


INTERNAL QUALITY ASSURANCE CELL



Academic Year:

EMPLOYER FEEDBACK FOR DESIGN AND REVIEW OF SYLLABUS

Name of the Organization:	
Name of the Representative:	
Designation:	Email ID:
Contact No:	Website:

Please give your valuable feedback on design and review of syllabus. Select your ranking on the scale of 1 to 5 for each of the following parameters.

(1-Strongly disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly agree)

Sl.No.	Rating 	5	4	3	2	1
	Subject 					
1.	The offered adequately train the Students in terms of Knowledge, Skills and Values.					
2.	The syllabus is conducive for the Students for Recruitment.					
3.	Students' creativity is inculcated in the Curriculum.					
4.	The course gives confidence among the students to learn new things and to adapt themselves in a changing environment.					
5.	The Courses offered addressed Local/Global issues and relevant to Societal needs.					

Comments/Suggestion (if any):

Date:

Signature:

For Office Use

(Internal Quality Assurance Cell)

(Authorized Signatory)