



BRAINWARE UNIVERSITY

Employer’s Feedback Form

Name of the Company :

Address of the Company :

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City: State: Pin:

Name of the contact person :

E-mail: Contact No.:

Preferred Discipline :

1. How do you find the disciplinary knowledge of our students (as per our syllabus) with respect to your industry/company requirements?

Excellent Very Good Good Satisfactory Poor If Satisfactory/Poor, suggest changes to be

incorporated in the syllabus

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2. Would you like to provide implant training to our students to make them at par with industry/company requirements? Yes No

3. Any other suggestions?

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Signature:

Date: