Mata Maiserkhana College Of Education

ALUMNI FORM

1. Name ……
2. Permanent Residential Address ……
   …… Phone No. ……
3. Name of the Spouse, if married ……...
4. Year of Passing B.Ed ……...
5. **Present Status**

   a) Employed Yes / No If yes, please specify

Post/Designation	Name of the Employer/ Institution/ Organization	Complete Address

If no, please tick the activities in which you are currently engaged

i) Pursuing Higher Studies Yes / No If yes, please specify

Name of the course	Name of the University/ Institution

ii) Self employed iii) Business/ Industry iv) Full time at home v) Armed forces vi) Bank

vii) Agriculture viii) Any other, please specify …….

6. Do you think that training received by you from MMCE College has been beneficial? If so, in what ways (Please tick as many as you can)

   i) In finding your life partner ii) In bringing up and educating your children

   iii) Getting employment iv) In building confidence and personality

   v) Training for life vi) Any other

7. Has anybody in your family apart from you received education from MMCE College or any of its institutions?

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