Details	VG	G	F	S	UN
1	Admission Procedure					
2	Fee structure					
3	Environment					
4	Infrastructure & Lab facilities					
5	Faculty					
6	Project Guidance					
7	Quality of support staff					
8	Training & Placement					
9	Library					
10	Canteen Facilities					
11	Hostel Facilities					
12	Overall Rating of the College					
13	Alumni Association/ Network of Old Friends					

Please suggest any skills you want our Institute should focus on for grooming of students. All of your suggestions are welcome.

**Suggestions:**

Relevance of curriculum In your Job:

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**Need any change in curriculum and syllabi:**

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**Improvements in teaching and learning Process:**

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**Have you learned the basic concepts through your studies in the college?**

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**Any other suggestions/comments:**

Signature