

# NO DUES CERTIFICATE

1. Name of the applicant: - \_\_\_\_\_ PRN: \_\_\_\_\_
2. Address: House No/ Gat. No \_\_\_\_\_ Lane/AP \_\_\_\_\_  
Tal. \_\_\_\_\_ Dist. \_\_\_\_\_ PIN \_\_\_\_\_
3. Contact No: - \_\_\_\_\_ Email: - \_\_\_\_\_
4. Engineering / Diploma/ B.Voc. Passed out Student's Details -

Program / Department	Month and Year of passing	CGPA	Grade

## 5. L.C./T.C. Required for Higher education, where admission taken

Name of the College with address	Name of the Program	Other Purpose

## A) If Employed

Name of the Company / Industry with address	Post and Designation	Date of Joining	Salary per Annum

Student Signature: - \_\_\_\_\_

Time: - \_\_\_\_\_ Date: - \_\_\_\_\_

## 6. Status of No Dues Certification: -

Sr. No.	Name of Department	Status	Remark
01	Library	No Dues/Dues no. of books _____	Yes/No
02	Alumni Guest Lecture	Class: _____ Time: _____ /Unemployed	Yes/No
03	Feedback	Facility/ Alumni / Graduate exit survey	Yes/No
04	Digital Media	Google review/Facebook/Instagram	Yes/No

<b>Recommended/Not Recommended</b>	Signature: - _____ Time: - _____ Date: - _____
	Mr. Tushar Shende

<b>Accountant:</b> - No Dues/Due Rs. _____
<b>Signature of Accountant:</b> - _____
Date: - _____ Time: - _____

<b>Approved/Not Approved</b>
<b>Signature of Registrar/Principal</b>

1. SSC Marksheets	<input type="checkbox"/>	2. HSC Marksheets	<input type="checkbox"/>
4. Domicile	<input type="checkbox"/>	5. Caste Certificate	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	8. _____	<input type="checkbox"/>

**Received from office above document/s**

Signature of Student: - \_\_\_\_\_

Time: - \_\_\_\_\_ Date: - \_\_\_\_\_

3. All semester marksheets	<input type="checkbox"/>	6. Caste validity	<input type="checkbox"/>
<b>Handed Over to candidate said document</b>			
(Office Sign/Mr. C. R. Shinde):- _____			

Time: - \_\_\_\_\_ Date: - \_\_\_\_\_

1. All documents will be issued only to the candidate.
2. The transfer certificate may be given to the candidate / Sent to the College / University.

**Attachments:** Forms of Graduate exit survey, Alumni feedback, Employer feedback and facility survey

# Facility / Service Feedback Form

Academic Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Sr. No.	Questions	Excellent	Very Good	Good
1	Is Adequate Reading Room Space Available?			
2	Book Bank Service Provide by the Librarian.			
3	Store Service			
4	Availability of Drinking Water			
5	Usage of ICT Tools			
6	Transport Service			
7	Support & Encouragement for Sports Activity			
8	Your Opinion on Office Administration/ Account			
9	Internet / Wi – Fi Facility			
10	Canteen Service			

Suggestions (If Any):

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Student's Signature

Registrar

Principal  
Arvind Gavali College of Engineering,  
Satara

**Recommended/Not Recommended**

ALUMNI FEEDBACK SURVEY AY 20 -20

As a part of continuous improvement strategy of the Electrical Engineering Department in Arvind Gavali College of Engineering, Satara, we would like you to take few minutes to complete this brief questionnaire. Your participation is greatly appreciated. Best wishes for your future endeavours.

After successful completion of Undergraduate Courses in Electrical Engineering, Please provide a your response for the following questionnaire

(Select appropriate below level an agreement)

Agreement 3(High), 2(Medium), 1(Low)

After successful completion of undergraduate course in Electrical Engineering.....

Email

Name

### Name of the Organization Working Now

### Current Designation

**Student Signature**

Graduate Exit Survey Form Academic Year 20 -20

All the students of B.Tech Electrical Engineering A. Y (.....) are requested to read the questionnaire and give their feedback which will be further used to strengthen the curriculum development.

(Select Appropriate below level of agreement)

Agreement 3(High), 2(Medium), 1(Low)

After successful completion of undergraduate course in Electrical Engineering.....

Email

Name \_\_\_\_\_

PRN No.

**Student Signature**