



Technical and Medical Education Society's
J. T. Mahajan College of Engineering, Faizpur
J.T.M. ALUMNI ASSOCIATION, FAIZPUR
TAL: YAWAL, DIST: JALGAON



ALUMNI FEEDBACK FORM

Please fill up the form and send it by return post or Email to the Principal.

1. **Name :**
2. **Branch:**
3. **Year of Passing:**
4. **Address:**
 - a. Correspondence:
 - b. Permanent:
 - c. Email:
 - d. Telephone No's:
 - i. Landline:
 - ii. Mobile:
5. Whether Passed **GATE/ GRE/ TOEFL/ GMAT/ UPSC/ STETE PSC/ ANY OTHER?** : Yes / No
If yes, please give details and attach Xerox with this form before sending.

EXAMINATION	YEAR	SCORE / PASS

6. Whether Joined / Passed **M. E. / M. Tech. / M.S. / M.B.A. / ANY OTHER?** : Yes / No
If yes, please give details and attach Xerox with this form before sending.

Course	Name of the Institute	University	Specialization	Year of Joining	Year of Passing	Grade / Percentage

7. Whether **Self Employed?** : Yes / No
If yes, please provide details in attachment (copy of registration/ letterhead of company)
Name of the Organization:
Address:

Date of Establishment:

8. Employment Achieved after Within 3 Months/ Within 6 Months/ Above 6 Months (Tick one)

9. Name and Address of **Present Working Organization** :

Please provide proof of employment with this form

Name of the Organization:

Address:

Date of Joining:

Current Designation:

Experience:

10. Any other **Achievements**:

Date:

Name and Sign