



**Department of Electrical & Electronics Engineering**

**EMPLOYER'S FEEDBACK FORM**

**Academic year:**

**Date:**

1. Employer Profile

- Name of the Employer :
- Job profile/designation :
- Industry/organization :
- Industry Experience :
- Email.Id :
- Mobile No. :
- Would you like to be a member of Board of Studies (BOS) of this college?  
(Yes/No) :

2. Opinion about the existing curriculum based syllabus

3.Excellent <input type="checkbox"/>	2.Satisfactory <input type="checkbox"/>	1.Poor <input type="checkbox"/>
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3. Whether existing curriculum meets the modern technologies available in the Industries/Organization

3.Excellent <input type="checkbox"/>	2.Satisfactory <input type="checkbox"/>	1.Poor <input type="checkbox"/>
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4. Are you willing to visit KITS for Academic Interactions? (Yes/No)

5. Suggestions to improve curriculum related to current industry/organization:

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6. Any Other suggestions:

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**SIGNATURE**