Form: QA-SR-3
Frequency-Annual
Date-

## Institute Academic Quality Assurance Cell Stakeholder Relationship Non-Teaching Staff Feedback Form

Name of Department\_

Please give your feedback on the following points-								
1	Training provided for your job	Outstanding	Excellent	Very good	Good	Fair	Remarks	
2	Job profile in terms of competency, workload, diversity of work etc.	Outstanding	Excellent	Very good	Good	Fair	Remarks	
3	Career advancement opportunities	Outstanding	Excellent	Very good	Good	Fair	Remarks	
4	Consultation/ Grievances mechanisms	Outstanding	Excellent	Very good	Good	Fair	Remarks	
5	Salary as compared to  a) Minimum wages notified by Govt. of India	Outstanding	Excellent	Very good	Good	Fair	Remarks	
	b) Other private teaching and research organizations	Outstanding	Excellent	Very good	Good	Fair	Remarks	
6	Infrastructural facilities- e) Cabin	Outstanding	Excellent	Very good	Good	Fair	Remarks	
	f) Computer	Outstanding	Excellent	Very good	Good	Fair	Remarks	
	g) Telephone	Outstanding	Excellent	Very good	Good	Fair	Remarks	
	h) Internet	Outstanding	Excellent	Very good	Good	Fair	Remarks	
7	Working environment such as relationship with co-workers and supervisors etc.	Outstanding	Excellent	Very good	Good	Fair	Remarks	
Any o	ther suggestion							

Thanks for your feedback