

# Employer Feedback Form

Name:

Organization:

Industry / Sector:

Designation of Employer:

Date:

---

Alumni Name:

Alumni Designation:

Please give your feedback for Mr. /Ms. \_\_\_\_\_

Evaluate him/her on following criteria on the bases of your experience. And give marks out of 10.

| Sr. No. | Criteria                            | Marks out of 10 |
|---------|-------------------------------------|-----------------|
| 1.      | Ability to Motivate                 |                 |
| 2.      | Leadership                          |                 |
| 3.      | Communication                       |                 |
| 4.      | Administration Skill                |                 |
| 5.      | Decision Making                     |                 |
| 6.      | Negotiation Skill                   |                 |
| 7.      | Performance against Goal Setting    |                 |
| 8.      | Innovation                          |                 |
| 9.      | Integrity                           |                 |
| 10.     | Commitment                          |                 |
| 11.     | Team Work                           |                 |
| 12.     | Problem Solving                     |                 |
| 13.     | Interpersonal Skill                 |                 |
| 14.     | Punctuality                         |                 |
| 15.     | Job knowledge / Competency          |                 |
| 16.     | Initiative                          |                 |
| 17.     | Reliability                         |                 |
| 18.     | Growth and Developments Orientation |                 |
| 19.     | Others Pl. Specify _____            |                 |