TRACER STUDY REPORT OUTLINE

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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 2021sorted according to the graduate list (in case of Master's programs, please include transcripts having Viva Date of 2021)

TRACER STUDY QUESTIONNAIRE

Tracer Study Questionnaire

Dear Graduate,

This institution is establishing a system of tracing its graduates and getting feedback regarding the type of work, further study or other activity you are/were involved in since you completed your study from the institution. The information provided will assist the institution in planning future educational needs. Results of this tracer study will only be presented in summary form and individual responses will be kept **strictly confidential**. We would, therefore, highly appreciate it if you could complete the following questionnaire and return it to us, at your earliest convenience.

Thank you for your kind cooperation and support

| A. PERSON | AL II | NFOF | RMA | TI | ON | : | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Permanent | Ado | dress | : | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender: | | Mal | e | | | Fe | ma | le | | | D | ate | e of | f Birth | 1: | | / | | . / . | | | (| Date | e For | rma | at: DD | /Moi | nth/Y | 'ear) | |
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| Passed Yea | r: | | | | | | (| as pe | er t | tran: | scri | pt's | s P (| assea | l Yed | ar) | | | | | | | | | | | | | | |
| Phone No: | (Mo | bile / | ' Res | sid | enc | ce / | ' Of | fice) | | | | | | ••••• | | . / . | | | | | | | | . / | •••• | ••••• | | | | |
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| Electronic S | Socia | ıl Net | wor | k I | D: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facebo | ok: . | | | | | | | | | | | | •••• | | Tv | vitte | er: | | | | •••• | •••• | | | | | | | | |
| Any oth | ner. | nleas | e sr | ec | ifv: | : | | | | | | | | | | | ID: . | | | | | | | | | | | | | |

| B. El | MPLOYMENT 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. Na | me of the Organization: | | | | | | | | | |
| ii. Ty | ii. Type of Organization: Private Public NGO/INGO Government Other: | | | | | | | | | |
| iii. A | ddress: | | | | | | | | | |
| iv. Phone Number: Email: | | | | | | | | | | |
| v. En | v. Employment Type: | | | | | | | | | |
| | vi. Designation: | | | | | | | | | |
| | | | | | | | | | | |
| In th | e case of Self Employment : | | | | | | | | | |
| i. Sta | rting Year: ii. Type of work / pro | fession: | | | | | | | | |
| 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 | | | | r which best s | uits your an | | | | |
| 1 | Relevance of the program to your professional | 0 | 1 | 2 | 3 | 4 | 5 | | | |
| | (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) | | | | | | | | | |
| | PURSUING FURTHER STUDY: | | _ | | | | | | | |
| | Enrolment Year: | | | | | | | | | |
| Program: Level: | | | | | | | | | | |
| Campus/University: | | | | | | | | | | |
| Cam | pus/University Address: | | | | | | ••••• | | | |
| D. Please provide your suggestions/recommendations for the betterment of your institution: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| E. What contribution/s you can provide to the institution for its betterment? | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| | /s of your friend/s, who had graduated in the same year you had graduated: | | | | | | | | |
| | e contact address of your colleagues whom you know from your batch. This will help us to effectively | | | | | | | | |
| 1. Name: | Contact No / Email ID / SNID: | | | | | | | | |
| 2. Name: | Contact No / Email ID / SNID: | | | | | | | | |
| 3. Name: | Contact No / Email ID / SNID: | | | | | | | | |
| [SNID - Social Netwo | rk ID You can use additional sheet if you have information of more of your friends of your batch.] | | | | | | | | |
| Signature of the gra | | | | | | | | | |
| G. TO BE FILLED BY | THE CAMPUS (Please fill all the given information): | | | | | | | | |
| Academic Informat | tion of Graduate: | | | | | | | | |
| Program Completed | d:Level: | | | | | | | | |
| Registration Numbe | er: Campus Roll No: | | | | | | | | |
| Passed Year: | (Passed year in transcript) | | | | | | | | |
| Verified by: | | | | | | | | | |
| Name: | Designation: | | | | | | | | |
| H. Task Team Lea | der: | | | | | | | | |
| Name: | Mobile No | | | | | | | | |
| Email: | Signature: | | | | | | | | |
| | | | | | | | | | |
| Campus Stamp: | | | | | | | | | |
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