



**Employer's Feedback Form**

**1. Industry / Organization Profile**

- Name of the Industry :
- Address of Industry :
  
- Name of Contact Person :
- Mobile No. : Office No. :
- Email :
- Type of Industry :
- Would you like to be a member of Board of Studies (BOS) of this University?  
 Yes  No
- Would you like to help in academic/ innovative activities of this University?  
 Yes  No

**2. Opinion about syllabus of Solapur University :**

Is syllabus of university matching to your industrial requirements?  Yes  No  
Suggests changes to be incorporated in the syllabus:

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

**3. Placement / Training :**

Would you like to provide short term implant training to Solapur University students?  
 Yes  No

Are you interested in placement of Solapur University students in your Industry?  
 Yes  No

**4. Are you willing to visit Solapur University for Academic interactions?**

Yes  No

**5. Any other Suggestions:**

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

Signature :

Date :