

TRACER STUDY REPORT OUTLINE

ACKNOWLEDGEMENT

EXECUTIVE SUMMARY

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ABBREVIATIONS

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- 1.5 Data collection - Instruments and approach
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2. DATA PRESENTATION AND ANALYSIS:

- Employment and further study status of the graduates
- Issues related to the quality and relevance of programs
- Programs' contribution to graduates' professional and personal development (By gender/ethnicity/caste etc.; Program wise e.g., Management, Humanities, Education, Science; time series comparison)
- Issues related to teaching / learning, teacher / student relationship and education delivery efficiency
- Issues related to facilities such as library, laboratory, canteen, sports facilities, urinals etc.

3. MAJOR FINDINGS:

- Employment and further study status of the graduates
- Issues related to the quality and relevance of programs
- Programs' contribution to graduates' professional and personal development (By gender/ethnicity/caste etc.; Program wise e.g., Management, Humanities, Education, Science; time series comparison)
- Issues related to teaching / learning, teacher / student relationship and education delivery efficiency
- Issues related to facilities such as library, laboratory, canteen, sports facilities, urinals etc

4. IMPLICATIONS TO INSTITUTIONAL REFORM

5. CONCLUSION AND RECOMMENDATIONS:

APPENDICES: (Please include the following)

- Graduate name list as per the annex 1.1 and /or 1.2 of the PPMF 2075 (graduate names in alphabetically sorted order and grouped by programs)
- Transcripts / mark sheets (only applicable for bachelor level graduates) of 2021 sorted according to the graduate list (in case of Master's programs, please include transcripts having Viva Date of 2021)

Tracer Study Questionnaire

Thank you for your kind cooperation and support

Any other, please specify: ID:

B. EMPLOYMENT INFORMATION:**1 Current Employment Status:**

☐ Service in an organization ☐ Self Employed ☐ Unemployed

In case of **Service in an organization**: Employer's Details *(of the organization you are currently working for)*:

i. Name of the Organization:

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

iii. Address:

iv. Phone Number: Email:

v. Employment Type: ☐ Full time ☐ Part time

vi. Designation:

In the case of **Self Employment**:

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

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) Excellent = 5 Very Weak = 0

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	Extracurricular activities						
3	Problem solving ability						
4	Work placement / attachment / internship						
5	Teaching / Learning environment						
6	Quality of education delivered						
7	Teacher Student relationship						
8	Library facility						
9	Lab facility						
10	Sports facility						
11	Canteen / Urinals etc						
12	Other strengths / weaknesses (please specify)						

C. IF PURSUING FURTHER STUDY:

Enrolment Year: (Year/Month)

Program: Level:

Campus/University:

Campus/University Address:

D. Please provide your suggestions/recommendations for the betterment of your institution:

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E. What contribution/s you can provide to the institution for its betterment?

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F. Contact Address/s of your friend/s, who had graduated in the same year you had graduated:

[Note: Please provide contact address of your colleagues whom you know from your batch. This will help us to effectively complete this tracer study.]

1. Name: Contact No / Email ID / SNID:

2. Name: Contact No / Email ID / SNID:

3. Name: Contact No / Email ID / SNID:

[SNID - Social Network ID | You can use additional sheet if you have information of more of your friends of your batch.]

.....
Signature of the graduate

G. 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:

H. Task Team Leader:

Name: Mobile No.

Email: Signature:

Campus Stamp:

