

NSB World Business School Industrial Visit feedback form

Field	Description				
Company / Organization Visited					
Location					
Date of Visit					
Faculty Coordinator(s)					
Department / Batch					
Criteria	5	4	3	2	1
1. Relevance of the industry visit to your specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pre-visit briefing and orientation by faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hospitality and coordination by host organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Exposure to real-time business operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Learning value and clarity of industry processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Travel and logistics arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall organization of the visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Question	Response				
What key learnings did you gain from the visit?					
Which part of the visit was most useful?					
Suggestions for future visits					

Faculty In-charge

Student Affairs

HoP

Director