

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.]

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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:

