

## University of Science & Technology, Meghalaya

### Employer Feedback Form on Syllabus

**Dear Employer,**

We are thankful to you for providing the opportunity to serve in your prestigious Company/Organization. We shall be grateful to you if you can spare some of your precious time to fill up this feedback form. It will benefit us to improve further and give you better employees in future.

**Please give your ratings as indicated below on a scale of 1-5 (5-highest and 1-lowest):**

How satisfied are you with the student/s work performance in each of the following areas?	5	4	3	2	1				
1. Overall communication skills									
2. Developing feasible solutions to work place problems									
3. Contribution as part of a team									
4. Innovation to address the work place challenges									
5. Their planning and organization skills									
6. Self-motivated and taking on appropriate level of responsibility									
7. Adaptive capabilities to innovate new ideas and learn new techniques									
8. Competencies in using technology and work place equipment									
9. Professional skills to contribute to the aim of the organization									
10. Capacity to take up leadership challenges									
11. Inter staff relationship, with seniors/peers/subordinates									
12. Involvement in social activities									
13. Commitment to take up additional responsibility									
14. Level of motivation to work beyond schedule if required									
<b>On a scale of 1 to 10 how do you rate your overall satisfaction with USTM students and the curriculum (please tick)?</b>									
1	2	3	4	5	6	7	8	9	10

If you were displeased with any aspect, please comment further:		
How could our programs be upgraded? What precise comments do you have regarding the curriculum?		
Any other comment(s):		
Would you like to recruit more USTM student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you refer our students to other organization(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please feel free to speak in confidence with our Dy Director T & P/ staff about any aspects of the program/curriculum or students' performance. If you would like staff to contact you to discuss any issues, please provide your contact number.		
Phone: _____		

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Company/Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Please email the completed form to [directoriqac@ustm.ac.in](mailto:directoriqac@ustm.ac.in) or post to the following address:

**Director**  
**Internal Quality Assurance Cell (IQAC)**  
**2<sup>nd</sup> Floor, Block C, Dr APJ Abdul Kalam Block**  
**University of Science and Technology**  
**Meghalaya -793101**