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

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B. El	MPLOYMENT INFORMATION:							
1 Cu	rrent Employment Status:							
Service in an organization Self Employed Unemployed								
<u>In ca</u>	se of <i>Service in an organization</i> : Employer's D	etails (of the	organizat	ion you are	currently wo	orking for):		
i. Na	i. Name of the Organization:							
ii. Ty	pe of Organization: Private Public	☐ NGO/IN	IGO 🗌 G	Government	t 🗌 Othe	r:		
iii. A	ddress:							
iv. P	iv. Phone Number: Email:							
v. En	v. Employment Type:							
vi. D	esignation:							
In th	e case of Self Employment :							
	rrting Year:ii. Type of work / pro	fession:						
	hich of the following best represent major s							
	nded? (Give number from the range 0-5) Excell	_		sses of the	mstitutiona	ii piograiii	tilat you	
SN	Particulars	Pleas	e tick unde	r the numbe	r which best s	uits your an	iswer	
314	Relevance of the program to your professional	0	1	2	3	4	5	
1	(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:		l., 10					
	Enrolment Year: (Year/Month) Program: Level:							
	pus/University:							
	pus/University Address:							
	ease provide your suggestions/recommendat							

E. What contribution/s you can provide to the institution for its betterment?									
F. Contact Address/s of ye	our friend/s, who had graduated in the same year you had graduated:								
[Note: Please provide contacomplete this tracer study.]	act 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 Network ID Y	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 C	AMPUS (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:									