**EMPLOYEE FEEDBACK FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Employees** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Name of Department/Section** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Please rate the University from Employee’s perspective** **(tick one box for rating)****Your Feedback :** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  **Rating** 5 **4 3 2 1** |  |  |  |  |  **1** |  **2** |  **3** |  | **4** |  **5** |  |  |

(a) Work Environment

(b) Welfare Measures

(c) Timely Salary

(d) Leaves

(e) IT Facilities

(f) Sports Facilities

(g) Celebration of Important Days/Events

1. Medical Facilities

1. Grievance Redressal

 (j) Any specific suggestion for improvement in about 50 words.

Rating Score: 5 = Excellent 4 = Very Good 3 = Good 2 = Average 1 = Poor