

Education Humanities&Soc. Sc. Management Science & Technology

Forestry Law Engineering Medicine Agri &Veteniary Sc.

Phone No: (Mobile / Residence / Office) / /.....

Email ID: /

2. EMPLOYMENT DETAIL/INFORMATION:

2.1 Current Employment Status:

Employment Self Employed Unemployed

2.2 Employer's Details (your current organizationr):

2.2.1 Name of the Organization:

.....

2.2.2 Address :

2.2.3 Phone Number: Email:

.....

2.2.4 Type of Organization: Government Private NGO/INGO Others

2.2.5 Appointment Post/ Designation: Job started Year:

.....

2.2.6 Employment Type : Permanent Temporary Contract Daily Wages

2.2.7_In the case of **Self Employment**:

Employment Type: Industry Commerce/Trade Service Others

2.3_In the case of **Un-employment**:

No opportunity of Employment Unable to receive Professional Council License Further Study

3.1 On the basis of following activities, please evaluate the Academic program of the Institutions?

(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	Internship/Work Placement						
5	Teaching / Learning environment						
6	IT Skill						
7	Teacher Student relationship						
8	Library facility						
9	Lab facility						
10	Canteen / Toilets etc						
11	Any Others (please specify)					

3. IF PURSUING FURTHER STUDY:

Enrolment Year: (Year/Month)

Program: Level:

Campus/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?

.....
.....
.....

Signature of the graduate

G. TO BE FILLED BY THE CAMPUS

Academic Program of the Graduate:

Program Completed: Level:
.....

Passed Year (passed year in transcript) Percentage/Grade:
.....

Registration Number: Campus Roll No:
.....

Passed Year: (*Passed year in transcript*)

Verified by:

Name: Designation:
.....

H. Approved by Leader:

Name: Designation

Mobile No. Email:
.....

Signature:

Campus Stamp: