FEEDBACK FORM FOR EMPLOYERS

All the Respected Employers are requested to please fill this form for College Development

Please rate your valuable feedback to improve the quality of the programme

Excellent as a 5

Very Good as a 4

Good as a 3

Satisfactory as a 2

Unsatisfactory as a 1

Please tick in the appropriate column for rating response

* Indicates required question

1. Email *

2. **Name** *

3. **Date of Birth** *

   Example: January 7, 2019

4. **Mobile No.** *

5. **COA Reg. No:** *

6. **Email ID :** *

_____

7. Firm Name and Address *

_____

8. **Higher Qualification** *

_____

9. **Designation** *

_____

10. Weather trainee attendance satisfactory *

Check all that apply.

- [ ] 5
- [ ] 4
- [ ] 3
- [ ] 2
- [ ] 1

11. The syllabus provides sufficient knowledge required in the field of architecture. *

Check all that apply.

- [ ] 5
- [ ] 4
- [ ] 3
- [ ] 2
- [ ] 1

12.   Curriculum content is appropriate to bridges the gap between industry and   *
       academics.

       Check all that apply.

       ☐ 5
       ☐ 4
       ☐ 3
       ☐ 2
       ☐ 1

13.   Clarity and understandings of technical drawings *

       Check all that apply.

       ☐ 5
       ☐ 4
       ☐ 3
       ☐ 2
       ☐ 1

14.   Training period is sufficient to learn additional skills *

       Check all that apply.

       ☐ 5
       ☐ 4
       ☐ 3
       ☐ 2
       ☐ 1

Google Forms