Form No. QAC-06

**Departmental Quality Assurance & Collaboration**

**Employer Feedback Form**

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| --- | --- |
| Name of Organization: |  |
| Address: |  |
| Contact No./Email: |  |

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| --- | --- | --- | --- | --- |
| Main Activity of Organization: | | | | |
| Research/Development | Production | Marketing | Academic | Service Provide |

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| --- |
| Name and position of MNS UET graduate you are evaluating: |
|  |

**Please indicate your level of satisfaction by assigning a number to each of the following statements as given below:**

**1. Highly Unsatisfied 2. Unsatisfied 3. Uncertain 4. Satisfied 5. Highly Satisfied**

|  |  |  |
| --- | --- | --- |
|  | Statements | Score |
| 1 | Is he/she able to demonstrate application of professional knowledge concerning his/her area of professionalism? |  |
| 2 | Is he/she able to demonstrate the ability to investigate, analyze and design solutions of given problems? |  |
| 3 | Does he/she take into account the environmental and societal concerns in his/her professional practice? |  |
| 4 | Has he been noted for upholding ethical values in exercising his/her profession? |  |
| 5 | Has he been observed demonstrating effective leadership qualities while leading a team of peers or subordinates? |  |
| 6 | Would you like to retain him/her in your organization in future as well? | Yes/No |
| Any Suggestion: | | |