

M.A.M SCHOOL OF ENGINEERING

SIRUGANUR, TRICHY-621 105.

DEPARTMENT OF _____

Employer Feedback Form

Dear Employer,

Many graduates of our Department are already working in your organization. We are thankful to you for providing them employment with your prestigious Company/Organization.

We shall very much appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form. It will help us to improve the Department further and give you better employees in future.

Tick the number that best describes your level of satisfaction at each question:

5 – Excellent, 4-Very Good, 3-Good, 2-Satisfactory, 1-Unsatisfactory.

How satisfied are you with the student/s work performance in each of these areas:		1	2	3	4	5
1.	General communication skills					
2.	Developing practical solutions to work place problems					
3.	Working as part of a team					
4.	Creative in response to workplace challenges					
5.	Their planning and organization skills					
6.	Self-motivated and taking on appropriate level of responsibility					
7.	Open to new ideas and learning new techniques					
8.	Using technology and workplace equipment					
9.	Ability to contribute to the goal of the organization					
10.	Technical knowledge/skill					
11.	Ability to manage/leadership qualities					
12.	Innovativeness, creativity					
13.	Relationship with seniors/peers/subordinates					
14.	Involvement in social activities					
15.	Ability to take up extra responsibility					
16.	Obligation to work beyond schedule if required					

On a scale of 1 to 10 how do you rate your overall satisfaction with students and the curriculum?

1	2	3	4	5	6	7	8	9	10

If you were dissatisfied with any aspect, please comment further:

Any other comment(s):

Would you like to recruit more AMU student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you refer us to other organization(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please feel free to speak in confidence with our TPO/ staff about any aspects of the program or students performance. If you would like staff to contact you to discuss any issues, please provide your contact number. Also fill the above questionnaire and revert it back to us ASAP.

Name: **Position:**
Company/organization:

Yours Sincerely,

Regards,

Department of Training and Placement,
M.A.M School of Engineering

Employer Authority