

INDUSTRY FEEDBACK FORM

Name of the Organization: _____

Contact Person: _____

Address: _____

Phone: _____ **Fax:** _____

Email : _____

Date of Visit : _____

| | Excellent | Very Good | Good | Average | Below Average |
|------------------------------------|-----------|-----------|------|---------|---------------|
| Communication Skills | | | | | |
| Technical Skills | | | | | |
| Aptitude | | | | | |
| Decisiveness | | | | | |
| Knowledge about the subject | | | | | |
| General Knowledge | | | | | |

General Remarks: _____

Hospitality: _____

Signature & Designation of Officer Making Report

Name of the Members of the Recruitment Team

1. _____ Contact : _____ Email : _____

2. _____ Contact : _____ Email : _____

3. _____ Contact : _____ Email : _____

4. _____ Contact : _____ Email : _____

5. _____ Contact : _____ Email : _____