

Quality Enhancement Cell Employer Survey

(To be filled in by Employer - after the completion of each academic year)

The purpose of this survey is to obtain HoD/Sectional Head input on the quality of education. QEC require assessing the quality of the academic program. The survey is with regard to University graduates employed at your department/ section. We seek your help in completing this survey

Name of Employee: _____ Designation _____

A: Excellent B: Very good C: Good D: Fair E: Poor

I. Knowledge.

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|---|-----|-----|-----|-----|-----|
| 1. Math, Science, Humanities and professional discipline, (if applicable) | (A) | (B) | (C) | (D) | (E) |
| 2. Problem formulation and solving skills | (A) | (B) | (C) | (D) | (E) |
| 3. Collecting and analyzing appropriate data | (A) | (B) | (C) | (D) | (E) |
| 4. Ability to link theory to Practice | (A) | (B) | (C) | (D) | (E) |
| 5. Ability to design a system component or process | (A) | (B) | (C) | (D) | (E) |
| 6. Computer knowledge. | (A) | (B) | (C) | (D) | (E) |

II. Communication Skills

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|------------------------|-----|-----|-----|-----|-----|
| 1. Oral communication | (A) | (B) | (C) | (D) | (E) |
| 2. Report writing | (A) | (B) | (C) | (D) | (E) |
| 3. Presentation skills | (A) | (B) | (C) | (D) | (E) |

III. Interpersonal Skills

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|-----------------------------------|-----|-----|-----|-----|-----|
| 1. Ability to work in teams | (A) | (B) | (C) | (D) | (E) |
| 2. Leadership | (A) | (B) | (C) | (D) | (E) |
| 3. Independent thinking | (A) | (B) | (C) | (D) | (E) |
| 4. Motivation | (A) | (B) | (C) | (D) | (E) |
| 5. Reliability | (A) | (B) | (C) | (D) | (E) |
| 6. Appreciation of ethical values | (A) | (B) | (C) | (D) | (E) |

IV. Work skills

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|---------------------------|-----|-----|-----|-----|-----|
| 1. Time management skills | (A) | (B) | (C) | (D) | (E) |
| 2. Judgment | (A) | (B) | (C) | (D) | (E) |
| 3. Discipline | (A) | (B) | (C) | (D) | (E) |

V. General Comments

Please make any additional comments or suggestions, which you think would help strengthen our programs for the preparation of graduates who will enter your field. Did you know as to what to expect from graduates?

VI. Information About Organization

1. Organization Name _____
2. Type of Business _____
3. Number of Graduates (specify the program) in your Organization:

HoD/Chairman Signature _____ Stamp _____