



# केन्द्रीयसंस्कृतविश्वविद्यालयः

संसदः अधिनियमेन स्थापितः  
(प्राक्तनं राष्ट्रियसंस्कृतसंस्थानम्, मानितविश्वविद्यालयः)  
भारतसर्वकारस्य मानवसंसाधनविकासमन्त्रालयाधीनः

## Employer Feedback Form

### नियोक्ता प्रतिपुष्टिपत्रम्

Please give us your valuable feedback as per the following points:

कृपया हमें निम्नलिखित बिंदुओं के अनुसार अपनी बहुमूल्य प्रतिक्रिया दें

Note:- Valuable suggestions are cordially invited through this feedback to improve the quality of various courses conducted in the university and to increase the credibility of the university. Looking forward to your cooperation.

नोट : विश्वविद्यालय में संचालित विभिन्न पाठ्यक्रमों की गुणवत्ता में सुधार करने और विश्वविद्यालय की विश्वनीयता बढ़ाने के लिए अमूल्य सुझाव इस फीडबैक के माध्यम से सादर आमंत्रित है. आपसे सहयोग की अपेक्षा है।

[sanjay@csu.co.in](mailto:sanjay@csu.co.in) [Switch account](#)



\* Required

Email \*

Your email



Session \*

सत्रम्

- Session 2021-22
- Session 2020-21
- Session 2019-20
- Session 2018-19
- Session 2017-18
- Session 2016-17
- Session 2015-16
- Session 2014-15
- Other: \_\_\_\_\_



Campus Name \*

परिसरनाम

- Head Quarter, New Delhi
- Bhopal Campus
- Ekalavya Campus
- Ganganath Jha Campus
- Guruvayoor Campus
- Jaipur Campus
- K.J. Somaiya Campus
- Lucknow Campus
- Shri Raghunath Kirti Campus
- Shri Rajiv Gandhi Campus
- Shri Ranbir Campus
- Shri Sadashiv Campus
- Vedvyas Campus



Department/ Subject \*

विभागनाम

- Navya Vyakarana
- Prachin Vyakarana
- Sahitya
- Siddhanta Jyotisha
- Phalit Jyotisha
- Sarva Darshana
- Dharma Shastra
- Puranetihasa
- Veda
- Paurohitya
- Jain Darshan
- Bauddha Darshan
- Sankhya Yoga
- Navya Nyaya
- Prachin Nyaya Vidya Vaisheshikam
- Mimansa
- Advait Vedanta
- Shikshashastra
- Yoga & Ayurveda Sahitya
- Vastu & Jyotish Shastra
- Other: \_\_\_\_\_



Name of Employer \*

(नियोक्ता नाम )

Your answer

Designation of Employer \*

(नियोक्ता नाम )

Your answer

Name of Employee \*

(कर्मचारी नाम )

Your answer

Designation \*

पदम्

Your answer

Nature of Employment \*

Central Government

State Government

Private


Other: \_\_\_\_\_

Date of Joining in current designation \*

नियुक्ति तिथि:

Date



dd-mm-yyyy 

Gender \*

लिंगम् (महिला/ पुरुष/ अन्य)

Male

Female

Other: \_\_\_\_\_

Category \*

श्रेणी (सामान्य (GEN) अनुसूचित जाति (SC), अनुसूचित जनजाति (ST) अन्य पिछड़ा वर्ग (OBC) आर्थिक रूप से कमजोर वर्ग (EWS) दिव्यांग (PH))

General

EWS

OBC

SC

ST

PH

Other: \_\_\_\_\_

Employee's Mobile No./ ( WhatsApp No.) \*

दूरभाषसंख्या

Your answer \_\_\_\_\_



Email Address for further communication \*

ई-पत्रसङ्केतः

Your answer

Postal Address for further communication \*

पत्रसङ्केतः

Your answer

Page 1 of 3

Next

Clear form

Never submit passwords through Google Forms.

This form was created outside of your domain. [Report Abuse](#) - [Terms of Service](#) - [Privacy Policy](#).

Google Forms

