

SHIKSHAN MAHARSHI DNYANDEO MOHEKAR MAHAVIDYALAYA KALLAM

EMPLOYER FEEDBACK FORM ON CURRICULUM

Academic Year: 2018-2019

This form is intended to collect information relating to your satisfaction towards the design and revision of curriculum of Dr. Babasaheb Ambedkar Marathwada University, Auranagabad. The information provided by will be kept confidential will be used as important feedback for quality improvement of the programs and the institution. For each item please indicate your level of agreement with respect to the following points by selecting appropriate option. Please tick (✓) in the relevant cell.

Sr. No.	Particular	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Innovation and Creativity				✓	
2	Weightage given to employability/ Entrepreneurship/ Skill development				✓	
3	Weightage given to practical field work component				✓	
4	Depth of the course content.					✓
5	Curriculum proves to be useful at workplace					✓
6	Incorporation of component about development of ability to manage/leadership qualities.					✓
7	Weightage given to learning values (Knowledge manual skill, analytical abilities broadening perspectives)				✓	
8	Quality, clarity and relevance of textual reading / reference material/ study material.					✓
9	The prescribed books are available in the library in sufficient numbers					✓
10	The environment in the college is conducive to teaching and research					✓
11	ICT facilities in the college are adequate and satisfactory					✓
12	Program outcomes / programs specific outcomes/ course outcomes are achieved at the end of program/ course					✓

Suggestion if any:

Name:

Signatures:

Chairman

Address: Shikshan Maharshi Dnyandev Mohekar
Multi State Co-op Cr.Soc. Ltd. Moha

Mobile Number:

Date:

Email:



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Suggestion if any:

Name: Karsan R. Patel

Signatures:

 कारसन र. पटेल

Address:

राण अवंत को-ऑपरेटिव

बँक लिमिटेड कलंब

Mobile Number:

Date:

Email:

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Suggestion if any:

Name: Sridhar Bhatt.

Signatures: [Signature]

Address: Ransamant Kreedda Mandal
Kallam, Dist.Osmanabad

Mobile Number: 942070155

Date:

Email:

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Suggestion if any:

Name: Balasaheb Gatte

Signatures: [Signature]
 Managing Director
 Marathwada Agro Process Farmer
 Producer Company Ltd.
 Kallam-413507

Address: [Address]
 Mobile Number: 9763086680

Date:

Email:

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Suggestion if any:

Name:

Signatures:


Chairman

Address: Shikshan Maharashtra Dnyandev Mohekar
Agro Industries Ltd Moha

Mobile Number:

Date:

Email:



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Suggestion if any:

Name: Prof. Sanjay D. Ghule

Signatures:

Joint Secretary

Address: Shivva Public Charitable Trust
Kallam Dist. Osmanabad

Mobile Number: 9860831717

Date:

Email: