

EMPLOYER FEEDBACK FORM

Name:	Designation:
Name of Organization/Company	
Contact No:	Email:
	Current Year:

This questionnaire is to collect feedback on curriculum, teaching learning and evaluation. The information will be used as important feedback for syllabus revision, restructuring of curriculum and quality improvement of the programme.

Excellent (5)		Very Good (4)	Good (3)	I	Avera	age (2)		Poor (1)		
		Kindly tick the	box that best corr	responds	s to y	our opi	inion			
SN	Description					Rating scale				
						1	2	3	4	5
1.	The curriculum bridges the gap between the academic and industry									
2.	The curriculum has enough contents for a student to acquire sufficient knowledge to secure a subject related job.									
3.	Does the subject/courses help in developing personality of students?				of					
4.		syllabus have en es for critical thinking		ness a	nd					
5.	Performance	e of our graduates?								-
6.	Communica	tion skills								
7.	Leadership	qualities								
8.	Ethics and p	professional qualities?	,							
9.	Would you future	like to recruit more	graduates from SV	/PUAT	in					
10.	Would you way	like to associate with	our organization in	any oth	ner					
		recommendation to in d experience in the ur		teachin	ıg-			I	I	<u> </u>

Signature with date