

# SHIKSHAN MAHARSHI DNYANDEO MOHEKAR MAHAVIDYALAYA KALLAM

## EMPLOYER FEEDBACK FORM ON CURRICULUM

Academic Year: 2019-2020

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 Coop C.S.S. Ltd. Moha

Mobile Number:

Date:

Email:



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Suggestion if any:

Name: Karan R. Patel

Signatures: 

Address: जनकल्याण अर्बन को-ऑपरेटिव्ह बँक लिमिटेड कळंब

Mobile Number:

Date:

Email:

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Suggestion if any:

Name: Shudhar Phavur

Signatures: [Signature]

Address: Ransamart Kroeda Mandal  
Kallam, Dist. Osmanabad

Mobile Number: 9422070153

Date:

Email:

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Suggestion if any:

Name: Balasaheb Gaire

Signatures: [Signature]  
**Managing Director**  
**Marathwada Agro Processess. Farmer**  
**Produce Company Ltd.**  
**Kallam-435077**

Address: [Address]  
 Mobile Number: 9763086680

Date:

Email:

# SHIKSHAN MAHARSHI DNYANDEO MOHEKAR MAHAVIDYALAYA KALLAM

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Suggestion if any:

Name:

Signatures:

Address: Shikshan Maharashtra Dnyandeo Mohekar Agro Industries Ltd. Moha

Mobile Number:

Date:

Email:



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Suggestion if any:

Name: *Prof. Sunjay D. Ghule*

Signatures: *[Signature]*  
**Joint Secretary**

Address: Shivajeeva Public Charitable Trust

Kallam Dist. Osmanabad

Mobile Number: *9860831111*

Date:

Email: