

Program Feedback by Alumni

Email *

devanshubudhiraja09@gmail.com

Name of the Alumni *

Devanshu Budhiraja

Gender *

Female

Male

Mobile Number *

9773963071

Program Joined at MAIMS *

BBA (G), (B&I), (TTM)

[B.COM](#)

BJMC

B.A (HONS.) ECONOMICS

BA (LLB)

BBA (LLB)

Other:

Year of Joining *

2019

Passing Year *

2022

Subsequent Higher Education Pursued *

.

Name of the Organization presently working/running *

.

Designation *

.

Statements to seek program feedback

The curriculum is relevant and updated *

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

The activities organized by the department/ Institute met all the objectives of overall development of the students. *

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

The facilities provided by the department/ Institute were up to the mark. *

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

Learning values acquired (in term of concepts, knowledge, skills analytic abilities, broadening perspective applicability to real life situations) *

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

Your continuous contact with the Institute *

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

Suggestions if any

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This form was created inside MAIMS (GGSIP University), Rohini, Delhi.



Program Feedback by Alumni

Email *

ujjwal.00514721619@maims.ac.in

Name of the Alumni *

Ujjwal

Gender *

Female

Male

Mobile Number *

7015674175

Program Joined at MAIMS *

BBA (G), (B&I), (TTM)

[B.COM](#)

BJMC

B.A (HONS.) ECONOMICS

BA (LLB)

BBA (LLB)

Other:

Year of Joining *

2019

Passing Year *

2022

Subsequent Higher Education Pursued *

N/A

Name of the Organization presently working/running *

N/A

Designation *

Student

Statements to seek program feedback

The curriculum is relevant and updated *



The activities organized by the department/ Institute met all the objectives of overall development of the students. *



The facilities provided by the department/ Institute were up to the mark. *

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent

Learning values acquired (in term of concepts, knowledge, skills analytic abilities, broadening perspective applicability to real life situations) *

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent

Your continuous contact with the Institute *

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent

Suggestions if any

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