Form: QA-SR - 4
Frequency- Annual
Date-____

Institute Academic Quality Assurance Cell Stakeholder Relationship Student Exit feedback

Name of the Department:Name of the program:						
Please give your feedback on the following points:						
1.	Curriculum structure	Outstanding	Excellent	V. Good	Good	Fair
2.	Teaching and learning	Outstanding	Excellent	V. Good	Good	Fair
3.	Laboratory & IT facilities	Outstanding	Excellent	V. Good	Good	Fair
4.	Examination and evaluation system	Outstanding	Excellent	V. Good	Good	Fair
5.	LRC (Including digital library)	Outstanding	Excellent	V. Good	Good	Fair
6.	Hostel facilities	Outstanding	Excellent	V. Good	Good	Fair
7.	Mess facilities	Outstanding	Excellent	V. Good	Good	Fair
8.	Sports, cultural and other extracurricular activities	Outstanding	Excellent	V. Good	Good	Fair
9.	Services/interaction with Registry	Outstanding	Excellent	V. Good	Good	Fair
10.	Services/interaction with Accounts	Outstanding	Excellent	V. Good	Good	Fair
11. Training & placement facilities						
(i) Your current CGPA						
(ii) Did you sit for placements: Yes/No (if No, skip the next question)						
(iii) In how many companies did you participate?						
(iv) Have you been placed:			,	Yes/No		
(v) Was T&P helpful when approached?			•	Yes/No		
(vi) Were the preparatory sessions for placement organized by T&P useful?				Yes/No		
(vii) Should we keep you in our data base for the companies yet to come:				Yes/No		
Additional Suggestions, if any:						

Thank you