

# EMPLOYERS FEEDBACK ON CURRICULUM

Name of the Employer:.....

Designation:.....

Name of the Organization:.....

Email: .....

Mobile:.....

Address: .....

(Please mark (√) in the relevant boxes)

A –Very Good, B - Good , C - Need Improvement

S.No.	Particulars	A	B	C
1	How do you rate relevance of the courses in relation to the program?			
2	How do you rate the sufficiency of the courses related to industry that are included in the program?			
3	How do you rate the competencies/outcomes in relation to the course content?			
4	How do you rate the relevance of the topics to the Industry?			
5	Rate the offering of the in relation to the specialization streams?			
6	How do you rate the applicability of the domains and the tools used for designing the experiments in terms of existing practices in the Industry?			
7	How do you rate the experiments in terms of their relevance to the real life application?			
8	How do you rate the experiments in terms of their relevance to the real life application?			
9	How do you rate the proficiency of our students working with you?			
10	What other courses that you suggest to be included in the curriculum?			

Suggestions if any:

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Date:

Signature of the Employer