

## Employer Feedback Form

Name of the Organization:

Official email id:

In what capacity do you know the student

- Manager
- Supervisor
- Any other

Name of the **student** employed at your organization:

Scale	1	2	3	4	5
Rating	Excellent	Very Good	Good	Satisfactory	Poor

Questionnaires:

Criteria	1	2	3	4	5
Technical skills mentioned as per industry requirements and standards					
Management techniques and leadership skills					
Professional engineering solutions for sustainable development					
Enthusiasm to work for organization					
Understanding of the broader context of organization					
Effective Collaboration with other employees					
Capabilities and readiness for professional roles					
Student's work performance					

Any other comments/suggestions

Name:

Contact No.:

Email id: