



# KHALSA COLLEGE AMRITSAR

## Feedback Form

Date \_\_\_\_\_

Year \_\_\_\_\_

1) Name of the Student (BLOCK letters) : \_\_\_\_\_

2) Father's Name : \_\_\_\_\_

3) Class \_\_\_\_\_ Year \_\_\_\_\_ Roll No. \_\_\_\_\_

4) Address : \_\_\_\_\_  
\_\_\_\_\_

5) Tel No. /Mob. No. \_\_\_\_\_ 6) Email ID :

7) Did you join higher studies after the Graduation/Post-graduation from this College? Yes/No

8) If yes, Name of the Course and the College/University

\_\_\_\_\_

9) Are you employed somewhere? Yes/No

If yes, are you employed through campus selection? Yes/No

10) If employed, then give your designation and the name of the Organization

\_\_\_\_\_

11) Are you running your own business? (Yes/No) Nature of the business : \_\_\_\_\_

12) Have you cleared any of the following competitive exams: (Mark ✓)

Civil Services/Defence Services/UGC/NET/SLET/GATE/.....

(Any other Competitive Exam)

13) Any other  
details \_\_\_\_\_

Signature of the student