



Department of Agriculture
Feedback Form from Employer

1. Name of the Employee:.....

2. Address:.....
.....
.....

3. Name of the Employer:.....
.....

4. Feedback about Department of Agriculture:

(a) Positive Aspects:

.....
.....
.....
.....
.....

(b) Negative Aspects(If any) :

.....
.....

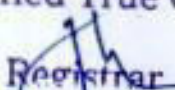
4.Evaluation: Please tick mark(✓) any of them

5. Excellent Very Good Good Average Poor

Date :

Signature:

Certified True Copy


Registrar
Jagan Nath University, Jaipur

ANNEXURE

740

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