



Department of Agriculture
Feedback Form from Industry

- 1. Name of the Industry:.....
- 2. Address:.....
- 3. Feedback about Department of Agriculture:

(a) Positive Aspects:

.....

.....

.....

.....

.....

(b) Negative Aspects(if any) :

.....

.....

4. Evaluation: Please tick mark(✓) any of them

5. Excellent Very Good Good Average Poor

Date :.....

Signature:

Certified True Copy

[Signature]

Registrar

Jagan Nath University, Jaipur

ANNEXURE -

708 - 739