

GIET SCHOOL OF PHARMACY

(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 (2020-21)

Name of the Student: *V. Lita*

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 | 4 | 3 | 2 | 1 | — |

Any other suggestions: _____

Date: *09/11/2021*

Signature

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





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ALUMNI FEEDBACK FORM ON CURRICULUM (2020-21)

Name of the Student: *K. Manasa*

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 | 7 | 3 | | | |

Any other suggestions: _____

Date: *24/11/2021.*

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

[Signature]
Signature





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ALUMNI FEEDBACK FORM ON CURRICULUM (2020-21)

Name of the Student: *Bishal Yadav.*

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 | 1 | 0 | 0 |

Any other suggestions: _____

Date: *13/11/2021.*

[Signature]
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Principal. M.Pharm., Ph.D
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NH 16, Chaitanya Knowledge City
RAJAHMUNDRY - 533 294 (A.P.)

Bishal Yadav.
Signature





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ALUMNI FEEDBACK FORM ON CURRICULUM (2020-21)

Name of the Student: *D. Venugopal Reddy* 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 | 4 | | | |

Any other suggestions: _____

Date: *9/11/2021*



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D.V. gopal Reddy
Signature



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ALUMNI FEEDBACK FORM ON CURRICULUM (2020-21)

Name of the Student: *G. Vineesha*

Programme/Semester: *Pharm.D*

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 | 3 | 1 | - | - |

Any other suggestions: _____

Date: *10/12/2021*



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G. Vineesha
Signature