

Self Assessment Report Survey

Proforma-8 Employer Survey

(To be filled in by HOD/Sectional Head, after the completion of each academic year)

The purpose of this survey is to obtain HOD/Sectional Head input on the quality of education. QEC require assessing the quality of the academic program. The survey is with regard to University graduates employed at your section.

Name of Employee: _____

Designation: _____

Institution/ Department: _____

Program: _____

Year of Graduation: _____

Knowledge						
Sr	Core Questions	Excellent	Very Good	Good	Fail	Poor
1	Medical and any other professional discipline, (if applicable)					
2	Problem formulation and solving skills					
3	Collecting and analyzing appropriate data					
4	Ability to link theory to Practice					
5	Ability to design a system component or process					
6	Computer knowledge.					
Communication Skills						
Sr	Core Questions	Excellent	Very Good	Good	Fail	Poor
1	Oral communication					
2	Report writing					
3	Presentation skills					
Interpersonal Skills						



Sr	Core Questions	Excellent	Very Good	Good	Fail	Poor
1	Ability to work in teams					
2	Leadership					
3	Independent thinking					
4	Motivation					
5	Reliability					
6	Appreciation of ethical values					
Work skills						
1	Time management skills					
2	Judgment					
3	Discipline					

2. General Comments:

Please make any additional comments or suggestions, which you think would help strengthen our programs for the preparation of graduates who will enter your field. Did you know as to what to expect from graduates?

3. Information about Organization:

1. Number of Graduates (specify the program) in your department/Section: _____

HOD Signature _____ Stamp _____