## TRACER STUDY QUESTIONNAIRE

Dear Graduate, Our 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 1. PERSONAL DETAILS/ INFORMATION: (Surname/Family Name) (Middle Name) (Given Name) Name: Present Address: Province: District: District: Municipality/Sub-Metropolitan/Metropolitan City ...... Ward No. ..... Tole: ..... Municipality/Sub-Metropolitan/ Metropolitan City ...... Ward No. ..... Tole: ..... Gender: Male Female Other Date of Birth: BS: .... / ...... / ........ AD:....../ ............ (Date Format: DD/Month/Year) Graduation Year: BS.... / ...... / ............ Admission Year: BS: .... / ...... / .........

Master

Program Completed: Bachelor

| Education Humanities&Soc. Sc. Management Science & Technology                            |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Forestry   |  |  |  |  |  |  |
| Phone No: (Mobile / Residence / Office) /  |  |  |  |  |  |  |
| Email ID:/   |  |  |  |  |  |  |
| 2. EMPLOYMENT DETAIL/INFORMATION:  |  |  |  |  |  |  |
| 2.1 Current Employment Status:   |  |  |  |  |  |  |
| Employment Self Employed Unemployed  |  |  |  |  |  |  |
| 2.2 Employer's Details ( your current organizationr):                                    |  |  |  |  |  |  |
| 2.2.1 Name of the Organization:  |  |  |  |  |  |  |
| 2.2.2 Address :  |  |  |  |  |  |  |
| 2.2.3 Phone Number: Email:   |  |  |  |  |  |  |
| 2.2.4 Type of Organization: Government Private NGO/INGO Others                           |  |  |  |  |  |  |
| 2.2.5 Appointment Post/ Designation:   |  |  |  |  |  |  |
| 2.2.6 Employment Type : Permanent  |  |  |  |  |  |  |
| 2.2.7_In the case of <b>Self Employment</b> :  |  |  |  |  |  |  |
| Employment Type: Industry  Commerce/Trade  Service  Others                               |  |  |  |  |  |  |
| 2.3_In the case of <i>Un-employment</i> :  |  |  |  |  |  |  |
| No opportunity of Employment Ulple to receive Professional Council License Further Study |  |  |  |  |  |  |

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## 3.1 On the basis of following activities, please evaluate the Academic program of the Institutions?

(Excellent = 5 Very Weak = 0)

3. IF PURSUING FURTHER STUDY:

| 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  | Internship/Work Placement  |   |   |   |   |   |   |
| 5  | Teaching / Learning environment                                  |   |   |   |   |   |   |
| 6  | IT Skill   |   |   |   |   |   |   |
| 7  | Teacher Student relationship                                     |   |   |   |   |   |   |
| 8  | Library facility   |   |   |   |   |   |   |
| 9  | Lab facility   |   |   |   |   |   |   |
| 10 | Canteen / Toilets etc  |   |   |   |   |   |   |
| 11 | Any Others (please specify)                                      |   |   |   |   |   |   |

## 

| E. What contribution/s you can provide to the institution for its betterment? |                           |  |  |  |  |
|---|---------------------------|--|--|--|--|
|   |                           |  |  |  |  |
|   |                           |  |  |  |  |
|   |                           |  |  |  |  |
| Signature of the graduate   |                           |  |  |  |  |
| Signature of the graduate   |                           |  |  |  |  |
| G. TO BE FILLED BY THE CAMPUS   |                           |  |  |  |  |
| Academic Program of the Graduate:   |                           |  |  |  |  |
| Program Completed:  | Level:                    |  |  |  |  |
| Passed Year (passed year in transcript)                                       | Percentage/Grade:         |  |  |  |  |
| Registration Number:  | Campus Roll No:           |  |  |  |  |
| Passed Year: (Po  | assed year in transcript) |  |  |  |  |
| Verified by:  |                           |  |  |  |  |
| Name:   | Designation:              |  |  |  |  |
| H. Approved by Leader:  |                           |  |  |  |  |
| Name:   | Designation               |  |  |  |  |
| Mobile No   | Email:                    |  |  |  |  |
| Signature:  |                           |  |  |  |  |
|   |                           |  |  |  |  |

**Campus Stamp:**