

**Tribhuvan University  
Institute of Medicine  
Birgunj Nursing Campus**

**Tracer Study Questionnaire**

*Dear Graduate,*

*This institution is establishing a system of tracing its graduates and getting feedback regarding the type of work, further study or other activity you are/were involved in since you completed your study from the institution. The information provided will assist the institution in planning future educational needs. Results of this tracer study will only be presented in summary form and individual responses will be kept **strictly confidential**. We would, therefore, highly appreciate it if you could complete the following questionnaire and return it to us, at your earliest convenience.*

*Thank you for your kind cooperation and support*

**A. PERSONAL INFORMATION:**

Name: (Given Name) (Middle Name) (Surname/Family Name)

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Caste/ Ethnic group:

- 1. Hill Brahmin/Chhetri
- 2. Terai Brahmin/Chhetri
- 3. Hill Dalit
- 4. Terai Dalit
- 5. Hill Janajati
- 6. Terai Janajati
- 6. If Others, mention.....

Present Address: .....

Permanent Address: .....

Gender:  Male  Female Date of Birth: ..... / ..... / ..... (Date Format: DD/Month/Year)

Age in Years.....

Phone No: ..... (Res) ..... (Mo) ..... (Office)

Email ID: ..... / .....

Electronic Social Network ID:

Facebook: ..... Twitter: .....

Any other, please specify: ..... ID: .....

Level of Education Completed

- a. PCL  BNS  B.Sc.

B. Employment Information:

B.1 Did you find the job immediately after the completion of the course?  Yes  No

B.2 If 'No', how long did it take you to find a job since obtaining your degree from this institution?  
..... months

B.3 Please give reasons for any time gap between obtaining your degree and your first employment.

.....  
.....

B.4 Which one of the following best describes your current position with regard to paid work?

- Working full-time
- Working part-time but seeking full-time work
- Working part-time but not seeking full-time work
- Not working and looking for a job
- Others, please specify .....

B.5 How did you come to know about your current job?

- Through friends
- Through relatives
- Through written enquiries
- Advertisement in media
- Other (please specify): .....

C. Current Employment Status:

C.1 Employer's Details:

i. Name of the Organization: .....

ii. Type of Organization:  Private  NGO/INGO  Government

iii. Address: .....

iv. Employment Type:  Teaching  Clinical Duty  Others: .....

C.2 Job Status:

i. Designation: ..... Level:  Sr. Level  Mid Level  Operation Level  
 Assistant Level

ii. Department / Division (if any): .....

iii. Date of Appointment: ..... (Date Format: DD/Month/Year)

D. What type of jobs were you expecting that you may find by choosing your last program?

.....  
 .....

E. Do you face any major problem/s in your job assignments?  Yes  No

If 'Yes', please specify the problems briefly:

.....  
 .....  
 .....

F. Were you adequately prepared for your present job by the program you attended at your institution, please explain:

.....  
 .....  
 .....  
 .....  
 .....  
 .....

G. How would you rate the contribution of the program of your study at the institution to your personal knowledge, skills and attitudes?

(Give number from the range 0-5) Very much= 5 Not at all= 0

SN	Particulars	Please tick under the number which best suits your answer					
		0	1	2	3	4	5
1	Enhanced academic knowledge						
2	Enhanced clinical skills						
3	Improved problem-solving skills						
4	Improved research skills						
5	Improved learning efficiency						
6	Improved communication skills						
7	Improved information technology skills						
8	Enhanced team spirit						

H. Was your program of study at the institution relevant to your present job?

(Give number from the range 0-5) Very much= 5 Not at all= 0

SN	Particulars	Please tick under the number which best suits your answer					
		0	1	2	3	4	5
1	Enhanced academic knowledge						
2	Enhanced clinical skills						
3	Improved problem-solving skills						
4	Improved research skills						

5	Improved learning efficiency						
6	Improved communication skills						
7	Improved information technology skills						
8	Enhanced team spirit						

I. How satisfied are you with your current job?  Very much  Much  A little  Not satisfied

J. Do you intend to stay in the same job/profession?  Yes  No

K. Which of the following best represent major strengths and weaknesses of the institutional program that you attended?

(Give number from the range 0-5) Very high = 5 Does not apply = 0

SN	Particulars	Please tick under the number which best suits your answer					
		0	1	2	3	4	5
1	Range of courses offered						
2	Number of optional subjects						
3	Relevance of the program to your professional requirements						
4	Extracurricular activities						
5	Problem solving						
6	Inter-disciplinary learning						
7	Work placement/attachment						
8	Favorable Teaching/Learning environment						
9	Quality of teaching/Learning Method						
10	Quality of Clinical exposure						
11	Teacher Student Relationship						
12	Library/Lab etc.						
13	Other strengths / weaknesses (please specify) .....s						

L. If pursuing further study:

Enrolment Year: ..... (Year/Month)

Program: ..... Level: .....

Campus/University: .....

Campus/University Address: .....

Could you please give the main reasons for pursuing further studies?

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M. Please provide your suggestions/recommendations for the betterment of your institution:

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N. What contribution/s may you provide to the institution for its betterment?

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O. Contact Address/s of your friend/s, who had graduated in the same year you had graduated:

[Note: Please provide contact address of your colleagues whom you know from your batch. This will help us to effectively complete this tracer study.]

- 1. Name: ..... Contact No / Email ID / SNID: .....
- 2. Name: ..... Contact No / Email ID / SNID: .....
- 3. Name: ..... Contact No / Email ID / SNID: .....
- 4. Name: ..... Contact No / Email ID / SNID: .....
- 5. Name: ..... Contact No / Email ID / SNID: .....

[SNID - Social Network ID | You can use additional sheet if you have information of more of your friends of your batch.]

.....  
Signature of the graduate

**P. TO BE FILLED BY THE CAMPUS:**

***Academic Information of Graduate:***

Program Completed: ..... Level: .....

Registration Number: ..... Campus Roll No: .....

Date of Result (Final Result - All Passed): ..... (Date Format: DD/Month/Year)

Checked and verified by: ..... Date: .....

**Campus Stamp:**

