



GIET SCHOOL OF PHARMACY

10

(SPONSORED BY SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAHMUNDRY – 533 294, E.G. District, (A.P.)

Tel : 0883 – 2484444, 6577444, Fax: 0883 – 2484444, 2484739.

NAAC ACCREDITED

ALUMNI FEEDBACK FORM ON CURRICULUM (2017-18)

Name of the Student: *M. Rani*

Programme/Semester: *B.Pharmacy*

We are glad that you have spent valuable years pursuing studies at our institute. Your valuable inputs through this questionnaire will be great use for quality improvement of the programme/institution

Directions:

For each item, please indicate your level of satisfaction with the following statement by choosing between 1 and 5. (1- Excellent, 2- Very good, 3- Good, 4- Average, 5- Poor)

S. No	Teaching, learning and evaluation	1	2	3	4	5
1	Adequateness of courses offered in the program	✓				
2	Sufficiency of the syllabus to bridge the gap between academics and industry		✓			
3	Rate the experiential learning of the courses		✓			
4	The skills acquired from the curriculum to face the industry challenges/requirements	✓				
5	The institute's laboratory and equipment adequateness for practical exposure		✓			
6	Rate the offering of electives in relation to technology advancements	✓				
7	The design of the courses in terms of extra learning or self-learning		✓			
8	Training and placements cell in getting ample placements opportunities	✓				
9	Rate the competence and support offered by the teachers	✓				
10	Institute's support and contribution for the overall development of students					
	TOTAL	5	4	0	0	0

Any other suggestions: _____

Date: *14-11-2018*

M. Rani
Signature

J. M.D. DHANA RAJU,
M.Pharm., Ph.D.
Principal,
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City,
RAJAHMUNDRY - 533-294 (A.P.)





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ALUMNI FEEDBACK FORM ON CURRICULUM (2017-18)

Name of the Student: *K. Sunil Teja*

Programme/Semester: *Bpharmacy.*

We are glad that you have spent valuable years pursuing studies at our institute. Your valuable inputs through this questionnaire will be great use for quality improvement of the programme/institution


Directions:

For each item, please indicate your level of satisfaction with the following statement by choosing between 1 and 5. (1- Excellent, 2- Very good, 3- Good, 4- Average, 5- Poor)

S. No	Teaching, learning and evaluation	1	2	3	4	5
1	Adequateness of courses offered in the program	✓				
2	Sufficiency of the syllabus to bridge the gap between academics and industry		✓			
3	Rate the experiential learning of the courses	✓				
4	The skills acquired from the curriculum to face the industry challenges/requirements			✓		
5	The institute's laboratory and equipment adequateness for practical exposure		✓			
6	Rate the offering of electives in relation to technology advancements	✓			✓	
7	The design of the courses in terms of extra learning or self-learning	✓				
8	Training and placements cell in getting ample placements opportunities			✓		
9	Rate the competence and support offered by the teachers					✓
10	Institute's support and contribution for the overall development of students	✓				
	TOTAL	5	2	2	1	1

Any other suggestions: _____

Date: *21/11/18*


Dr. M.D. DHANA RAJU,
M.Pharm., Ph.D.
Principal,
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City
RAJAHMUNDRY-533 296: (A.P.)

Signature *K. Sunil Teja*





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ALUMNI FEEDBACK FORM ON CURRICULUM (2017-18)

Name of the Student: *K. padmalathi* Programme/Semester: *B.pharmacy.*

We are glad that you have spent valuable years pursuing studies at our institute. Your valuable inputs through this questionnaire will be great use for quality improvement of the programme/institution

Directions:

For each item, please indicate your level of satisfaction with the following statement by choosing between 1 and 5. (1- Excellent, 2- Very good, 3- Good, 4- Average, 5- Poor)

S. No	Teaching, learning and evaluation	1	2	3	4	5
1	Adequateness of courses offered in the program	✓				
2	Sufficiency of the syllabus to bridge the gap between academics and industry	✓				
3	Rate the experiential learning of the courses		✓			
4	The skills acquired from the curriculum to face the industry challenges/requirements	✓				
5	The institute's laboratory and equipment adequateness for practical exposure		✓		✓	
6	Rate the offering of electives in relation to technology advancements	✓				
7	The design of the courses in terms of extra learning or self-learning				✓	
8	Training and placements cell in getting ample placements opportunities	✓				
9	Rate the competence and support offered by the teachers					✓
10	Institute's support and contribution for the overall development of students	✓				
	TOTAL	6	2	1	-	1

Any other suggestions: _____

Date: *10/7/2018*

Dr. M.D. DHANA RAJU.
Principal. M.Pharm.. Ph.
GIET SCHOOL OF PHARMACY,
NH 16, Chaitanya Knowledge City,
RAJAHMUNDRY - 533 294, A.P.

K. Padmalathi
Signature





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ALUMNI FEEDBACK FORM ON CURRICULUM (2017-18)

Name of the Student: P. Ashok

Programme/Semester: B. Pharmacy

We are glad that you have spent valuable years pursuing studies at our institute. Your valuable inputs through this questionnaire will be great use for quality improvement of the programme/institution

Directions:

For each item, please indicate your level of satisfaction with the following statement by choosing between 1 and 5. (1- Excellent, 2- Very good, 3- Good, 4- Average, 5- Poor)

S. No	Teaching, learning and evaluation	1	2	3	4	5
1	Adequateness of courses offered in the program	✓				
2	Sufficiency of the syllabus to bridge the gap between academics and industry	✓				
3	Rate the experiential learning of the courses		✓			
4	The skills acquired from the curriculum to face the industry challenges/requirements	✓				
5	The institute's laboratory and equipment adequateness for practical exposure		✓			
6	Rate the offering of electives in relation to technology advancements	✓				
7	The design of the courses in terms of extra learning or self-learning	✓				
8	Training and placements cell in getting ample placements opportunities	✓				
9	Rate the competence and support offered by the teachers		✓			
10	Institute's support and contribution for the overall development of students	✓				
	TOTAL	<u>06</u>	<u>03</u>	<u>-</u>	<u>-</u>	<u>-</u>

Any other suggestions: _____

Date: 29/07/2018

Signature

Dr. M.D. DHANA RAJU,
Principal. M.Pharm., Ph.
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ALUMNI FEEDBACK FORM ON CURRICULUM (2017-18)

Name of the Student: G. Tulsī Lakshmi Programme/Semester: B. Pharmacy.

We are glad that you have spent valuable years pursuing studies at our institute. Your valuable inputs through this questionnaire will be great use for quality improvement of the programme/institution

Directions:

For each item, please indicate your level of satisfaction with the following statement by choosing between 1 and 5. (1- Excellent, 2- Very good, 3- Good, 4- Average, 5- Poor)

S. No	Teaching, learning and evaluation	1	2	3	4	5
1	Adequateness of courses offered in the program			✓		
2	Sufficiency of the syllabus to bridge the gap between academics and industry				✓	
3	Rate the experiential learning of the courses		✓			
4	The skills acquired from the curriculum to face the industry challenges/requirements	✓				
5	The institute's laboratory and equipment adequateness for practical exposure		✓			
6	Rate the offering of electives in relation to technology advancements	✓				
7	The design of the courses in terms of extra learning or self-learning	✓				
8	Training and placements cell in getting ample placements opportunities		✓			
9	Rate the competence and support offered by the teachers	✓				
10	Institute's support and contribution for the overall development of students	✓				
	TOTAL	5	3	1	1	

Any other suggestions: _____

Date: 25-8-2018

Signature Tulsi



Dr. M.D. DHANA RAJU,
Principal. M.Pharm., Ph.D
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City
RAJAHMUNDRY-533 296: (A.P.)