



Feedback Form for Employers

(Confidential)

Name of the Institute : _____

Name of the evaluating person with designation : _____

Address : _____

Email id : _____ Mobile No. _____

Your support and feedback will help us to maintain the required standards of education. Here are some of the points to facilitate you in giving feedback about our students. You are requested to give marks in the box provided against each item as per the following norms.

For each of the following questions, please select (✓) your Yes/No.

Excellent : 5, Very Good : 4, Good : 3, Satisfactory : 2, Poor : 1

Sr. No.	Description	Excellent 5	Very Good 4	Good 3	Satisfactory 2	Poor 1
1)	Ability to contribute to the goal of the Organization.					
2)	Technical Knowledge/Skill.					
3)	Ability to manage leadership.					
4)	Innovativeness, creativity.					
5)	Relationship with seniors/peers.					
6)	Involvement in social activities.					
7)	Ability to take up extra responsibility					
8)	Ability and motivation for social activity.					
9)	Obligation to work beyond schedule if required.					
10)	Overall impression about their performance.					
12)	Do you satisfied with the evaluation system in the institute?					