Department of Information Science and Technology, CEG, Anna University

Employer Feedback Form -

Name of the Program : M.Tech (IT)

* Required

1. **1. Rate the relevance of the Curriculum for Employability** *

   Mark only one oval.

   ◯ Excellent

   ◯ Very Good

   ◯ Good

   ◯ Average

   ◯ Cannot comment

2. **2. Rate the effectiveness of the Curriculum for developing initiating thinking** *

   Mark only one oval.

   ◯ Excellent

   ◯ Very Good

   ◯ Good

   ◯ Average

   ◯ Cannot comment

3. **3. Rate the relevance of Courses in relation to the program** *

   Mark only one oval.

   ◯ Excellent

   ◯ Very Good

   ◯ Good

   ◯ Average

   ◯ Cannot comment

4. **4. Rate the effectiveness of the electives with respect to the technological advancements** *

   Mark only one oval.

   ◯ Excellent

   ◯ Very Good

   ◯ Good

   ◯ Average

   ◯ Cannot comment

5. **5. Rate the course contents in relation to the specialization stream** *

Mark only one oval.

- ( ) Excellent
- ( ) Very Good
- ( ) Good
- ( ) Average
- ( ) Cannot comment

6. **6. Rate the effectiveness of the laboratory courses and experiments in relation with latest industry requirement** *

Mark only one oval.

- ( ) Excellent
- ( ) Very Good
- ( ) Good
- ( ) Average
- ( ) Cannot comment

7. **7. Rate the effectiveness of the Syllabus for adopting new technologies** *

Mark only one oval.

- ( ) Excellent
- ( ) Very Good
- ( ) Good
- ( ) Average
- ( ) Cannot comment

8. **8. Rate the effectiveness of the curriculum for the development of entrepreneurship** *

Mark only one oval.

- ( ) Excellent
- ( ) Very Good
- ( ) Good
- ( ) Average
- ( ) Cannot comment

9. **9. Rate the effectiveness of the curriculum for the development of team spirit** *

Mark only one oval.

- ( ) Excellent
- ( ) Very Good
- ( ) Good
- ( ) Average
- ( ) Cannot comment

10. **10. Rate the effectiveness of the curriculum for the development of leadership** *

Mark only one oval.

- ◯ Excellent
- ◯ Very Good
- ◯ Good
- ◯ Average
- ◯ Cannot comment

11. **Name of the Employer/Firm** *

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12. **Name and Designation of the person giving feedback** *

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