



EMPLOYER FEEDBACK

Dear Employer,

The graduates of our Institute are working in your esteemed organization. College always maintains a continuous dialogue with industry and adds points to curriculum accordingly. We will be grateful to you if you can spare your valuable time to fill up this feedback form since your feedback will help us to maintain the required standards of education and give you better employees in future.

Name of organization & Address: _____

Name of Alumni: _____ **Designation of Alumni:** _____

Department: _____ **Date of Joining:** _____

5-Excellent, 4-Good, 3-Average, 2- Satisfactory, 1-Poor

S. N.	Parameters	Grade
1	Performance of our Graduate	
2	Inclination to adopt new Technology	
3	Communication Skills	
4	Independent Thinking & Problem Solving Ability	
5	Leadership qualities	
6	Interpersonal relations and Team work	
7	Professional Attitude	
8	Involvement in social activities	
9	Technical Competancy	
10	Self Motivation	
Total		

How could our programs be improved? What specific comments do you have regarding the Curriculum:

Any other comment(s):

Place: _____

Signature of Employer: _____

Date: _____

Name & Designation: _____