



Feedback and Contact Form

About yourself

Name :
College / Organisation name :
Department :
Year :
Sex :

Contact details

Mail id :
Phone number :
Preferred mode of contact ? : e-Mail / Message / Instant messengers
Wish to subscribe to
our mailing list ?

Work station details

Do you have a : Desktop / Laptop
Does your laptop/Desktop
have a GNU/Linux distro installed :

Event details

How you came to know about the event :
How do you rate the event : Very bad / Bad / Average / Good / Excellent
Please share the feedback of the event:

Future engagements

Would you like to volunteer for FSFTN ? : Yes / No
If yes , please let us know your area of interest / expertise which you would like to volunteer
Interested in for forming GLUG(GNU/Linux User Group) in your college :Yes/No

