

Form: QA-PSA-4B  
Frequency - Every Semester Jan/July  
Date-

**Institute Quality Assurance Cell  
Professional and Social Activities Committee  
Industrial Interactions Feedback Form**

Department \_\_\_\_\_

Interaction ID	Feedback of Guest Speaker about the Institute	Feedback of Participants	Overall Feedback of Industry sponsoring the project	Feedback of PI/ Investigators	Feedback of Instructor about the training	Feedback of participants

(Name and Signature of Rapporteur)

HoD