



ii. Type of Organization:  Private  Public  NGO/INGO  Government  Other: .....

iii. Nature of job:  Administrative  Account/Finance  
 Management in organization  Teaching/Research  
 Foreign job  Other (specify) .....

iv. Address: .....

v. Phone Number: .....; vi. Email: .....

vii. Employment Type:  Full-time  Part-time

viii. Designation: .....

ix. Satisfaction with the present job employment:  Yes  No

Note: **Submit the Appointment/Contract Letter**

In the case of Self-Employment:

i. Starting Year: .....; ii. Type of work / profession: .....

iii. Satisfaction with the present self-employment:  Yes  No

Note: **Submit the Registration Certificate of the firm/organization/company**

**2 Which of the following best represent major strengths and weaknesses of the institutional program that you attended? (Give number from the range 0-5) Very Weak = 0, Excellent = 5**

SN	Particulars	Please tick under the number which best suits your answer					
		0	1	2	3	4	5
1	Relevance of the program to your professional (job) requirements						
2	Problem solving ability						
3	Project work / Research and innovation						
4	Internship/Work placement/Attachment						
5	Teaching / Learning environment						
6	Quality of education delivered						
7	Teacher-student relationship						
8	Library facility						
9	Lab facility						
10	Cocurricular activities						
11	Extracurricular activities						
12	Sports facility						
13	Canteen						
14	Toilets						
15	Parking						
16	Other strengths / weaknesses (please specify) .....						

**C. IF PURSUING FURTHER STUDY:**

Program: .....

Enrolment Year:..... (Year/Month) Level: .....

Campus/University: .....

Campus/University Address: .....

**D. PLEASE PROVIDE YOUR SUGGESTIONS/RECOMMENDATIONS FOR THE BETTERMENT OF YOUR INSTITUTION:**

**E. WHAT CONTRIBUTION/S YOU CAN PROVIDE TO THE INSTITUTION FOR ITS BETTERMENT?**

.....  
Signature of the graduate

.....  
Date

**F. TO BE FILLED BY THE CAMPUS (Please fill all the given information):**

**Academic Information of Graduate:**

**Program Completed:** ..... **Level:** .....

**Registration Number:** ..... **Campus Roll No:** .....

**Passed Year:** ..... *(Passed year in transcript)*

**Verified by:**

**Name:** ..... **Designation:** .....

**G. TASK TEAM LEADER:**

**Name:** ..... **Mobile No.:** .....

**Email:** ..... **Signature:** .....

**Campus Stamp:**

