

**INDUSTRY INSTITUTE INTERACTION CELL  
INDUSTRIAL TRAINING FEEDBACK FORM**

Name of the student:

Course, Branch & Semester:

Name of the Industry:

Period:

Type of Interaction:

Whether report has been submitted:

Questions	Response of Students				
	Excellent	Good	Fair	Poor	Blank
Relevance of the industrial training/ visits (or input received) w.r.t your curriculum	Excellent	Good	Fair	Poor	Blank
Whether any specific official was assigned for you during the training (or visits)	Yes	No			Blank
Willingness to share information & details by the officials of the organization	Excellent Poor	Good	Fair		Blank
Access to different facilities of interest to you - for observation, gather data and get your clarifications cleared	Excellent Poor	Good	Fair		Blank
Whether any relevant technical literature is obtained from the Industry	Yes	No			Blank
Was the whole training based on a well defined schedule and adherence to the schedule?	Yes	No			Blank
Was the opportunity given for you to work on real time problem or practical problem or on the day to day activities of the organization?	Yes	No			Blank
Do the people in the organization encourage interaction with them or extended support in clarifying your doubts or providing information you have sought for?	Yes No	Sometimes			Blank
Was there any formal class room training organized as part of the training where in the functioning of the organization, technical basics of their operation etc. were arranged?	Yes	No			Blank
Hospitality of the industry (Providing food / refreshments & accommodation / willingness to help you for any problems faced during the period where it is agreed upon etc.)	Excellent	Good	Fair	Poor	Blank
Overall usefulness of the interaction with the industry	Excellent Poor	Good	Fair		Blank

Your recommendation for considering this organization for training (or industry institute interaction) in future	Strong	Can be considered	Not	Blank
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Signature