



EMPLOYER FEEDBACK FORM

Feedback from Employer

Name of the Company/Organization: _____

S.No.	Parameters/Criteria	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Below Average (1)
1.	Ambience					
2.	Infrastructure					
3.	Quality of study materials					
4.	Library					
5.	Canteen facilities					
6.	Technical Knowledge					
7.	Relevance of Curriculum and syllabi					
8.	Courses are updated as per Industry					
9.	Overall rating of the university					

10. Comments/Suggestions (if any):

Place:

Date:

(Authorized Signature)