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College Code : 35

EMPLOYER'S FEEDBACK

Dear Employer

Your support and feedback will help us to maintain the required standards of education.

Name of the Authority : _____

Designation & Department : _____

Phone/Email : _____

Name of the Employer : _____

Address : _____

Evaluation Scale			
1	2	3	4
Poor	Average	Good	Excellent

S.No	Questions	1	2	3	4
1	Technical competency				
2	Leadership & Professional Ethics				
3	Self Motivation				
4	Proficiency				
5	Innovative Ideas Generation				
6	Our Graduates Technical Skills				
7	Training and Placement Facility				
8	Placement Exam Facility				
9	Any additional Course do you Suggest to recruit our Students				

Signature of the Employer