

Capital University of Science and Technology

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Alumni Feedback Form

Name: City of		lence	:				
M	obile No: Email ID:	Email ID:					
Dept+Reg#: Graduation Y		ear: _					
1.	<u> </u>	Self-Employed rsuing Higher Education					
If	employed/self-employed:						
Career starting date: Career starting organization:							
Career starting position: Current designation:_							
Working within degree domain: Yes No Are you leading any group/team: Yes No							
Current organization name and address:							
3. 4. 5. 6. 7.	 If you have done or currently pursuing any higher qualification/certification, please specify degree/certification:						
(1)Highly Dissatisfied (2) Dissatisfied (3) Uncertain (4) Satisfied (5) Highly Sa		atisfied 1	2	3	4	5	
	You were given adequate knowledge and skills to solve practical						
b)	problems in your domain. You were given sufficient motivation to further enhance your knowledge in the relevant field.						
c)	You were equipped with sufficient skills to meet the challenges of the industry.						
d)	You were groomed sufficiently to contribute effectively as a team member as well as a team lead.						
e)	You were provided adequate environment to adhere to ethical values at workplace.						
f)	You were trained to analyze existing literature and self-learn new technologies.						
9.	Please give comments/suggestions for improvement:						