

EMPLOYER FEEDBACK FORM

नोट : विश्वविद्यालय में संचालित विभिन्न पाठ्यक्रमों की गुणवत्ता में सुधार करने और विश्वविद्यालय की विश्वनीयता बढ़ाने के लिए अमूल्य सुझाव इस फीडबैक के माध्यम से सादर आमंत्रित है. आपसे सहयोग की अपेक्षा है.।

All fields marked with * are compulsory.

Name of the Organisation: *

PERSONAL INFORMATION

Designation: *		
1		
Name: *		
DL		
Phone No.: *		

Email Id: *

Address: *

REGISTRAR
Pt. Sunderlal Sharma (Open)
University Chhattisgarh
BILASPUR (C.G.)

Dr. Anita Singh
Incharge NAAC Criter a-I
PSSOU, CG Bliasnus
FEEDBACK

Please answer all questions, using a 5-point scale, where 5 is the highest score and 1 the lowest.

5 = Outstanding, 4 = Excellent, 3 = Good, 2 = Average, 1 = Poor

2 Average, 1 = Poor	
1. Ability to contribute to achieve the goals and objectives of the institution: *	
Select	
2. Relevance of the Curriculam as per needs of the programme: *	
Select	
3. Communication skills of Employee: *	
Select	
4. Competencies in relation to the course content: *	~
Select	
5. Commitment of Employee towards completing task in time: *	~
Select	
6. Proficiency of our students working with you as Employee: *	~
Select	
7. Ability to take extra responsibility: *	~
Select	
	~
8. The syllabus has good balance between theory and practical: *Select	
	~
9. Ability to work in group: *	
Select	~

10. What other couse that you sugust to be included in the Curriculm: *

11. Suggestions (If Any): *

Dr. Anita Singh Incharge NAAC Criteria-I Pt. Sunderlal Sharma (Open)
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