

PSPS's

INDIRA INSTITUTE OF PHARMACY, SADAVALI.

SANGMESHVAR, 415804



**EMPLOYER'S FEEDBACK FORM**

<b>Information of the Alumni</b>	
<b>Name of the Alumni</b>	
<b>Present Designation</b>	
<b>Experience In This Organization</b>	

**To Be Filled By Employer/ Reporting Authority**

(Please tick (✓) appropriate option for each parameter)

Sr. No	Parameter	Excellent	Very Good	Good	Average
1	Performance of Our Graduate				
2	Inclination to Adopt New Technology				
3	Communication Skill				
4	Leadership Skills				
5	Professional Attitude				
6	Ethics				
7	Independent Thinking and Problem Solving Ability				
8	Inclination to Identify New Problems in Society				

<b>Information about the employer/ organisation</b>	
<b>Name of the Employer/Firm:</b>	
<b>Designation of the person filling the information on behalf of the organization:</b>	
<b>Experience at your Organization:</b>	
<b>Suggestions (if any)</b>	

Signature

Name and designation of Authority

Seal of the Organization

*"Thank you for providing the information regarding our alumni"*

*Note: kindly send scanned copy of filled employers feedback form with seal of organization to the following email.*

Phone: 02354-261799

e-mail: [iipefeedback@gmail.com](mailto:iipefeedback@gmail.com)