

EMPLOYER FEEDBACK

1. Name of Organization

2. Name of the Officer / Designation

3. Name of the Alumni

4. Place of Work - Teaching Institute / Corporate Hospital / Private Hospital / Government Hospital/Others

Extraordinary – 5, Very Good-4, Good-3, Average-2, Poor-1

5. Has acquired adequate knowledge

Mark only one oval.

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1

2

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6. Possess technical skills

Mark only one oval.

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1

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7. Interpersonal skills of the Alumni

Mark only one oval.

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1

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8. Level of motivation to pursue life long learning

Mark only one oval.

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1

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9. Interpersonal Communication Skill to work in a team

Mark only one oval.

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1

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10. Aware of ethics & professional responsibilities.

Mark only one oval.

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1

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11. Would you like to consider our students for future employments

Check all that apply.

Yes

No

12. Do the skills of our Alumni match with your employments / Employability Criteria

Check all that apply.

Yes

No

13. If "Yes" - Rate it on a scale of 1 to 5

Mark only one oval.

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1

2

3

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14. If "No" - What were your expectations?

15. Any specific skills are to be instilled in our students?

Google Forms