



EMPLOYER'S FEED BACK FORM

Date.....

Personal Information	
Name of employer :	
Phone Number:	Email Address:
Designation:	Name of Organization:

- 1) **Working as a part of a team**
 Highly Satisfied Satisfied Neutral Unsatisfied
- 2) **Creative in response to workplace challenges**
 Highly Satisfied Satisfied Neutral Unsatisfied
- 3) **Planning and Organization skill**
 Highly Satisfied Satisfied Neutral Unsatisfied
- 4) **Self motivated and taking on appropriate level of responsibility**
 Highly Satisfied Satisfied Neutral Unsatisfied
- 5) **Open to new ideas and learning new techniques**
 Highly Satisfied Satisfied Neutral Unsatisfied
- 6) **Ability to use new Technology and workplace equipment**
 Highly Satisfied Satisfied Neutral Unsatisfied
- 7) **Ability to contribute to the goal of the organization**
 Highly Satisfied Satisfied Neutral Unsatisfied
- 8) **Ability to manage and leadership qualities**
 Highly Satisfied Satisfied Neutral Unsatisfied
- 9) **Relationship with Seniors/Peers/ Subordinates**
 Highly Satisfied Satisfied Neutral Unsatisfied

10) **Any special Remark on curriculum**

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Thank you for taking the time to provide your feedback. Your responses are invaluable in helping us improve the educational experience at BTIRT.

Signature

Date.....