


**QUALITY ASSURANCE CELL**
**EXIT SURVEY 2019**
**Name of the School**
**Name of the Program**
**Specialization (if any):**
**1. Personal Information:**

Name:		M/F
Roll Number:		
Address for correspondence:		
Mail ID:		
Contact Number:		

**2. Student's Progression**

Company you are placed with (Mention the City):	
Are you opting to go for higher studies(please specify)	
Do you prefer to be self employed(Y/N)?	

**3. Feedback about the Institute (Tick the appropriate box):**

	Excellent	Good	Moderate
Academic ambience			
Hostel life			
Health care facilities			
Training and placement			
Sports and recreational facilities			
Tutor-mentoring			
Grievance redressal			
Research ambience			
Attitude of Institute employees			

#### 4. Program Outcomes

To what extent do you think you have attained the Program Outcomes (POs) in your program of study?

	<b>Program Outcomes(*to be filled up by concerned Schools for different programs)</b>	<b>Excellent</b>	<b>Adequate</b>	<b>Moderate</b>
<b>PO1</b>				
<b>PO2</b>				
<b>PO3</b>				
<b>PO4</b>				
<b>PO5</b>				

#### 5. Comments and suggestions:

Please provide comments and suggestions on academic and research in your discipline of study at KIIT-DU:

- 1.
- 2.

Please provide comments and suggestions on Program Outcomes (POs) and any specific outcomes for your program of study at KIIT-DU:

- 1.
- 2.

Please provide comments and suggestions on Program Educational Objectives (PEOs) for your program of study at KIIT-DU:

- 1.
- 2.

Any other comments or suggestions:

- 1.
- 2.

**Signature:**