TRACER STUDY QUESTIONNAIRE

Tracer Study Questionnaire

Dear Graduate,

*This institution is establishing a system of tracing its graduates and getting feedback regarding the type of work, further study or other activity you are/were involved in since you completed your study from the institution. The information provided will assist the institution in planning future educational needs. Results of this tracer study will only be presented in summary form and individual responses will be kept **strictly confidential**. We would, therefore, highly appreciate it if you could complete the following questionnaire and return it to us, at your earliest convenience.*

Thank you for your kind cooperation and support

A. PERSONAL INFORMATION:

(Given Name) *(Middle Name)* *(Surname/Family Name)*

Name:

Present Address: .....

Permanent Address: .....

Gender: ☐ Male ☐ Female Date of Birth: ..... / ..... / ..... **(Date Format: DD/Month/Year)**

Program Completed: ☐ BA ☐ BBS

Passed Year: ..... *(as per transcript's **Passed Year**)*

Phone No: (Mobile / Residence / Office) ..... / ..... /.....

Email ID: ..... / .....

Electronic Social Network ID:

Facebook: ..... Twitter: .....

Any other, please specify: ..... ID: .....

B. EMPLOYMENT INFORMATION:

1 Current Employment Status:

☐ Service in an organization ☐ Self Employed ☐ Unemployed

In case of ***Service in an organization***: Employer's Details *(of the organization you are currently working for):*

i. Name of the Organization: .....

ii. Type of Organization: ☐ Private ☐ Public ☐ NGO/INGO ☐ Government ☐ Other: .....

iii. Address: .....

iv. Phone Number: ..... Email: .....

v. Employment Type: ☐ Full time ☐ Part time

vi. Designation: .....

In the case of ***Self Employment***:

i. Starting Year: ..... ii. Type of work / profession: .....

2 Which of the following best represent major strengths and weaknesses of the institutional program that you attended? *(Give number from the range 0-5) Excellent = 5 Very Weak = 0*

SN	Particulars	Please tick under the number which best suits your answer					
		0	1	2	3	4	5
1	Relevance of the program to your professional (job) requirements						
2	Extracurricular activities						
3	Problem solving ability						
4	Work placement / attachment / internship						
5	Teaching / Learning environment						
6	Quality of education delivered						
7	Teacher Student relationship						
8	Library facility						
9	Lab facility						
10	Sports facility						
11	Canteen / Urinals etc						
12	Other strengths / weaknesses (please specify)						

C. IF PURSUING FURTHER STUDY:

Enrolment Year: ..... **(Year/Month)**

Program: ..... Level: .....

Campus/University: .....

Campus/University Address: .....

D. Please provide your suggestions/recommendations for the betterment of your institution:

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E. What contribution/s you can provide to the institution for its betterment?

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F. Contact Address/s of your friend/s, who had graduated in the same year you had graduated:

[Note: Please provide contact address of your colleagues whom you know from your batch. This will help us to effectively complete this tracer study.]

1. Name: ..... Contact No / Email ID / SNID: .....

2. Name: ..... Contact No / Email ID / SNID: .....

3. Name: ..... Contact No / Email ID / SNID: .....

[SNID - Social Network ID | You can use additional sheet if you have information of more of your friends of your batch.]

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Signature of the graduate

G. TO BE FILLED BY THE CAMPUS (*Please fill all the given information*):

Academic Information of Graduate:

Program Completed: ..... Level: .....

Registration Number: ..... Campus Roll No: .....

Passed Year: ..... ***(Passed year in transcript)***

Verified by:

Name: ..... Designation: .....

H. Task Team Leader:

Name: …… Mobile No. ……..

Email: …… Signature: ……

Campus Stamp: