

2017-18



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu,
Recognized Under 2(f) & 12(B) of UGC Act.)

FEEDBACK ANALYSIS AND CORRECTIVE MEASURES TAKEN

The institution has an effective feedback mechanism and questionnaire which includes the essential aspects of teaching and learning to improve quality and effectiveness. Feedback questions are framed with inputs from Principal, HOD's and senior professors to analyze teaching-learning process. The College adopts both formal and informal ways of collecting feedback. Students' feedback format was devised after a number of discussions with the faculty and undergoes modifications as and when required. All students of each class are given an opportunity to express their opinion with regards to effectiveness in teaching by a teacher, which are detailed in the feedback format. Feedback is collected anonymously and in a confidential manner from at least 50% of class strength for all the subjects taught for all the courses at end of every semester.

Signature of Co-ordinator of IQAC

Signature of Principal

PRINCIPAL
Sri Padmavathi School of Pharmacy
TIRUCHANOOR
TIRUPATI (A.P.)



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S.No	Feedback form	Description				
		No. of items	No. of levels	Space for suggestions/ remarks	Any performance/ attendance profile	Frequency
1.	Feedback on faculty	10	5	No	No	Once in a semester
2.	Feedback on facilities	10	4	yes	Yes	Once in a year
3.	Feedback on curriculum	12	5	yes	yes	Once in a semester
4.	Feedback on course outcomes attainment	Depends on the subjects	3	No	yes	Once in a semester
5.	Graduate exit survey	24	3	No	Yes	At the end of program
6.	Feedback of alumni	10	4	Yes	Yes	During Alumni meets & as per their visit
7.	Feedback of parents	14	4	Yes	Yes	Once in a year
8.	Feedback of Hostellers	10	4	Yes	Yes	Once in a year

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Feedback is analyzed by the members of IQAC in an unbiased and structured manner to assess teaching attitude, strength & weakness of a teaching process, facilitating improvement in quality of teaching. Summary of feedback analysis will be conveyed to the concerned faculty in the form of report with points of teaching aspects they need to rectify and improve. Implementation of such suggestions in the subsequent semesters is monitored by Principal and HODs. Feedback is used by the faculty to overcome their weakness and to bridge the gap between student's expectations. Similarly appreciations are also made for good performance, through mention in college council meetings. Feedback is considered as a parameter for appraisal, considering best teacher award and for promotions.

Feedback from alumni:

Alumni fill the feedback forms whenever they got opportunity to visit the department or the institute. Alumni feedback was also collected during alumni meets held annually. Feedback is received through online/ offline mode.

Feedback from Industry Experts/ Employers:

- During on campus placements drive from the Industry.
- From industry where SPSP alumnus is working.
- From SPSP alumnus who have turned entrepreneurs.
- From industry during academic alliance meets.

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Feedback Forms Templates:



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STUDENT FEEDBACK FORM FACULTY

This feedback form is intended to help the faculty to improve their teaching skills and contribute effectively for the progress of the students. So, the students are instructed to provide unbiased feedback to get best out of the faculty and meet the requirements of the stakeholders.

SUBJECTS AND CODES USED IN THE FEEDBACK FORM

S.NO	B.PHARMACY YEAR – SEM	SUBJECT	SUBJECT CODE
1			
2			
3			
4			
5			

INSTRUCTIONS TO FILL THE FEEDBACK FORM:

1. The students are instructed to assign suitable "GRADE (1-5)", against each activity of the concerned faculty in the space provided.
2. Please avoid over writing/corrections/multiple grades.

GRADING SCALE:

5: Excellent; 4: Good ; 3: Satisfactory ; 2: Average ; 1: Poor

COURSE: B.PHARMACY

YEAR & SEM :

ACADEMIC YEAR :

NAME OF THE FACULTY MEMBER					
Proper organization of the contents of the topic in each class					
Communicating concepts & ideas effectively					
Response to the student queries					
Involvement of teacher in labs & Problem solving					
Completion of the syllabus in uniformly distributed periods					
Internal exams evaluation is fair & impartial					
Highlighting the important points/questions in each class					
Involvement of the teacher as a motivator and counselor					
Overall ranking of the teacher in this particular subject					
Overall ranking of the teacher as an effective performer					

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Students Feedback on Curriculum

Name of the Student : _____ Roll. No. : _____

Academic Year : _____ Semester : _____ Date : _____

Feedback Points : Excellent - 5, Very Good - 4, Good - 3, Average - 2, and Poor - 1.

S.No.	Question	5	4	3	2	1
1.	How do you rate the learning outcome of the curriculum : Knowledge, analytical ability, practical skills, etc.					
2.	How do you rate the relevance of the units in Syllabus relevant to the course?					
3.	How do you rate the sequence of the units in the course?					
4.	How do you rate the distribution of the contact hours among the course components (L-T-P)?					
5.	How do you rate the relevance of the Text Books and reference books to the Courses?					
6.	Rate the Size of syllabus in terms of the load on the student					
7.	Rate the courses in terms of extra learning or self-learning considering the design of the courses					
8.	How do you rate the evaluation scheme designed for each of the course?					
9.	How do you rate the innovation in the curriculum.					
10.	How do you rate the percentage of courses having LAB components?					
11.	How do you rate the relevance of curriculum to industrial practice, professional skills & competencies					
12.	How do you rate the experiments in relation to the real life Applications?					

Any other suggestions/comments:

- _____
- _____
- _____
- _____
- _____

Signature of student

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FEEDBACK – ALUMNI

- a) Name of the Alumni : _____
- b) Year of Graduation : _____
- c) Branch : _____
- d) Present Address : _____
- e) Email-ID : _____
- f) Present Occupations : _____
(Please send appointment letter copy to the HOD at the earliest)
- g) Whether undergone higher education: Yes/No
(If Yes, please send Admission details at the earliest)
- h) Please provide your comments on the following:
- | | | | | |
|---|------------------------------------|------------------------------------|-------------------------------|----------------------------------|
| 1. College Infrastructure : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 2. Effectiveness of Teaching : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 3. Department Resources : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 4. Facilities helpfulness: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 5. Library Facilities: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 6. Computing Facilities: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 7. Sports& Extra-Curricular :
Facilities | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 8. Personality/Communications:
Skills Development Facilities | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 9. Placement Cell : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 10. Overall rating of the College: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
- i) Your Positive/Negative Comments:
- j) Your suggestions for the improvement of the Institution:

Signature of the Alumni

Signature of Co-ordinator of IQAC

Signature of Principal
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FEEDBACK - PARENTS

- a) Name of the Parent :
b) Name of the Student :
c) Branch and Year :
d) Present Address :
e) Phone Number :
f) Email-ID :

Please provide your comments on the following:

1. College Infrastructure : Excellent Very Good Good Average
2. Teaching imparted to your ward : Excellent Very Good Good Average
3. Departmental Resources : Excellent Very Good Good Average
4. Faculty helpfulness : Excellent Very Good Good Average
5. Library Facilities : Excellent Very Good Good Average
6. Computing and Internet Facilities : Excellent Very Good Good Average
7. Sports, Extra Curricular Facilities : Excellent Very Good Good Average
8. Personality/Communications Skills/
Development Facilities : Excellent Very Good Good Average
9. Placement Opportunities : Excellent Very Good Good Average
10. Transport Facilities : Excellent Very Good Good Average
11. Mess/Canteen Facilities : Excellent Very Good Good Average
12. Feedback on ward's Progress : Excellent Very Good Good Average
13. Discipline standards in the College: Excellent Very Good Good Average
14. Overall rating of the College : Excellent Very Good Good Average

f) Your Positive/Negative Comments:

g) Your suggestions for the improvement of the Institution/Department:

Signature

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FEEDBACK - HOSTELLERS

NAME (Optional):

DATE:

YEAR:

BRANCH:

ROOM No:

a) Please provide your ratings on the following:

- | | | | | |
|--|------------------------------------|-------------------------------|----------------------------------|-------------------------------|
| 1. Hostel Infrastructure | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 2. Facilities in the Room | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 3. Mess Facilities | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 4. Food Quality | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 5. Medical Facilities | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 6. Computing and Internet Facilities | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 8. Library Access & Facilities | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 9. Study Hours | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 10. Overall rating of the Hostel | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |

b) Your suggestions for the improvement of the Hostel:

Signature

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STUDENTS FEEDBACK ON FACILITIES

a) Name : _____

b) Year of Graduation : _____

c) Branch : _____

d) Present Address : _____
Street-1/2

e) Present Occupation : _____
(Please send appointment letter copy to the RPO at the student)

f) Whether undergoing higher education: Yes/No
(If Yes, please send Admission details at the student.)

g) Please provide your comments on the following:

1. College Infrastructure :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average
2. Effectiveness of Teaching :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average
3. Department Resources :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average
4. Faculty Helpfulness :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average
5. Library Facilities :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average
6. Computing Facilities :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average
7. Sports/Extra-Curricular Facilities :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average
8. Personality/Communications Skills Development Facilities :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average
9. Placement Cell :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average
10. Overall rating of the College :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Average

h) Your Positive/Negative Comments: _____

i) Your suggestions for the improvement of the institution: _____

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COURSE END SURVEY

Name & Roll No: _____
 Year & Sem: _____
 Telephone Number: _____
 Email: _____

Your considered feedback on the course will be of great value to the concerned estimator and to the department in enhancing the quality of learning. Thank you for your quality time.
Note: For assessment kindly use the following assessment criteria by placing a "✓" at the appropriate place: **High=3, Medium=2 and Low=1**

Course: 15R00501- MEDICINAL CHEMISTRY - I				
On completion of the course the student will be able to				
CU code	CU statement	3	2	1
15R00501.1	Understand and relate the impact of physicochemical properties of drug substances in relation to their biological activity.			
15R00501.2	Apply the organic fundamentals in understanding and draw the synthetic scheme of different medicinal compound categories.			
15R00501.3	Understand relate the effect of structural modification (SAR) on desired biological activities in a set of biologically active compounds.			
15R00501.4	Understand the pharmacokinetic-dynamic properties, adverse reactions, and chemical classification of different category drugs acting on CNS and AMS.			
Course: 15R00502- PHARMACOLOGY - I				
On completion of the course the student will be able to				
15R00502.1	Comprehend the basic principles of pharmacology and all the phases from the discovery of a new chemical entity to the entry of molecule in to the market. Be acquainted with the mechanism of drug action, pharmacokinetics and pharmacodynamics.			
15R00502.2	Describe the use of various drugs that act on Peripheral Nervous System.			
15R00502.3	Acquire the knowledge regarding the synthesis, release and action of various neurotransmitters of Central Nervous System emphasizing the drugs that enhance or block their actions.			
15R00502.4	Understand the pharmacology of drugs that are used to relieve pain and inflammation.			
Course: 15R00503- PHARMACEUTICAL TECHNOLOGY - I				
On completion of the course the student will be able to				
15R00503.1	Acquire skills in the preparation and evaluation of different types of tablets and tablet coating process as per the needs of pharmaceutical industry.			
15R00503.2	Describe the processing capsules, microcapsulation techniques and its applications in pharmaceuticals.			
15R00503.3	Develop the understanding of parenteral products manufacture and aseptic processing techniques.			
15R00503.4	Describe the fundamentals on selection of packaging materials for various dosage forms on its stability aspects.			
Course: 15R00504- PHARMACEUTICAL BIOTECHNOLOGY				
On completion of the course the student will be able to				
15R00504.1	Understand and apply basic principles of fermentation technology for the production of biological products.			

[Handwritten Signature]

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15R00504.2	Application & utilization of the techniques of genetic engineering and cell biotechnology for the production of biotechnology products. Be understand the concepts of immunology.			
15R00504.3	Gain knowledge of different techniques in identification of enzymes, discuss the factors affecting enzyme kinetics and be able to apply the principles of immobilization techniques for applications in industrial sector.			
15R00504.4	Apply the principles of protein, protein purification, protein therapy, biopharmaceutics and drug biotechnology in pharmaceutical industries and healthcare sector.			
Course: 15R00505- APPLICATION OF SPECTROSCOPY				
On completion of the course the student will be able to				
15R00505.1	Interpret the structure of organic compounds by UV, IR, NMR and Mass spectral techniques.			
15R00505.2	Apply the spectroscopic techniques in the required areas of drug discovery and development.			
15R00505.3	Understand the role of various analytical techniques in the synthesis of drugs and biotechnology.			
15R00505.4	Assess the quality of pharmaceutical products and purity by spectroscopic techniques in pharmaceutical industry.			
Course: 15R00506- MEDICINAL CHEMISTRY - PRACTICAL				
On completion of the course the student will be able to				
15R00506.1	Apply synthetic chemistry principles and synthesize drug substance.			
15R00506.2	Perform monograph analysis of official drugs.			
Course: 15R00507- PHARMACOLOGY - PRACTICAL				
On completion of the course the student will be able to				
15R00507.1	Successfully handle the handling of animals and various routes of drug administration in experimental animals.			
15R00507.2	Gain knowledge of the preparations of various physiological salt solutions used in experimental pharmacology.			
15R00507.3	Evaluate the potency of the drug sample by performing relevant bioassays.			
Course: 15R00508- PHARMACEUTICAL TECHNOLOGY - PRACTICAL				
On completion of the course the student will be able to				
15R00508.1	Formulate the dosage forms which include different types of tablets, capsules and ointments.			
15R00508.2	Evaluate the various dosage forms in quality control laboratory.			
Course: 15R00509- PHARMACEUTICAL BIOTECHNOLOGY PRACTICAL				
On completion of the course the student will be able to				
15R00509.1	Perform isolation and screening of microorganisms and identify different kinds of microorganisms and ability to perform isolation of antibiotic producing microorganism from soil and water.			
15R00509.2	Analyze and interpret the minimum inhibitory concentration of antibiotics and its effectiveness against different types of microorganisms.			
15R00509.3	Align the skills to formulate recombinant enzymes using genetic technology.			
15R00509.4	Perform the production of alcohol using fermentation technology.			

Date: _____ Signature: _____

[Handwritten Signature]

Signature of Principal

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GRADUATE EXIT SURVEY

The information you provide on this questionnaire will be kept completely confidential.

Name: _____
Batch: _____
Telephone Number: _____
Email: _____

Please take a few minutes to answer the following questions. Your answers to the questions and your feedback will assist the department in continue upgrading the program to better serve its students and the community.
Note: For assessment kindly use the following assessment scales by placing a 'V' at the appropriate place: Satisfactory=3, Moderate=2 and Unsatisfactory=1

Part I

To what extent did each of the following contribute to:	3	2	1
1. How would you rate the classrooms and laboratory environment?			
2. How did the course scheduling meet your time constraints?			
3. How would you rate the laboratory facilities?			
4. How would you rate the student/faculty interaction in the program?			
5. How effective was the counseling from your faculty?			
6. How did the faculty respond to your technical needs inside and outside of classrooms?			
7. How helpful did the lab technicians respond to your needs?			
8. How do you feel the program prepared you for a pharmacy career?			
9. How do you rate the overall training that you received?			

PART II: PROGRAMME EDUCATIONAL OBJECTIVES ASSESSMENT

ASSESSMENT CRITERIA	3	2	1
Rate the achievement of Educational Objectives of your Programme?			
PEO1 To provide competent pharmacy graduates who anticipate, analyze and technical skills in the care and allied areas of pharmaceutical sciences & technology towards the attainment of sound health care systems.			
PEO2 To promote research and scholarly activities to identify, isolate, formulate, problems and create solutions for the betterment or advancement of pharmaceutical sciences.			
PEO3 To develop communication skills, leadership qualities, team working skills and to avoid documental/professional ethics and social responsibilities in graduates.			
PEO4 To prepare the graduates for lifelong learning through their proactive participation in professional and societal activities, thus integrating their knowledge and skills with contemporary needs of the sector and for a highly productive career.			

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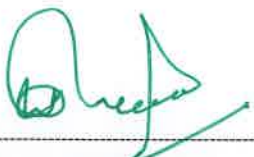
PART III: PROGRAMME OUTCOMES ASSESSMENT

In the final year students should have attained the required professional, technical and managerial competence in the programme to practice the following programme outcomes. Please answer by placing a mark at the appropriate place to indicate your knowledge.

ASSESSMENT CRITERIA	3	2	1
PO1 Pharmacy Knowledge: Possess adequate knowledge and comprehension of basic, core areas of pharmaceutical sciences, and apply to relevant areas.			
PO2 Pharmacy Aptitude: Demonstrate effective practice abilities including team management, resource management, decision-making skills and organizational skills. Develop and implement plans and systems to meet demands.			
PO3 Problem Assessment: Develop ability for in-depth analytical and critical thinking to make an identity and solve the issues related to pharmaceutical industry, regulatory, academic, hospital and community pharmacy.			
PO4 Minimum level of basic: Learn, select and apply appropriate methods & procedures, resources and modern pharmacy related computing tools with an understanding of its consequences.			
PO5 Leadership Skills: Demonstrate the ability to function effectively as an individual and as a member or leader in diverse teams in multidisciplinary settings.			
PO6 Environmental Literacy: Understand, analyze and communicate the value of their professional role in society (e.g. health care professionals, promoters of health, educators, business, employers, employees).			
PO7 Pharmaceutical Ethics: Apply ethical principles, professional ethics and norms in practicing pharmacy profession.			
PO8 Communication: Able to develop written and oral communication skills that contribute effectively with the pharmacy community and with the society.			
PO9 The Pharmacy and society: Develop an understanding for the need of pharmaceutical sciences and role of pharmacist in promoting quality life in people in society.			
PO10 Environment and sustainability: Understand the impact of the pharmaceutical industry in societal and environmental contexts and demonstrate the knowledge of, and need for, sustainable development.			
PO11 Life-long learning: Recognize the need for, and issue the preparation and ability to undertake learning throughout the career in the broader context of technological changes.			

Date: _____ Signature: _____


Signature of Co-ordinator of IQAC


Signature of Principal
PRINCIPAL
Sri Padmavathi School of Pharmacy
TIRUCHANOOR
TIRUPATI (A.P)



SRI PADMAVATHI SCHOOL OF PHARMACY

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FEEDBACK ANALYSIS OF ACADEMIC YEAR 2017-18

The feedback forms collected for the academic year 2017-18 are as following:

FEEDBACK FORMS	RESPONDENTS
1. FEEDBACK FROM STAKE HOLDERS	<ul style="list-style-type: none">❖ ALUMNI❖ EMPLOYERS❖ PARENTS❖ STUDENTS❖ TEACHING STAFF
2. FEEDBACK ON FACULTY	All B.Pharm, M.Pharm and Pharm D Students.
3. FEEDBACK ON CURRICULUM	All B.Pharm, M.Pharm and Pharm D Students.
4. FEEDBACK OF HOSTELLERS	All B.Pharm, M.Pharm and Pharm D Students.
5. FEEDBACK ON GRADUATE EXIT SURVEY	All B.Pharm, M.Pharm and Pharm D Outgoing Students.

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1. FEEDBACK ANALYSIS FROM STAKE HOLDERS:

The institute will collect the feedback forms from different stakeholders on Facilities.

Different stake holders are:



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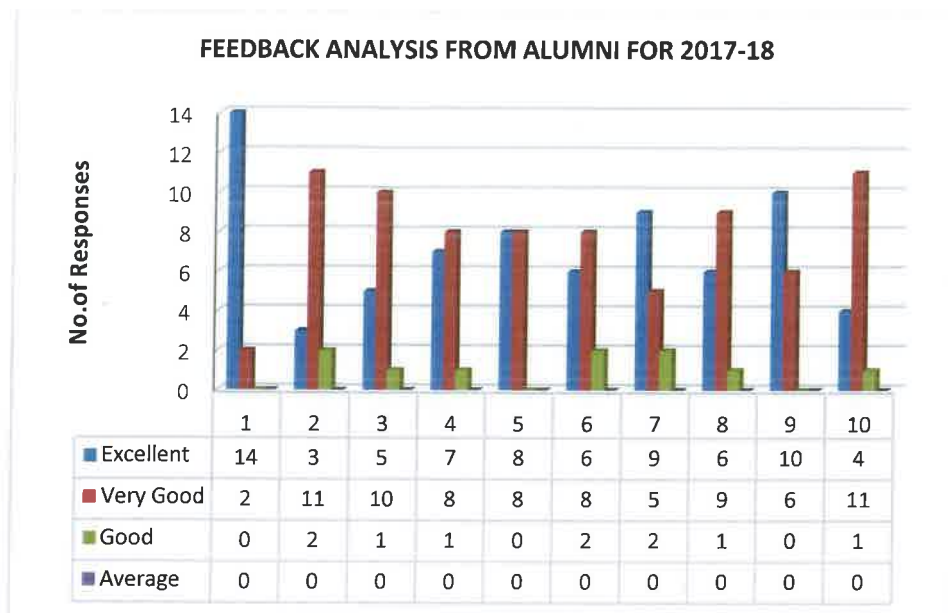
Signature of Principal
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1.1. FEEDBACK ANALYSIS FROM ALUMNI ON INSTITUTE:



ANALYSIS REPORT : The institute will collect the feedback from Alumni, Teachers and Employers, as the Alumni are one of the important stakeholders and analysis was done. In the analysis, it was observed that most of the feedback ranges from good to excellent. The inputs received from them were passed over to the IQAC for the further actions.

Signature of Co-ordinator of IQAC

Signature of Principal

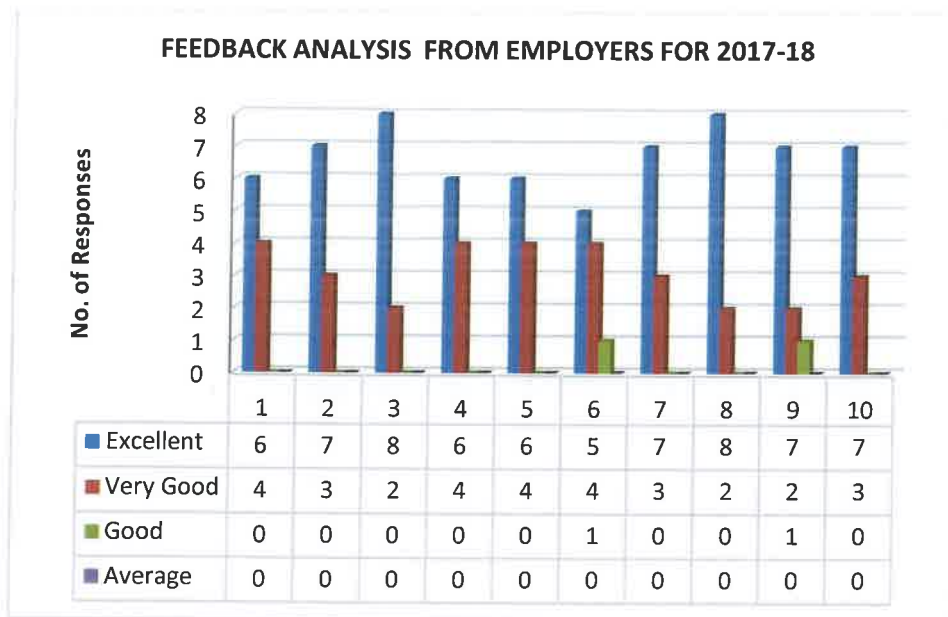
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1.2. FEEDBACK ANALYSIS FROM EMPLOYERS ON INSTITUTE:



ANALYSIS REPORT :

The institute will collect the feedback from Employers as Employers are most important stakeholders. In the feedback analysis, it was observed that most of the employer's feedback ranges from good to excellent. The additional inputs received from them were passed over to the IQAC for the further actions and continuous improvement.

Signature of Co-ordinator of IQAC

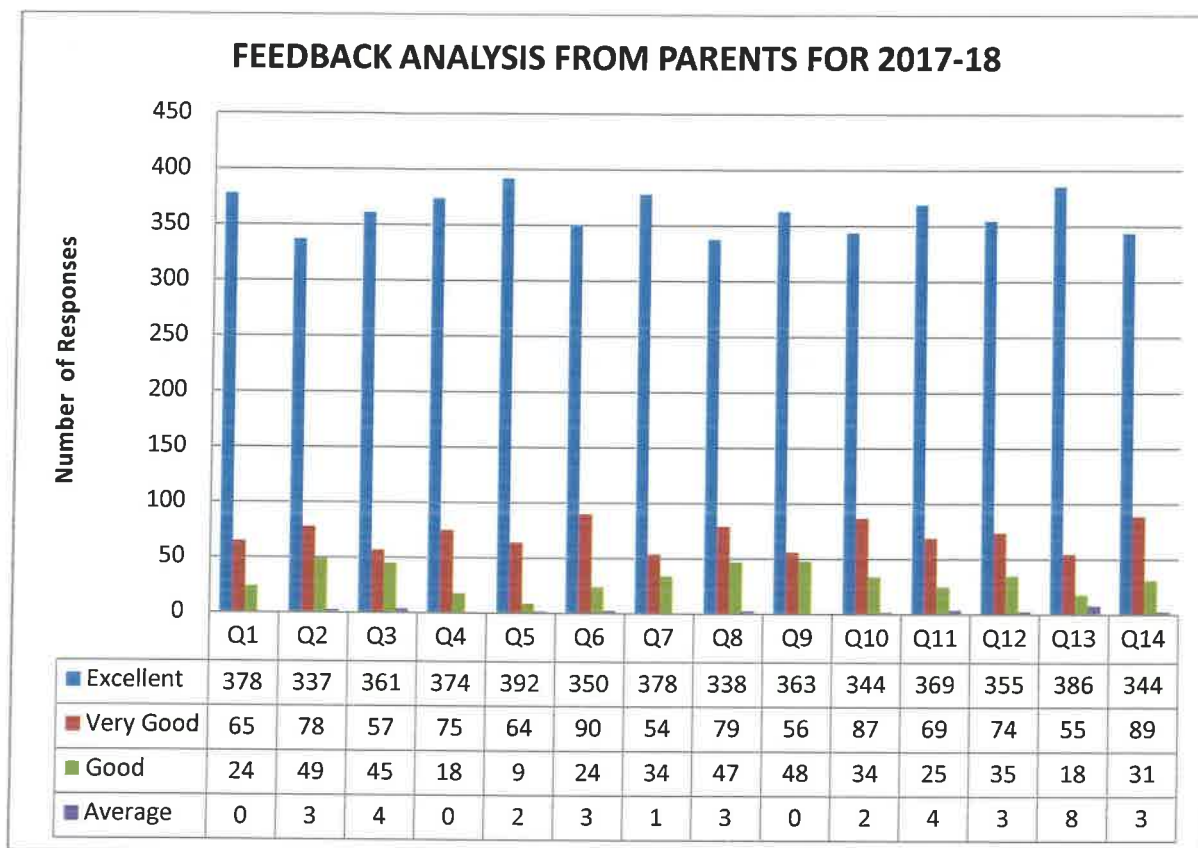
Signature of Principal
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1.3. FEEDBACK ANALYSIS FROM PARENTS ON INSTITUTE:



ANALYSIS REPORT : The institute will collect the feedback from Parents, as the parents are one of the important stakeholders and analysis was done. In the analysis, it was observed that Most of the Parents feedback ranges from good to excellent. Any inputs received from the Parents, they were passed over to the IQAC for the further actions.

Signature of Co-ordinator of IQAC

Signature of Principal

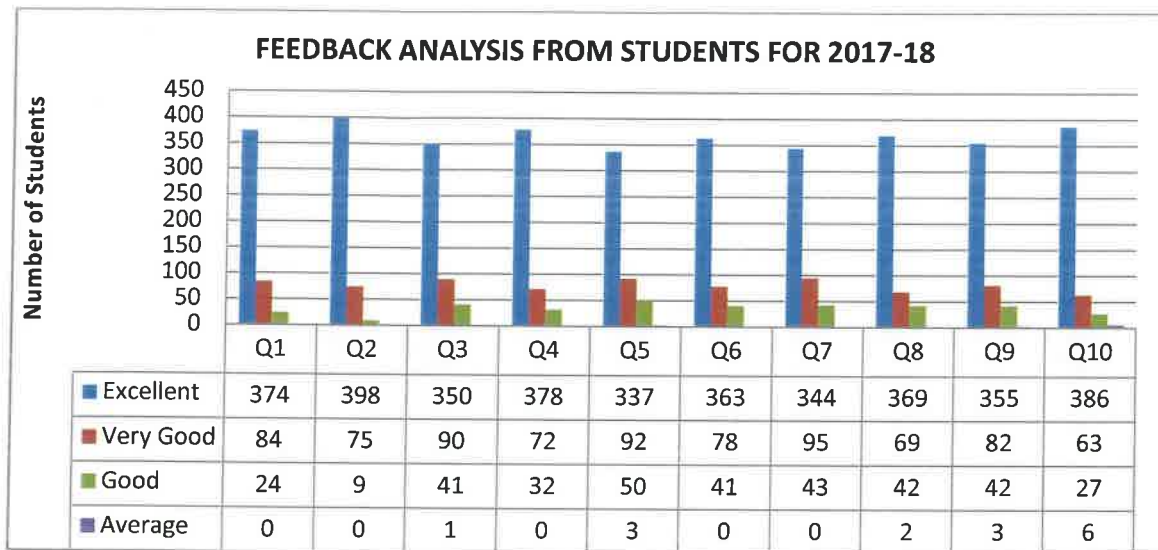
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1.4. FEEDBACK ANALYSIS FROM STUDENTS ON INSTITUTE:



Action Taken Report for Facilities feedbacks:

Feedback Analysis	Requirements Proposed	Corrective Actions
Facilities feedbacks	College Library timings extension	College Library timings extended as per the students request
	Requested to permit Xerox facilities in library	Xerox facility provided in library.

ANALYSIS REPORT : The institute will collect the feedback from Students, as the students are one of the important stakeholders and analysis was done. In the analysis, it was observed that most of the students feedback ranges from good to excellent. Any inputs received from the students, they were passed over to the IQAC for the further actions.

Signature of Co-ordinator of IQAC

Signature of Principal
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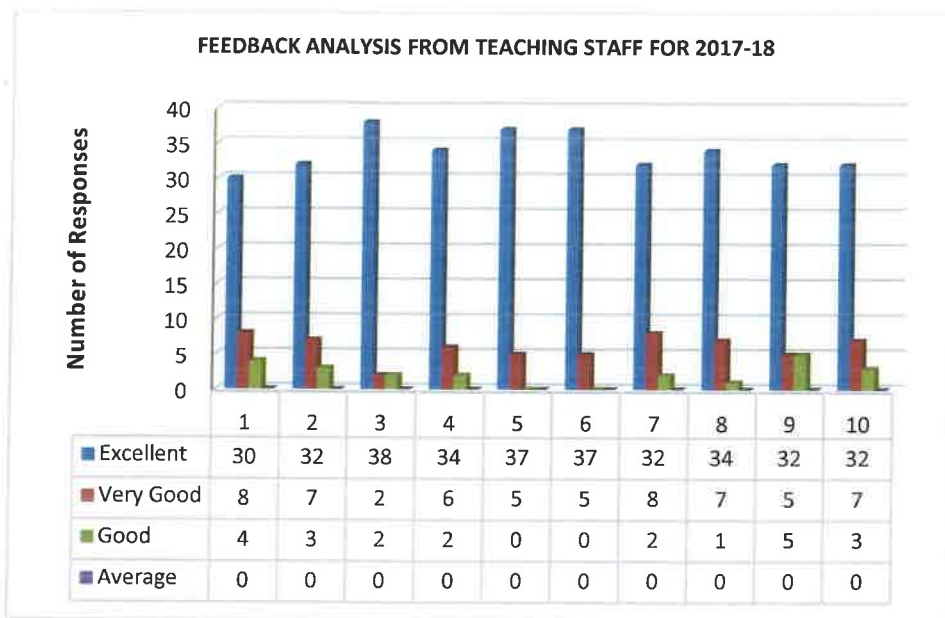


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1.5. FEEDBACK ANALYSIS FROM TEACHING STAFF ON INSTITUTE:



ANALYSIS REPORT : The institute will collect the feedback from Teaching staff as the Teachers are one of the important stakeholders and analysis was done. In the analysis, it was observed that most of the feedback ranges from good to excellent. The inputs received from them were passed over to the IQAC for the further actions.

Signature of Co-ordinator of IQAC

Signature of Principal
PRINCIPAL
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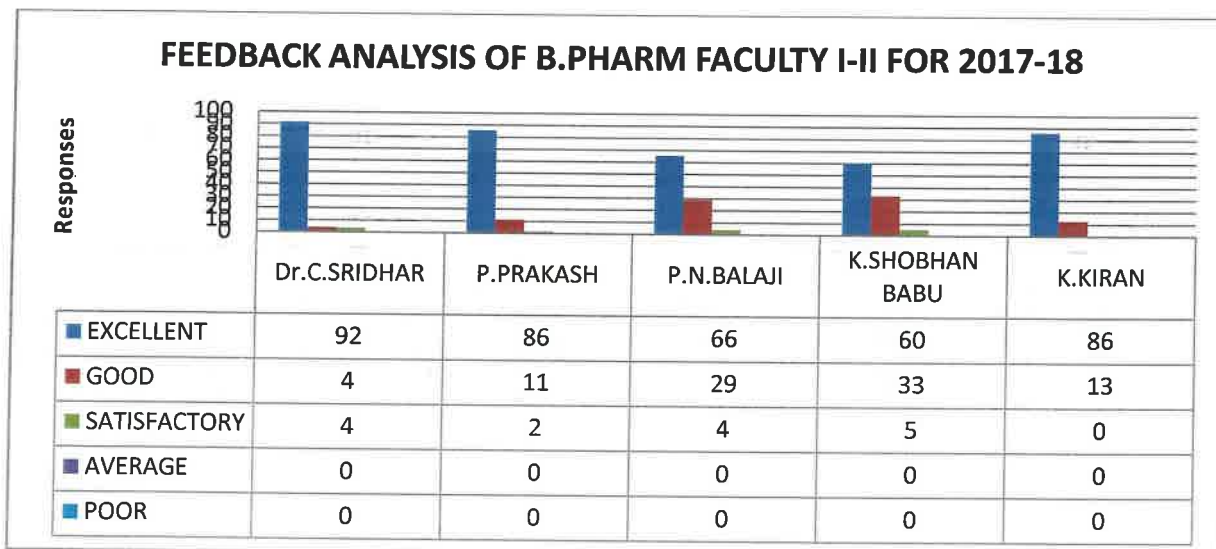
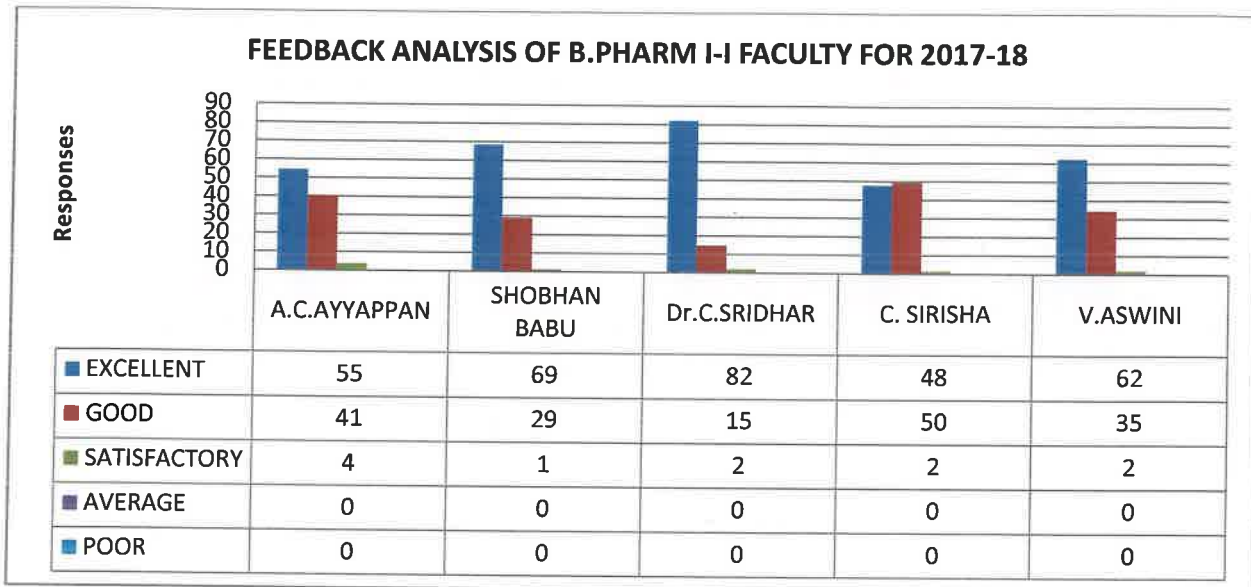
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2. FEEDBACK ANALYSIS ON FACULTY:

2.1. FEEDBACK ANALYSIS ON B. PHARMACY FACULTY FOR 2017-18:

The feedback on B. Pharm faculty for Academic year 2017-18 was presented below:



YPR

Signature of Co-ordinator of IQAC

[Handwritten Signature]

Signature of Principal

PRINCIPAL
Sri Padmavathi School of Pharmacy
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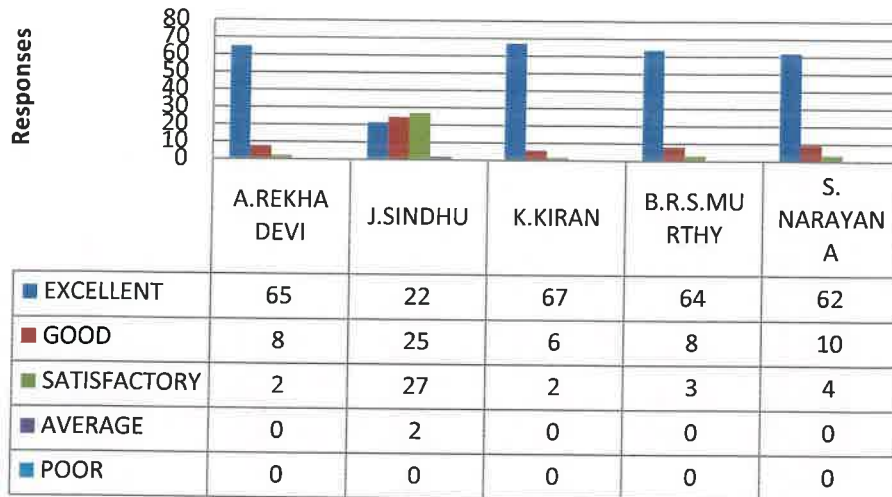


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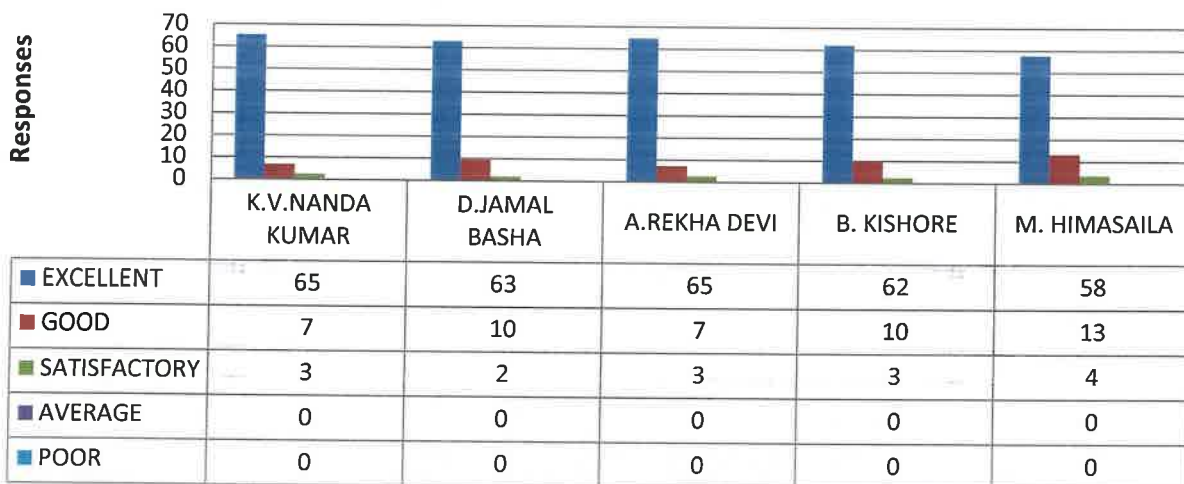
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FEEDBACK ANALYSIS OF B.PHARM FACULTY II-I FOR (2017-18)



FEEDBACK ANALYSIS OF B.PHARM FACULTY II-II FOR 2017-18



Signature of Co-ordinator of IQAC

Signature of Principal
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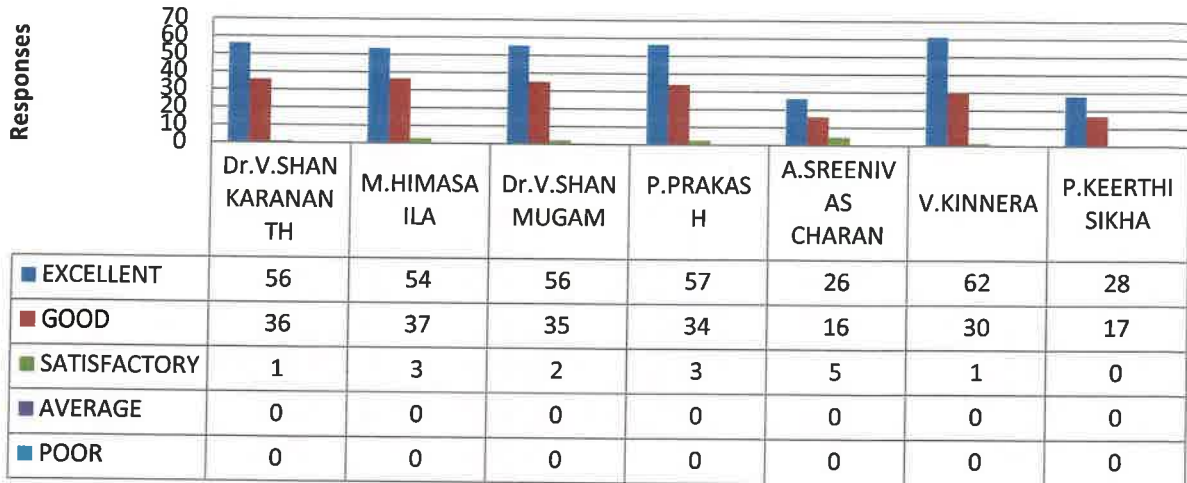


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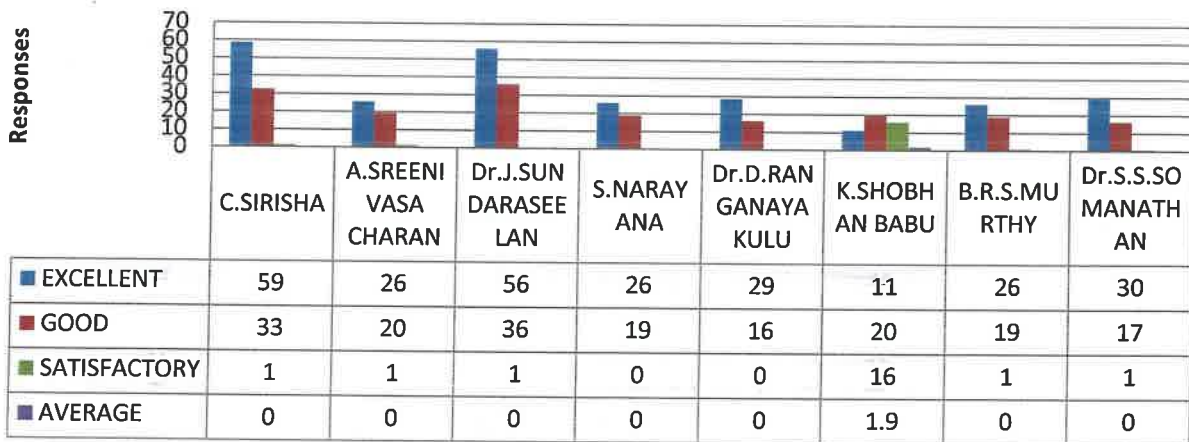
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FEEDBACK ANALYSIS OF B.PHARM FACULTY III-I FOR 2017-18



FEEDBACK ANALYSIS OF B.PHARM FACULTY III-II FOR 2017-18



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Signature of Co-ordinator of IQAC

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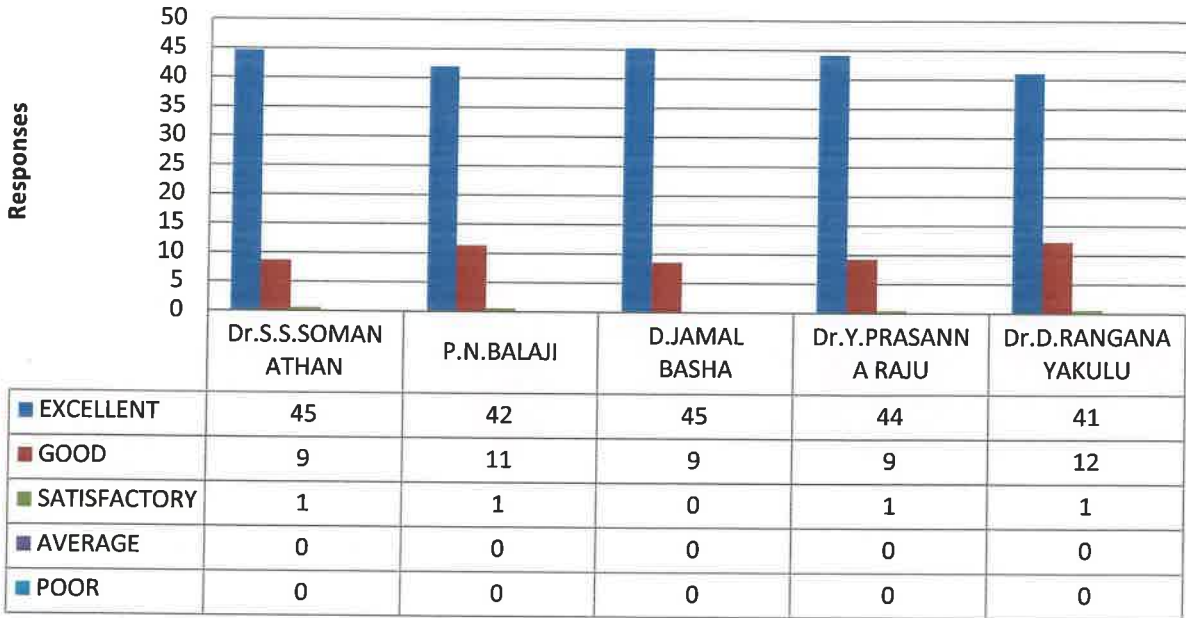
Signature of Principal
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 TIRUPATI (A.P)



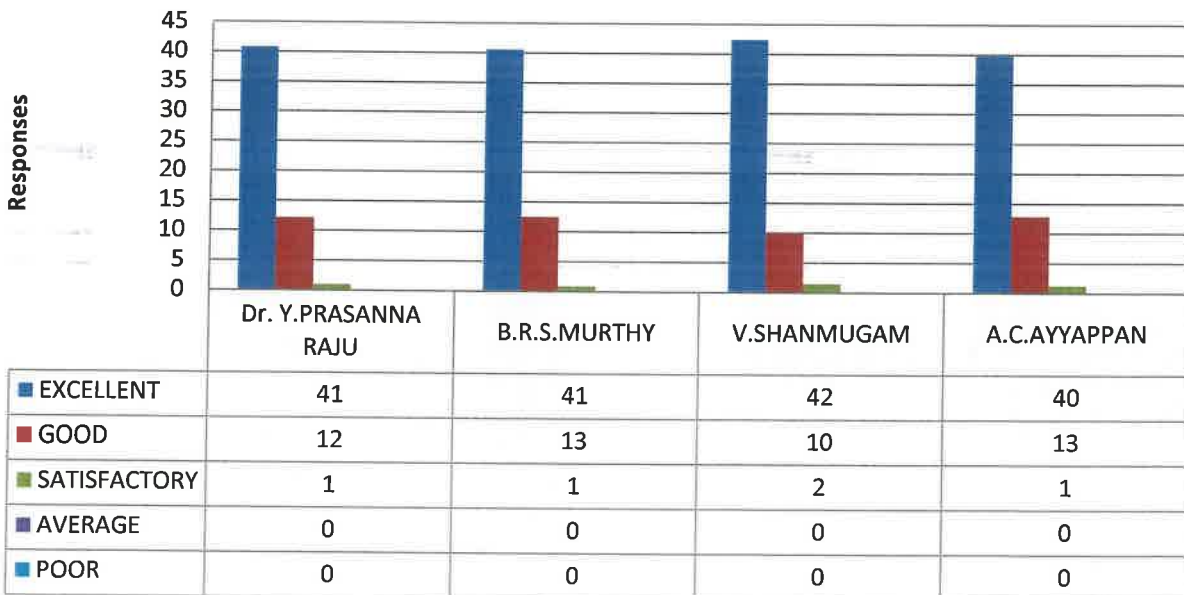
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FEEDBACK ANALYSIS OF B.PHARM FACULTY IV-I FOR 2017-18



FEEDBACK ANALYSIS OF B.PHARM FACULTY IV-II FOR 2017-18



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Signature of Co-ordinator of IQAC

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Signature of Principal
 PRINCIPAL
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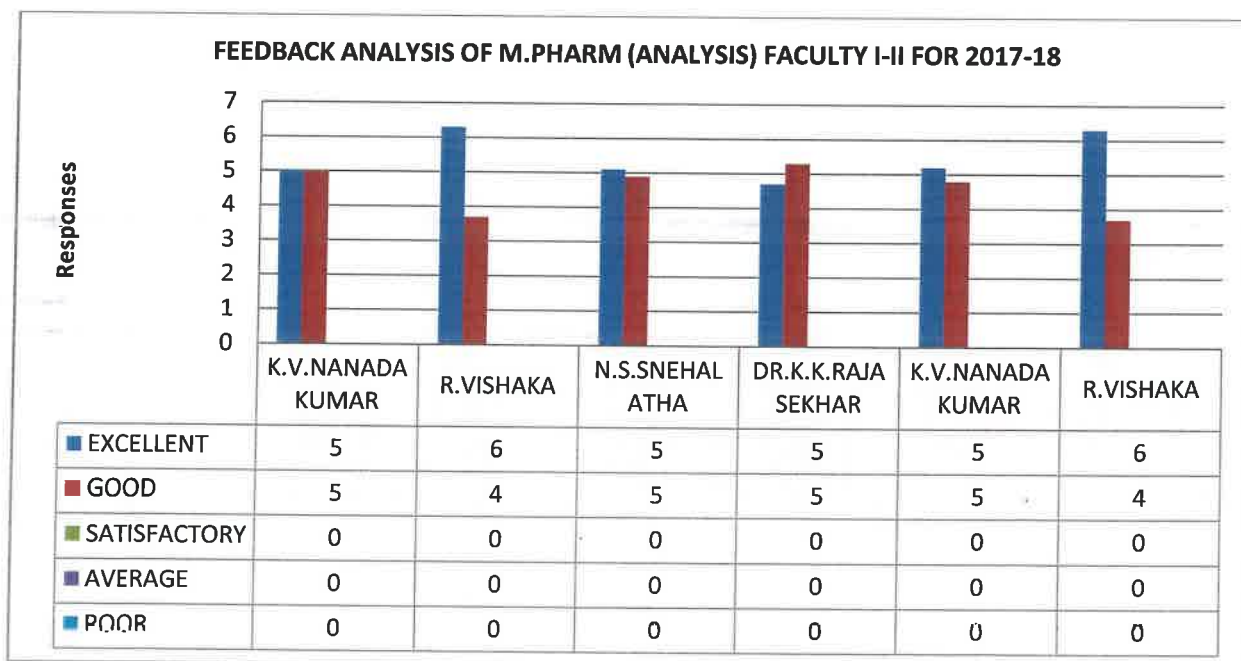
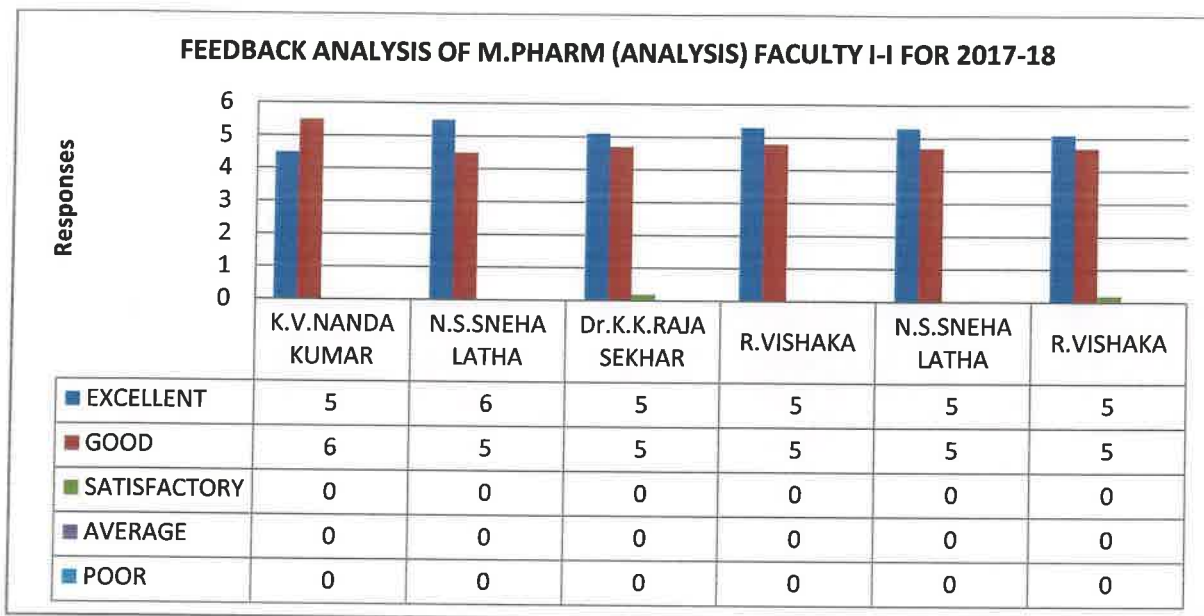


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2.2. FEEDBACK ANALYSIS ON M. PHARMACY FACULTY FOR 2017-18:

The feedback on M. Pharm faculty for Academic year 2017-18 was presented below:



[Handwritten Signature]

Signature of Co-ordinator of IQAC

[Handwritten Signature]

Signature of Principal

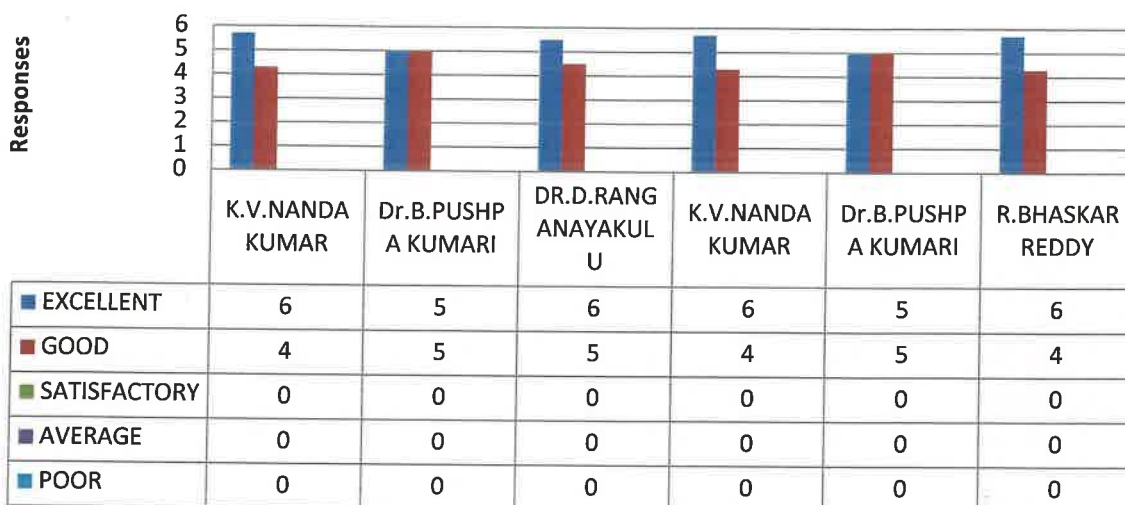
PRINCIPAL
 Sri Padmavathi School of Pharmacy
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 TIRUPATI (A.P.)



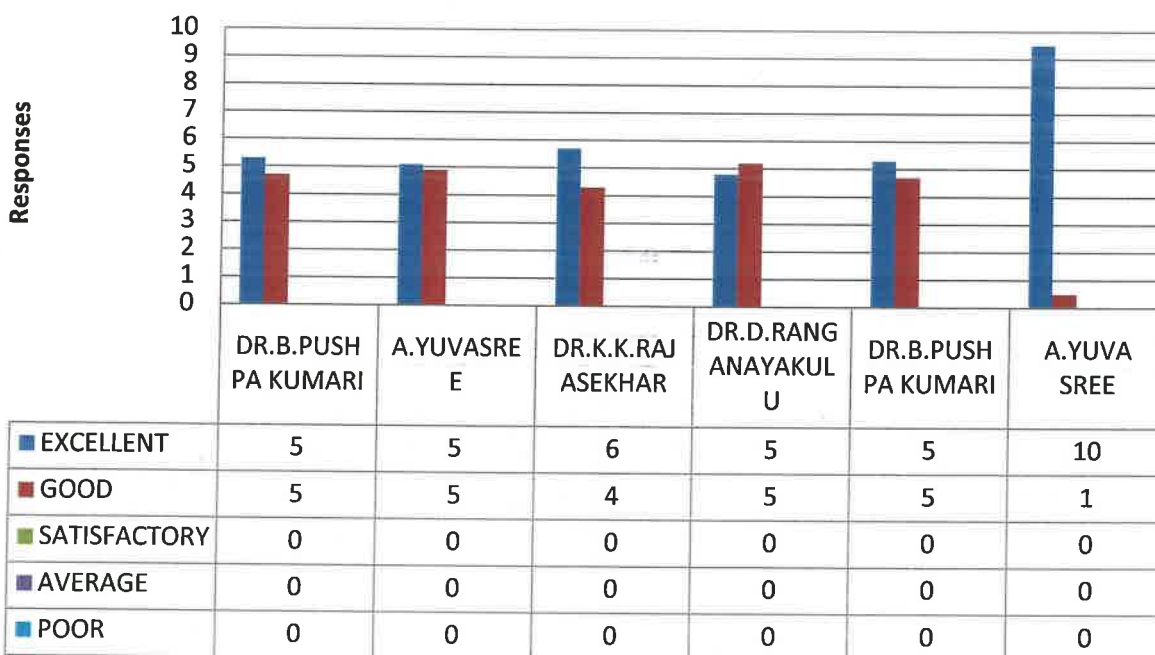
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FEEDBACK ANALYSIS OF M.PHARM (COLOGY) FACULTY I-I FOR 2017-18



FEEDBACK ANALYSIS OF M.PHARM (COLOGY) FACULTY I-II FOR 2017-18



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Signature of Co-ordinator of IQAC

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Signature of Principal

Sri Padmavathi School of Pharmacy
 TIRUCHANOOR
 TIRUPATI (A.P)

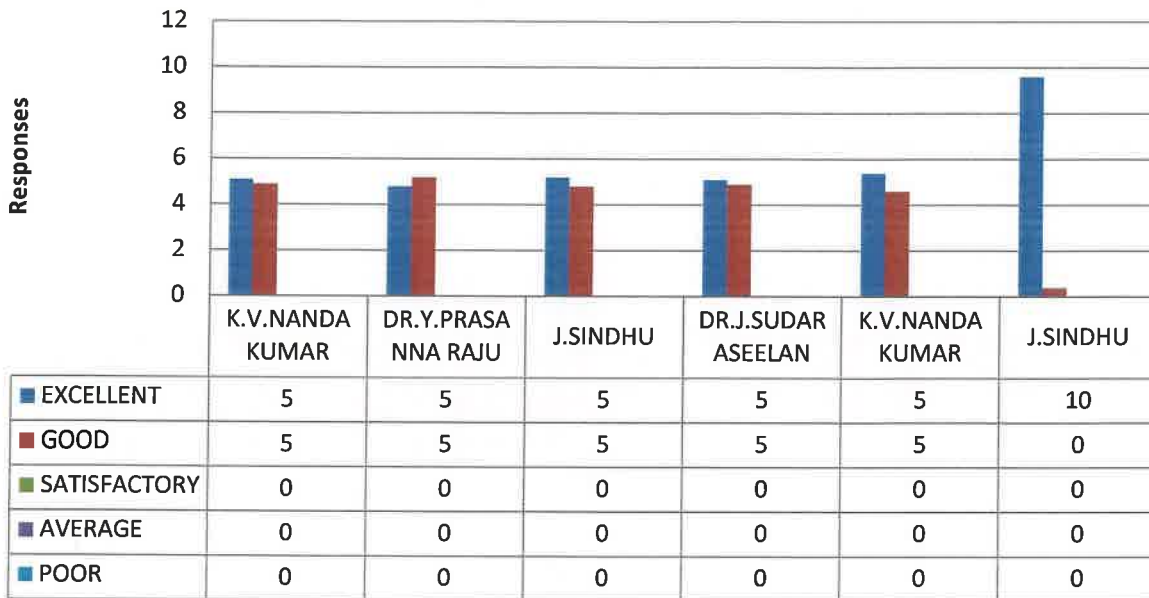


SRI PADMAVATHI SCHOOL OF PHARMACY

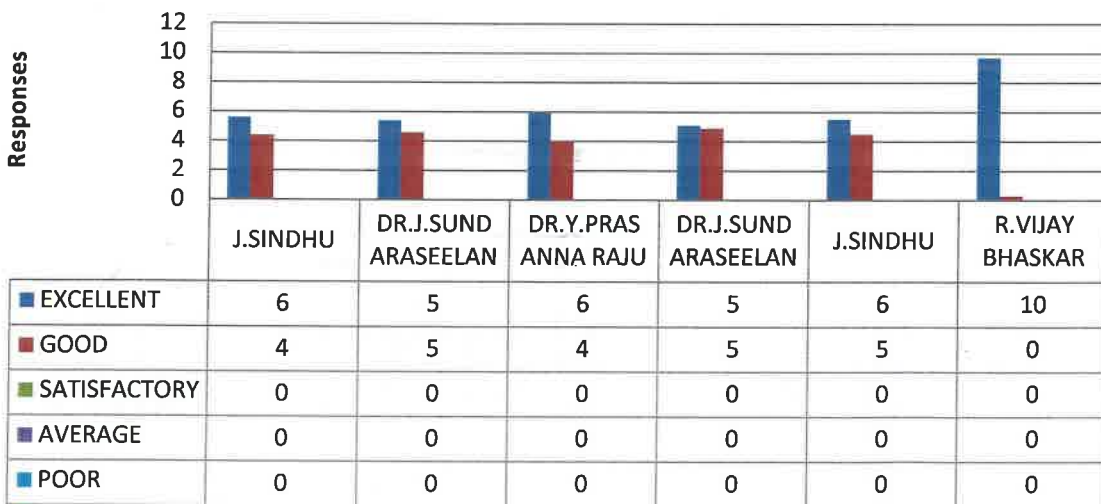
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FEEDBACK ANALYSIS OF M.PHARM (CEUTICS) FACULTY I-I FOR 2017-18



FEEDBACK ANALYSIS OF M.PHARM (CEUTICS) FACULTY I-II FOR 2017-18



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Signature of Co-ordinator of IQAC

Signature of Principal

PRINCIPAL
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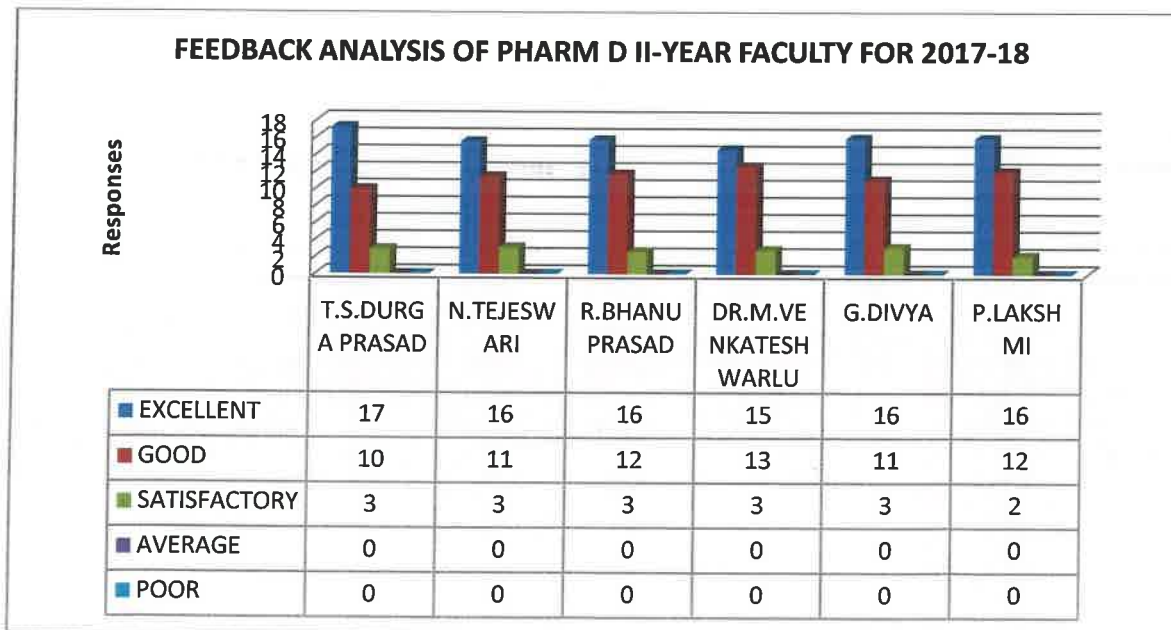
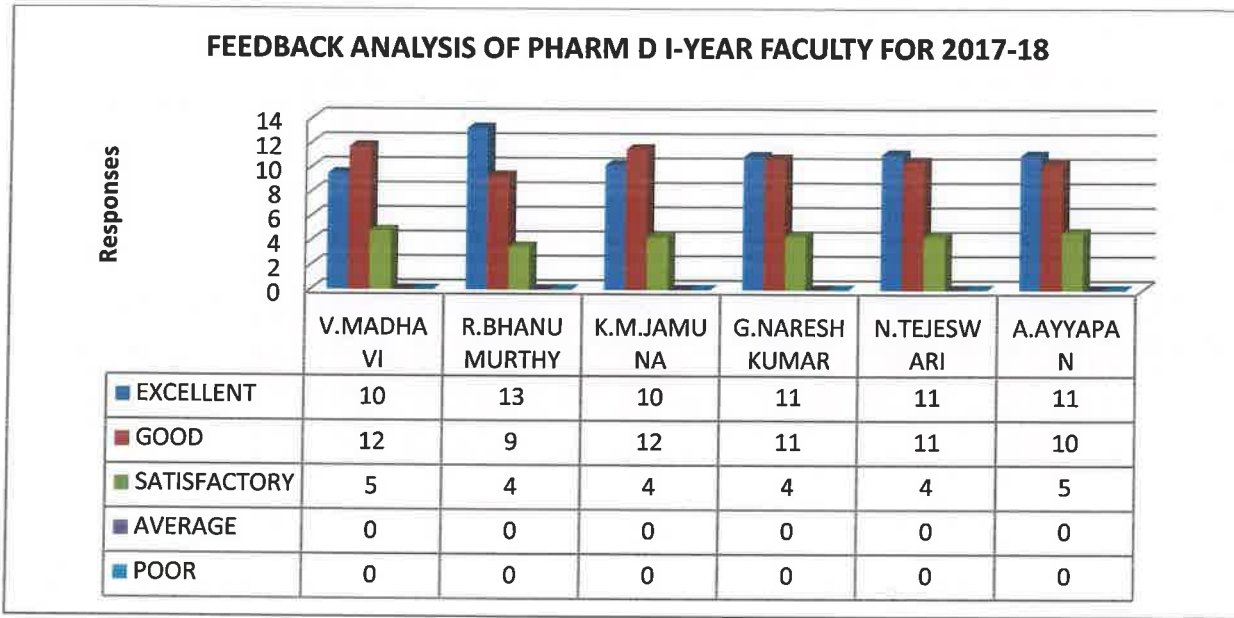


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2.3. FEEDBACK ANALYSIS ON PHARM D FACULTY FOR 2017-18:

The feedback on PharmD faculty for Academic year 2017-18 was presented below:



Signature of Co-ordinator of IQAC

Signature of Principal

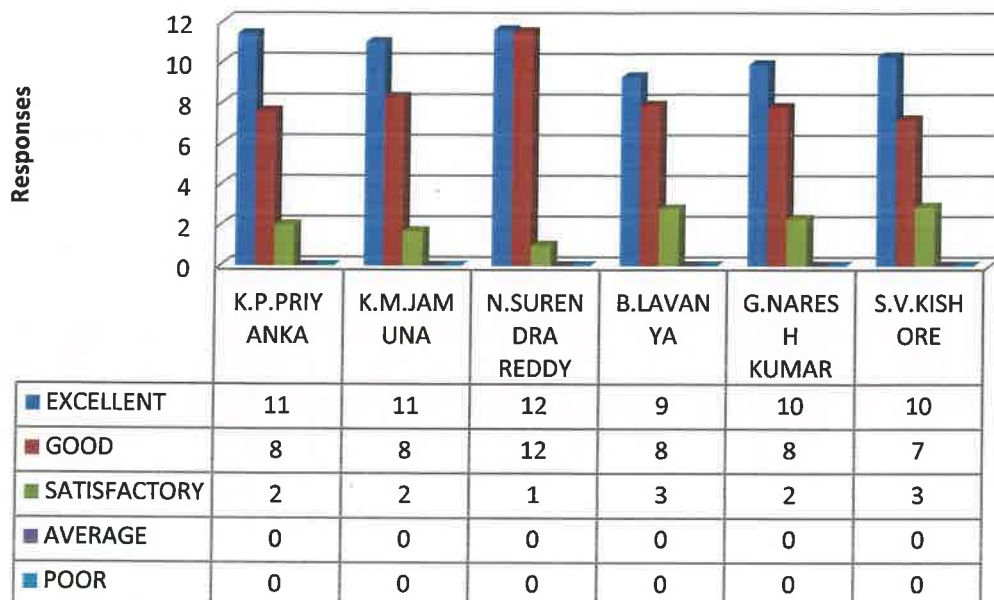
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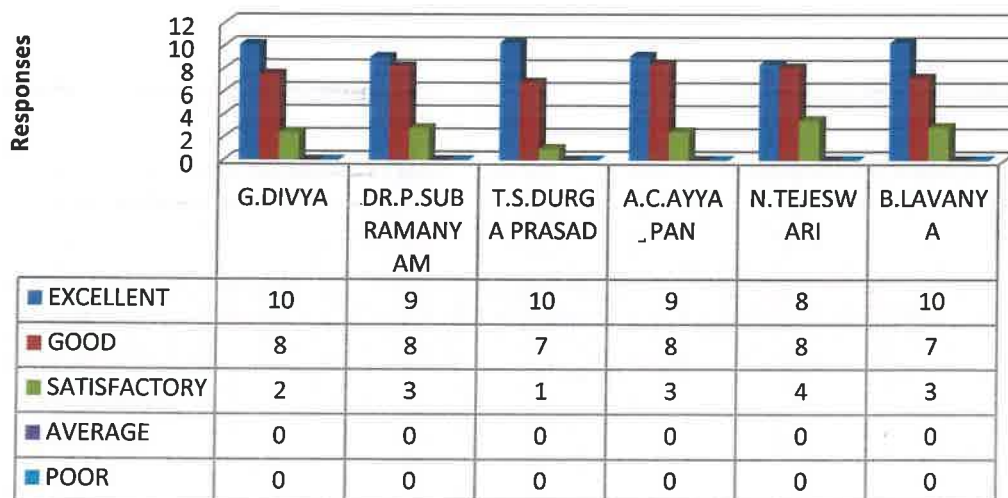
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FEEDBACK ANALYSIS ON PHARM D III-YEAR FACULTY FOR 2017-18



FEEDBACK ANALYSIS ON PHARM D FACULTY IV-YEAR FOR 2017-18



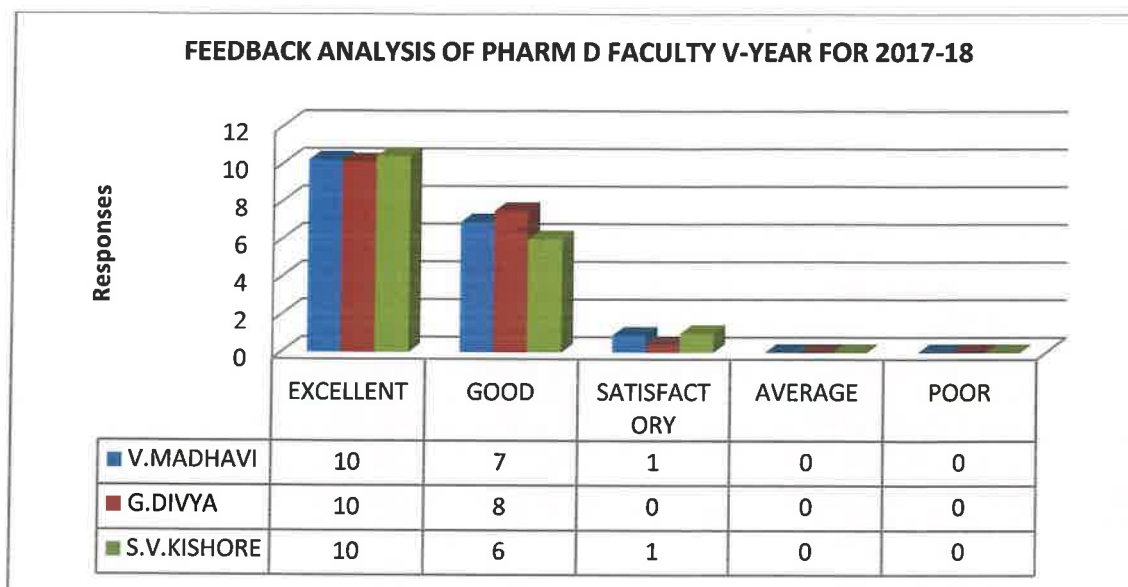
Signature of Co-ordinator of IQAC

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Action Taken Report for Faculty feedbacks:

Feedback Analysis	Requirements Proposed	Corrective Actions
Faculty feedbacks	Summary of feedback analysis discussed by the principal to the concerned faculties.	The principal of the institute discussed the summary of the feedback analysis to the concerned faculty to overcome their weakness and to bridge the gap between the student's expectations. Similarly, appreciations are also made for good performance.

ANALYSIS REPORT : Feedback on faculty was collected during the end of the semester by the IQAC members. Analysis on the collected forms was done and then the IQAC committee submits the analysis report to the management. The management will review the analysis and takes the necessary actions.

Signature of Co-ordinator of IQAC

Signature of Principal
 PRINCIPAL

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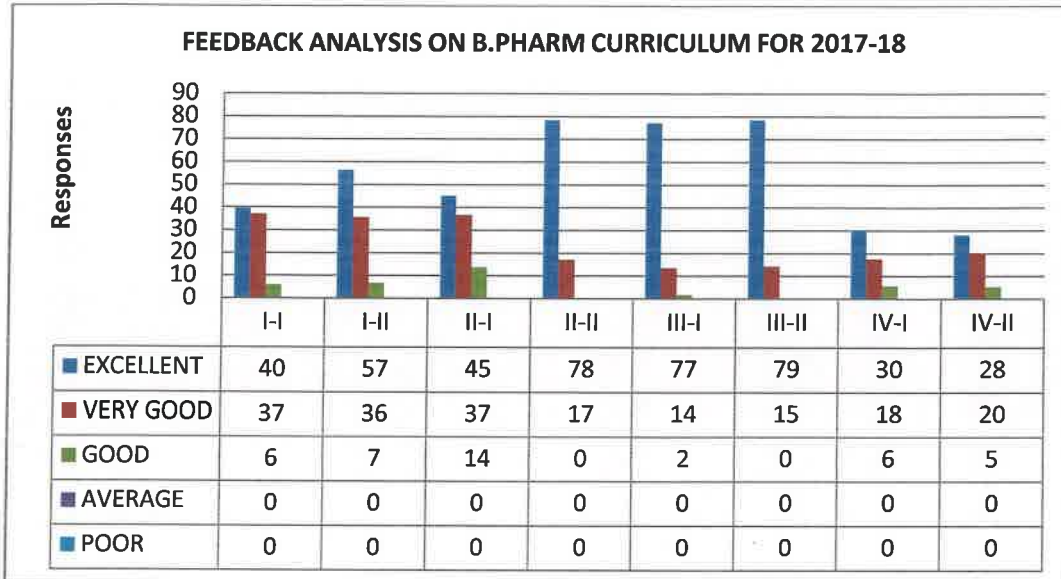


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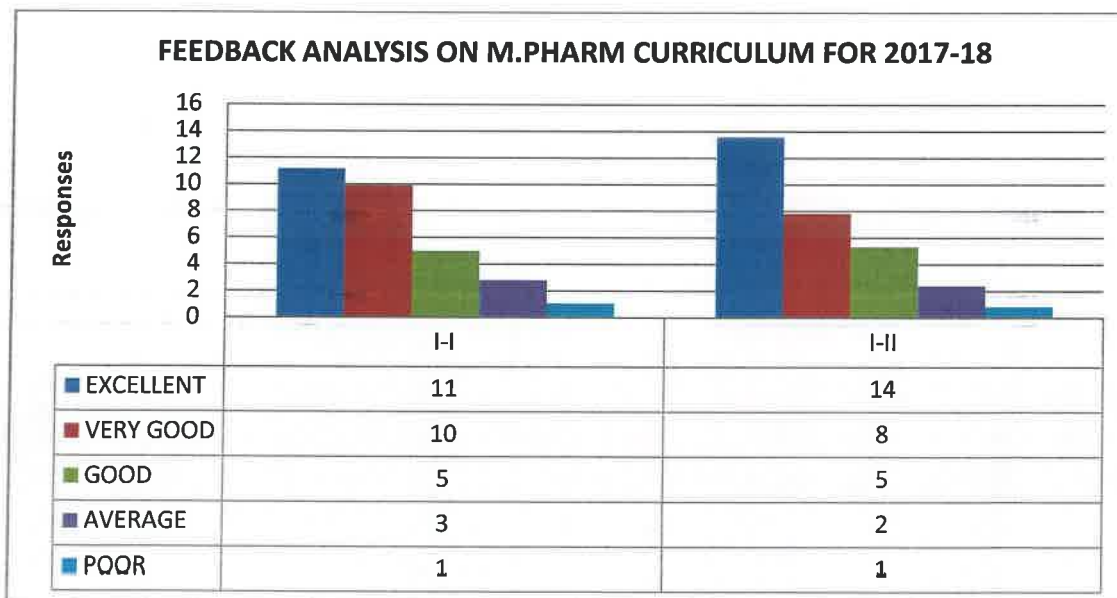
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3. FEEDBACK ANALYSIS ON CURRICULUM:

3.1. FEEDBACK ANALYSIS ON B. PHARMACY CURRICULUM FOR 2017-18:



3.2. FEEDBACK ANALYSIS ON M. PHARMACY CURRICULUM FOR 2017-18:



Signature of Co-ordinator of IQAC

Signature of Principal

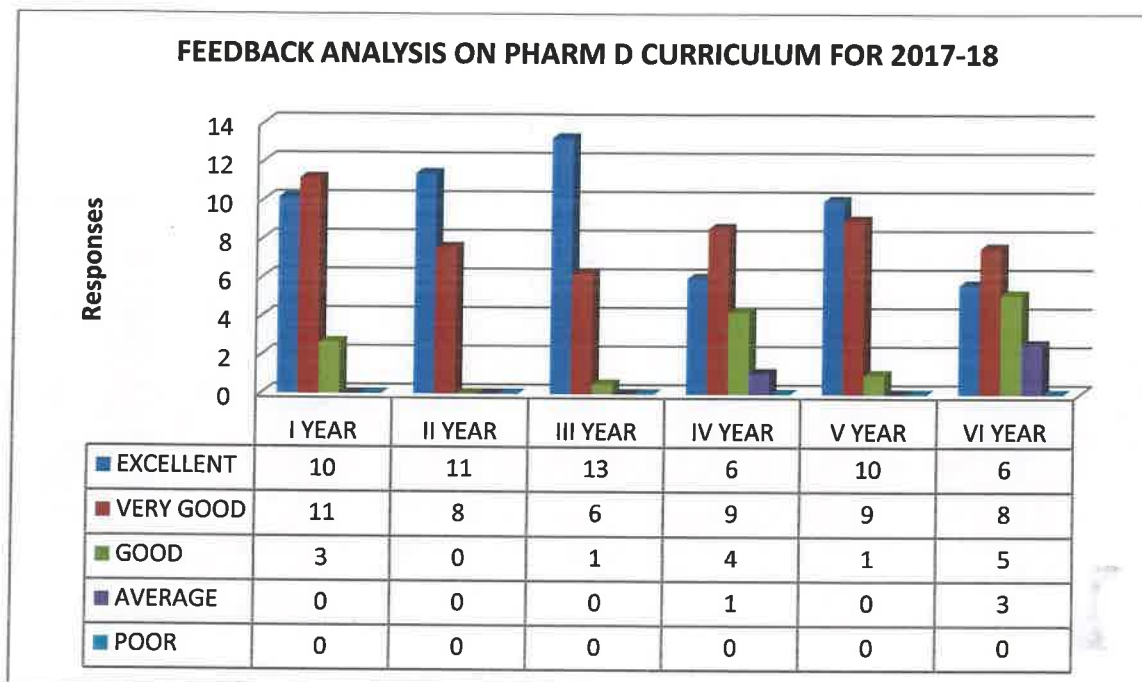
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3.3. FEEDBACK ANALYSIS ON PHARM D CURRICULUM FOR 2017-18:



ANALYSIS REPORT : The feedback from the students on curriculum was collected every semester and analysis was done. In the analysis, it was observed that most of the students were satisfied with the current curriculum. Any inputs received from the students, they were passed over to the IQAC for the further actions.

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Signature of Principal
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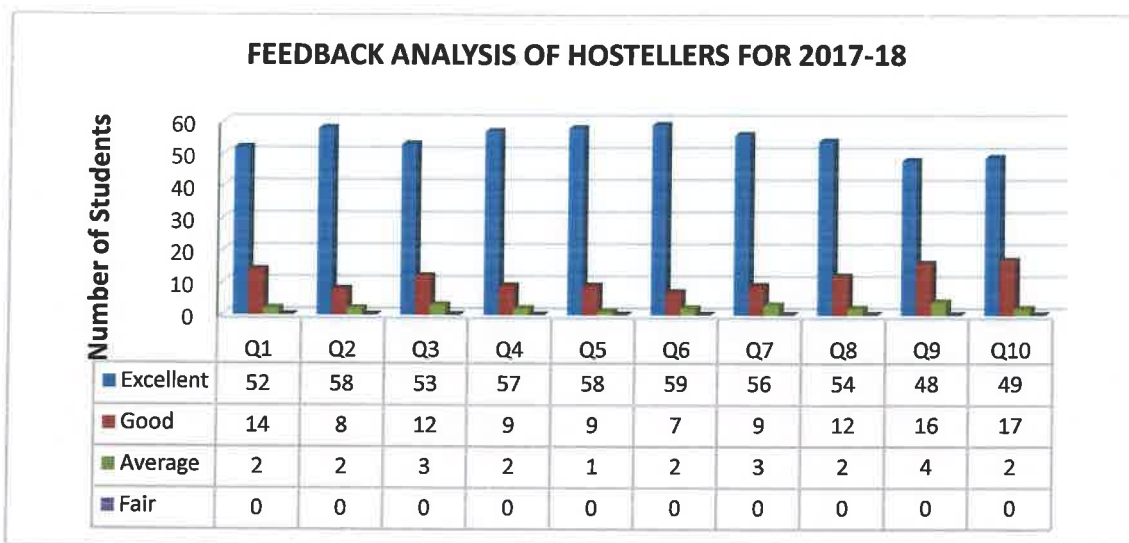


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4. FEEDBACK ANALYSIS FROM HOSTELLERS FOR 2017-18:



ANALYSIS REPORT : The feedback from the students in hostellers was collected every year and analysis was done. In the analysis, it was observed that most of the students were satisfied. Any inputs received from the students, they were passed over to the IQAC for the further actions.

Signature of Co-ordinator of IQAC

Signature of Principal
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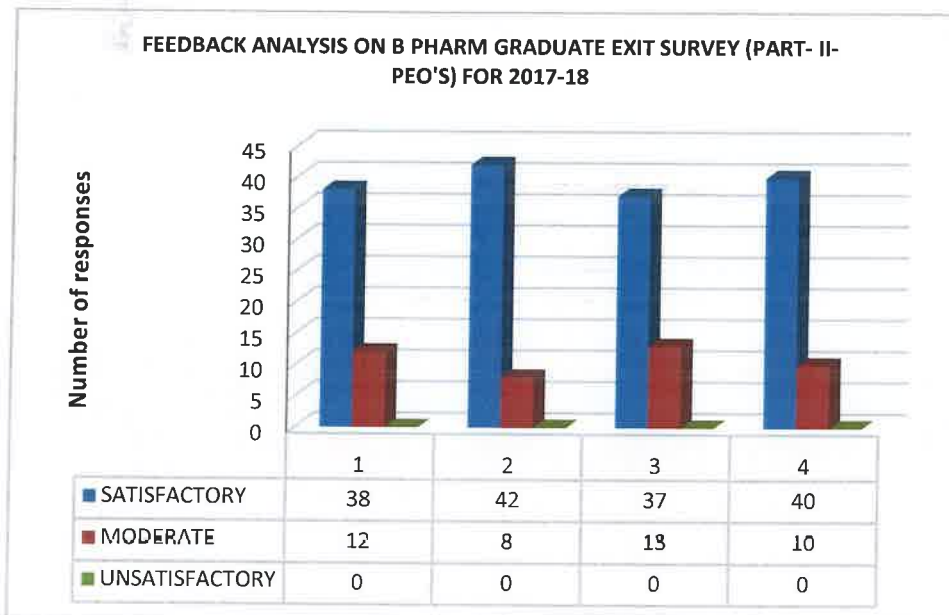
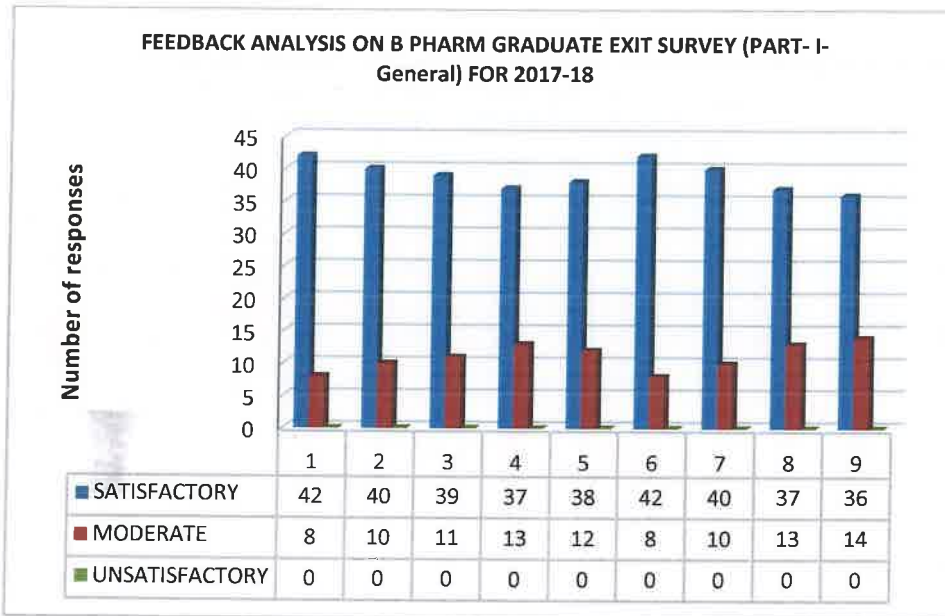
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5. FEEDBACK ANALYSIS ON GRADUATE EXIT SURVEY:

5.1. FEEDBACK ANALYSIS ON B. PHARMACY GRADUATE EXIT SURVEY FOR 2017-18:



[Handwritten Signature]

Signature of Co-ordinator of IQAC

[Handwritten Signature]

Signature of Principal
PRINCIPAL

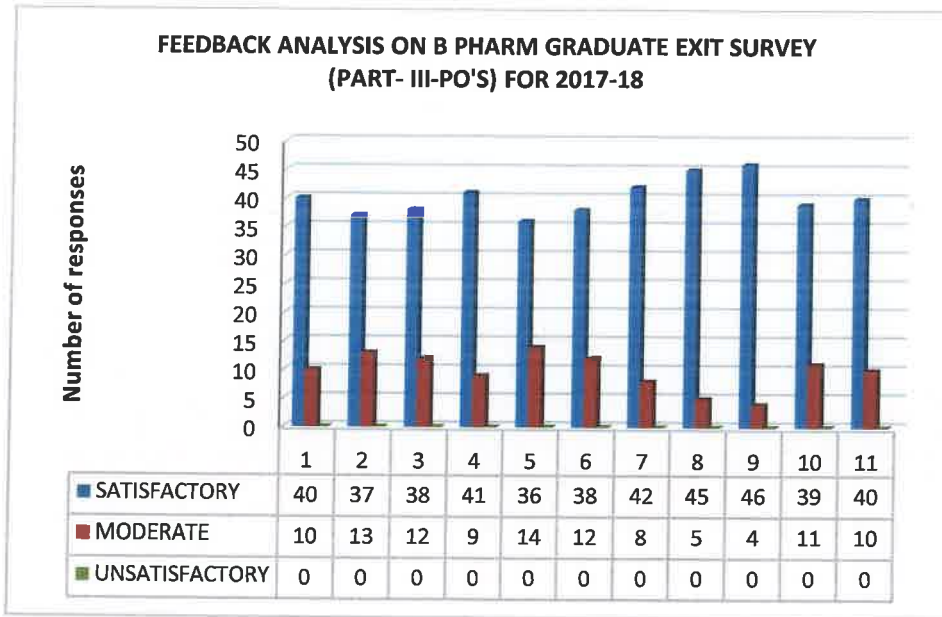
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TIRUCHANOOR
TIRUPATI (A.P)



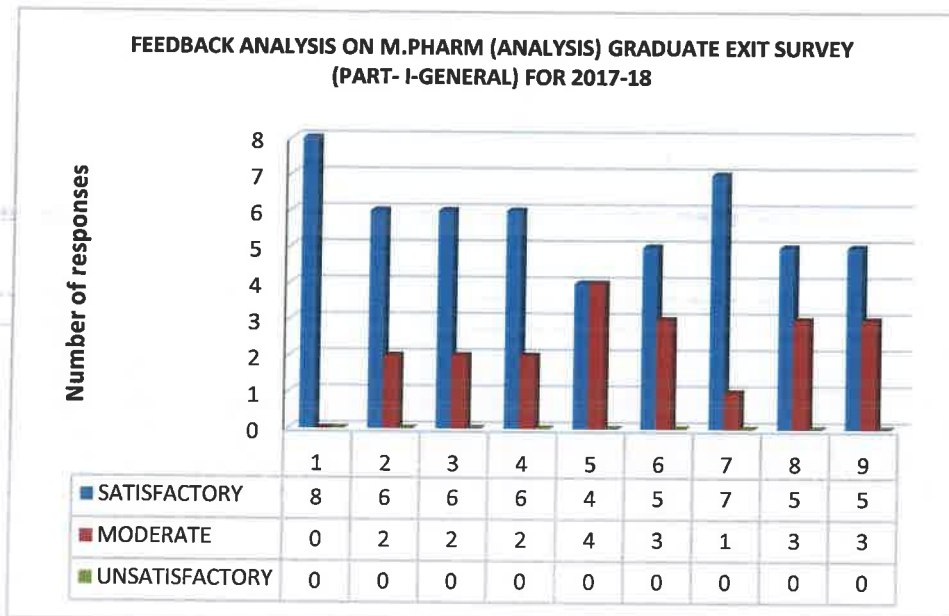
SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503

(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu, Recognized Under 2(f) &12(B) of UGC Act.)



5.2. FEEDBACK ANALYSIS ON M.PHARMACY GRADUATE EXIT SURVEY FOR 2017-18:



Signature of Co-ordinator of IQAC

Signature of Principal
PRINCIPAL

Sri Padmavathi School of Pharmacy
TIRUCHANOOR
TIRUPATI (A.P)



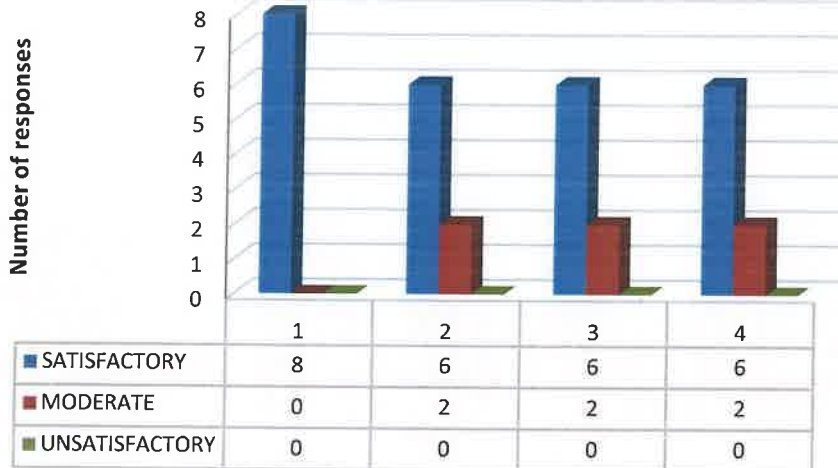
SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503

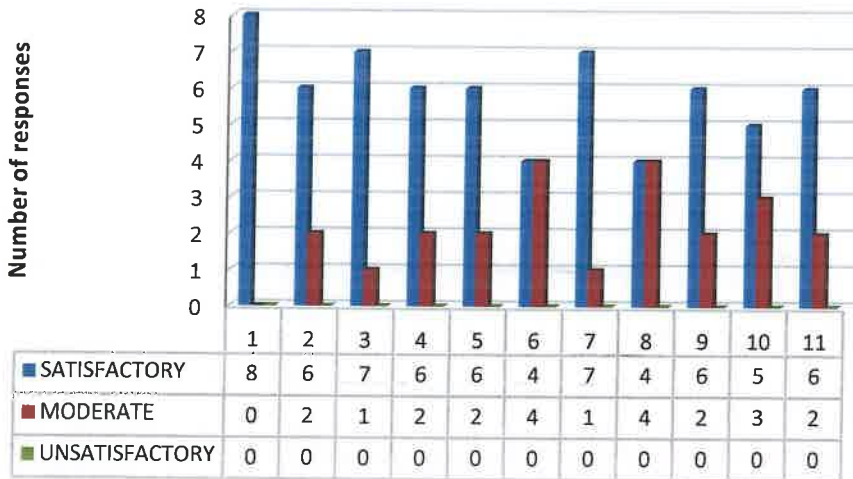
(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu,

Recognized Under 2(f) & 12(B) of UGC Act.)

**FEEDBACK ANALYSIS ON M.PHARM (ANALYSIS) GRADUATE EXIT SURVEY
(PART- II-PEO'S) FOR 2017-18**



**FEEDBACK ANALYSIS ON M.PHARM (ANALYSIS) GRADUATE EXIT SURVEY
(PART- III-PO'S) FOR 2017-18**



Signature of Co-ordinator of IQAC

Signature of Principal

PRINCIPAL

Sri Padmavathi School of Pharmacy

TIRUCHANOOR

TIRUPATI (A.P)

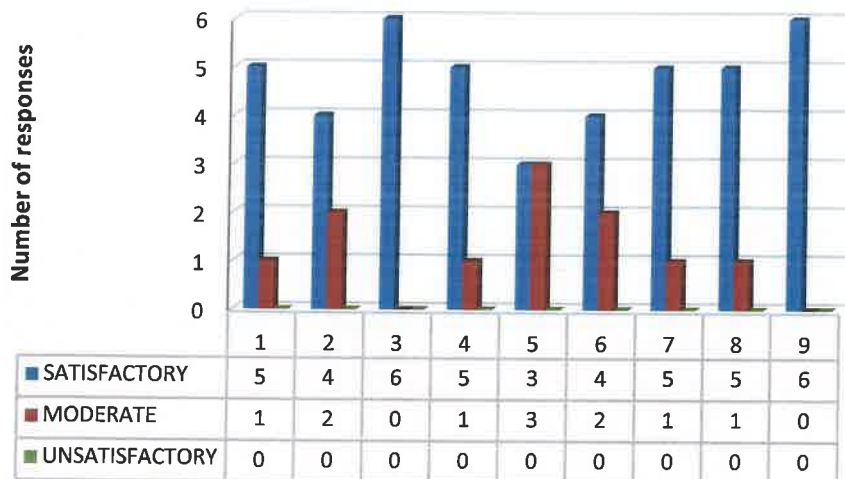


SRI PADMAVATHI SCHOOL OF PHARMACY

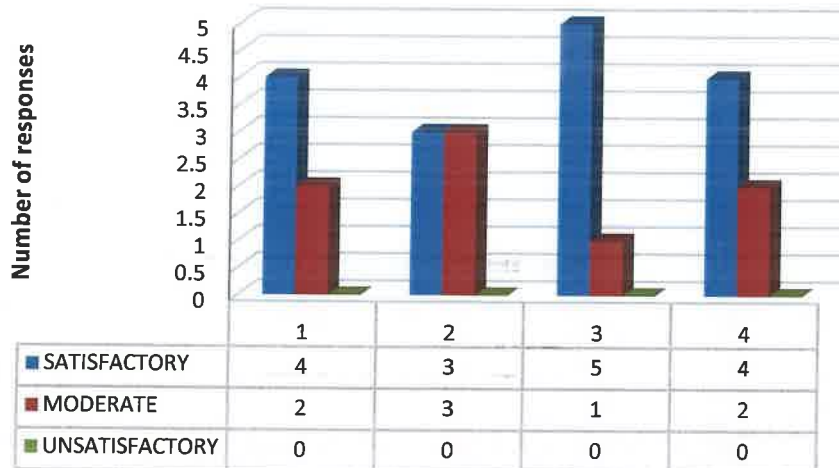
Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503

(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu, Recognized Under 2(f) & 12(B) of UGC Act.)

FEEDBACK ANALYSIS ON M.PHARM (COLOGY) GRADUATE EXIT SURVEY (PART- I- GENERAL) FOR 2017-18



FEEDBACK ANALYSIS ON M.PHARM (COLOGY) GRADUATE EXIT SURVEY (PART- II- PEO'S) FOR 2017-18



Signature of Co-ordinator of IQAC

Signature of Principal

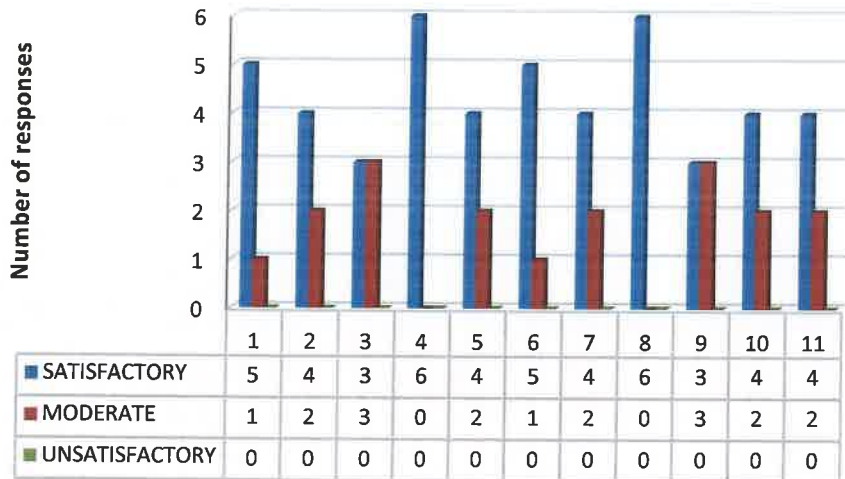
PRINCIPAL
Sri Padmavathi School of Pharmacy
TIRUCHANOOR
TIRUPATI (A.P)



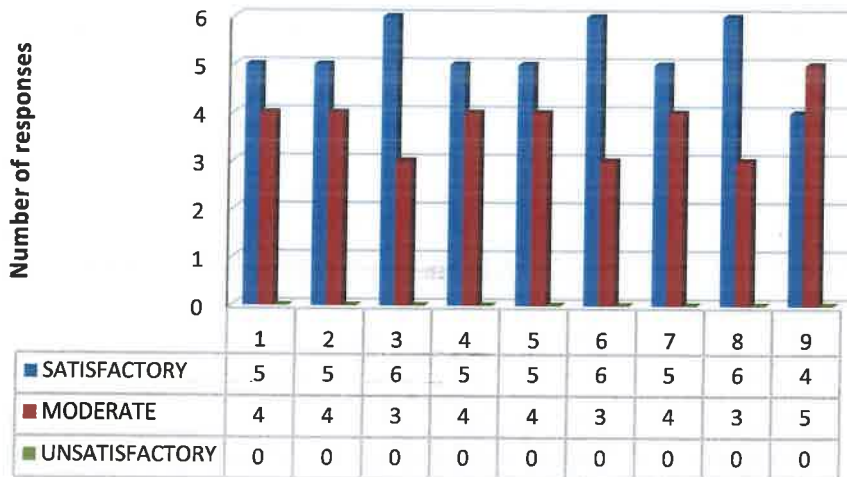
SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
 (Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu,
 Recognized Under 2(f) & 12(B) of UGC Act.)

**FEEDBACK ANALYSIS ON M.PHARM (COLOGY) GRADUATE EXIT SURVEY
 (PART- III- PO'S) FOR 2017-18**



**FEEDBACK ANALYSIS ON M.PHARM (CEUTICS) GRADUATE EXIT SURVEY
 (PART- I-GENERAL) FOR 2017-18**



[Handwritten Signature]

Signature of Co-ordinator of IQAC

[Handwritten Signature]

Signature of Principal
PRINCIPAL

Sri Padmavathi School of Pharmacy
TIRUCHANOOR
TIRUPATI (A.P)

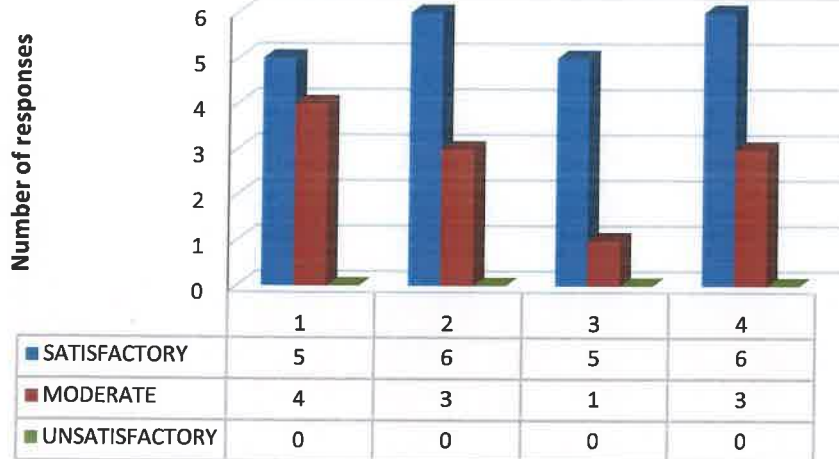


SRI PADMAVATHI SCHOOL OF PHARMACY

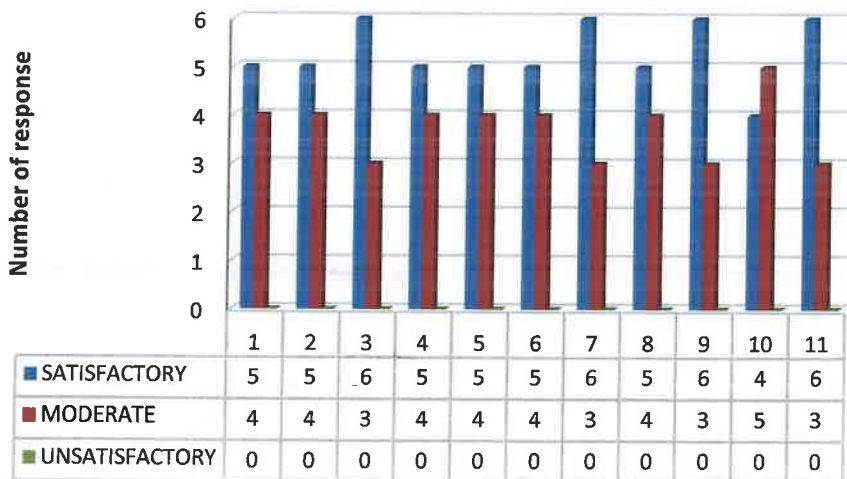
Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503

(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu, Recognized Under 2(f) & 12(B) of UGC Act.)

FEEDBACK ANALYSIS ON M.PHARM (CEUTICS) GRADUATE EXIT SURVEY (PART- II-PEO'S) FOR 2017-18



FEEDBACK ANALYSIS ON M.PHARM (CEUTICS) GRADUATE EXIT SURVEY (PART- III-PO'S) FOR 2017-18



Signature of Co-ordinator of IQAC

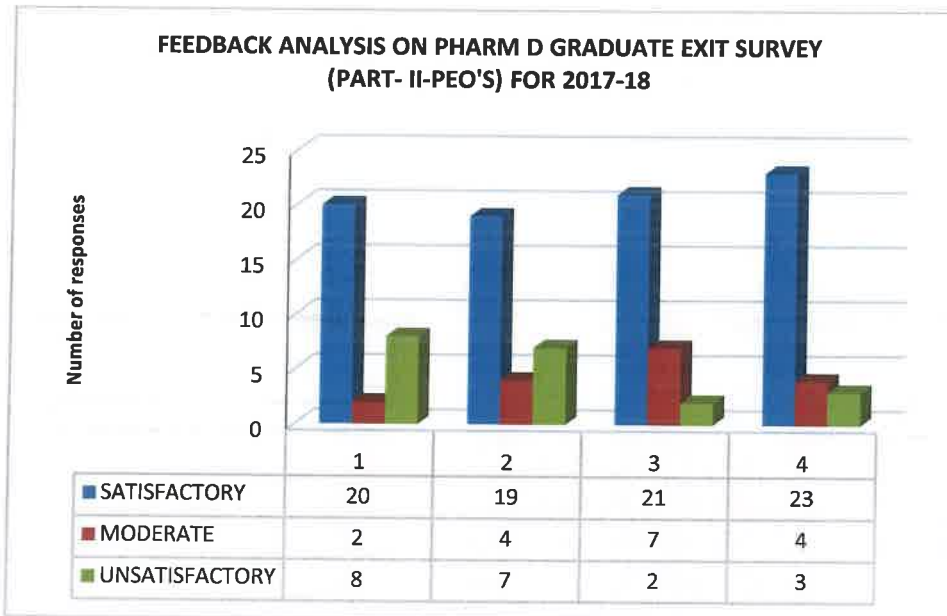
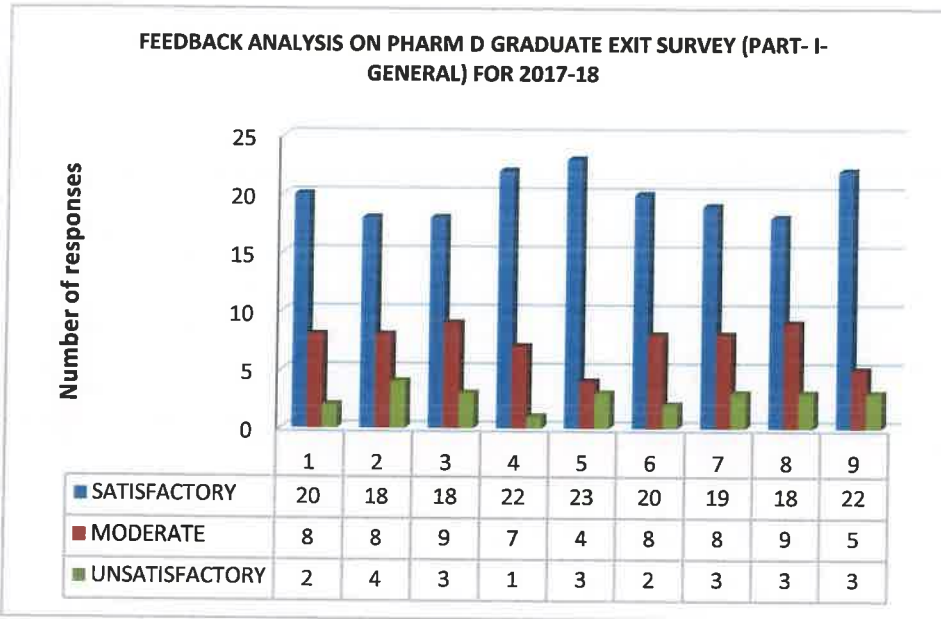
Signature of Principal
PRINCIPAL
 Sri Padmavathi School of Pharmacy
 TIRUCHANOOR
 TIRUPATI (A.P)



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
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 Recognized Under 2(f) & 12(B) of UGC Act.)

5.3. FEEDBACK ANALYSIS ON PHARM D GRADUATE EXIT SURVEY FOR 2017-18:



Signature of Co-ordinator of IQAC

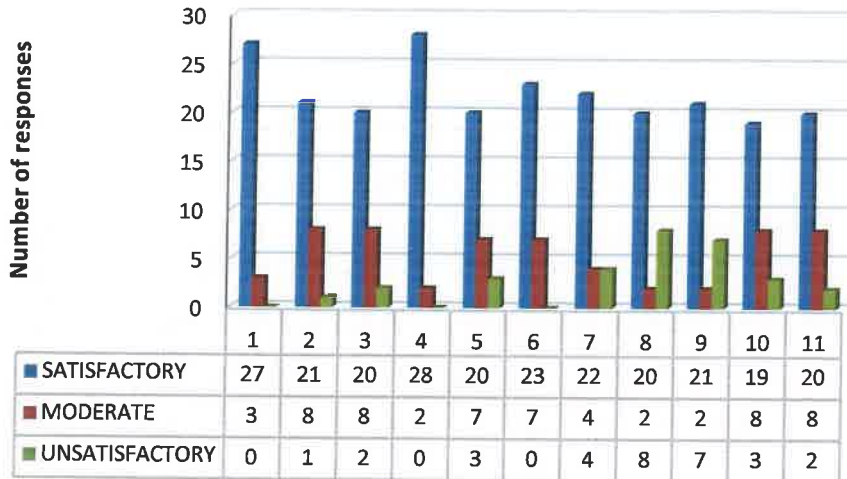
Signature of Principal
PRINCIPAL
 Sri Padmavathi School of Pharmacy
 TIRUCHANOOR
 TIRUPATI (A.P)



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
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FEEDBACK ANALYSIS ON PHARM D GRADUATE EXIT SURVEY (PART- III- PO'S) FOR 2017-18



ANALYSIS REPORT : The feedback from the Outgoing students on Graduate Exit survey was collected and analysis was done. In the analysis, it was observed that most of the students were satisfied. Any inputs received from the students, they were passed over to the IQAC for the further actions.

Signature of Co-ordinator of IQAC

Signature of Principal
 PRINCIPAL
 Sri Padmavathi School of Pharmacy
 TIRUCHANOOR
 TIRUPATI (A.P)

**FEEDBACK
FORMS.**



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
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Recognized Under 2(f) & 12(B) of UGC Act.)

FEEDBACK – ALUMNI

- a) Name of the Alumni : N. Subhan Basha
- b) Year of Graduation : 2018
- c) Branch : B. pharmacy
- d) Present Address : 70/241 - Dasagiri Peta, Kadapa - 516003
9681120669
- e) Email-ID : Subhan.basha.121@gmail.com
- f) Present Occupation : Omega healthcare management services prt ltd.
(Please send appointment letter copy to the HOD at the earliest)
- g) Whether undergone higher education: Yes/No
(If Yes, please send Admission details at the earliest)
- h) Please provide your comments on the following:
- | | | | | |
|---|---|---|-------------------------------|----------------------------------|
| 1. College Infrastructure : | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 2. Effectiveness of Teaching : | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 3. Department Resources : | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 4. Faculties helpfulness: | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 5. Library Facilities: | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 6. Computing Facilities: | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 7. Sports & Extra-Curricular :
Facilities | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 8. Personality/Communications:
Skills Development Facilities | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 9. Placement Cell : | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 10. Overall rating of the College: | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
- i) Your Positive/Negative Comments:
- j) Your suggestions for the Improvement of the Institution:


Signature of the Alumni



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu,
Recognized Under 2(f) & 12(B) of UGC Act.)

FEEDBACK – ALUMNI

- a) Name of the Alumni : Geethanjali
- b) Year of Graduation : 2018
- c) Branch : Pharm D
- d) Present Address : 11/21 - 1st street - Bagipalli - Hyderabad.
- e) Email-ID : geetha.krishna722@gmail.com
- f) Present Occupation : Pharmaceutical product Development India part Ltd
(Please send appointment letter copy to the HOD at the earliest)
- g) Whether undergone higher education: Yes/No
(If Yes, please send Admission details at the earliest)
- h) Please provide your comments on the following:
- | | | | | |
|---|---|---|-------------------------------|----------------------------------|
| 1. College Infrastructure : | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 2. Effectiveness of Teaching : | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 3. Department Resources : | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 4. Faculties helpfulness: | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 5. Library Facilities: | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 6. Computing Facilities: | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 7. Sports & Extra-Curricular :
Facilities | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 8. Personality/Communications:
Skills Development Facilities | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 9. Placement Cell : | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 10. Overall rating of the College: | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
- i) Your Positive/Negative Comments:
- j) Your suggestions for the Improvement of the Institution:


Signature of the Alumni



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu.
Recognized Under 2(f) & 12(B) of UGC Act.)

FEEDBACK ON INSTITUTION

- a) Name : Dr. Ashok Kumar .
- b) Category : Employer .
- c) Designation & office Address : Principal, Sri Vidyanikethan College of Pharmacy,
Tirupathi
- d) Email -ID : Principal.p9@JNTUA.ac.in.
- e) Contact Number : 9160999967
- f) Please provide your comments on the following:

1. College Infrastructure : Excellent Very Good Good Average
2. Effectiveness of Teaching : Excellent Very Good Good Average
3. Department Resources : Excellent Very Good Good Average
4. Faculties helpfulness: Excellent Very Good Good Average
5. Library Facilities: Excellent Very Good Good Average
6. Computing Facilities: Excellent Very Good Good Average
7. Sports & Extra-Curricular : Excellent Very Good Good Average
Facilities
8. Personality/Communications: Excellent Very Good Good Average
Skills Development Facilities
9. Placement Cell : Excellent Very Good Good Average
10. Overall rating of the College: Excellent Very Good Good Average

i) Your Positive/Negative Comments:

j) Your suggestions for the Improvement of the Institution:

Ashok Kumar
Signature



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu,
Recognized Under 2(f) & 12(B) of UGC Act.)

FEEDBACK ON INSTITUTION

- a) Name : *J. Surya Kumar*
- b) Category : *Employee*
- c) Designation & office Address : *Senior vice president oachid. pharma. chennai*
- d) Email -ID : *Surya Kumar 33 @ yahoo.com*
- e) Contact Number : *8056022121*
- f) Please provide your comments on the following:

1. College Infrastructure : Excellent Very Good Good Average
2. Effectiveness of Teaching : Excellent Very Good Good Average
3. Department Resources : Excellent Very Good Good Average
4. Faculties helpfulness: Excellent Very Good Good Average
5. Library Facilities: Excellent Very Good Good Average
6. Computing Facilities: Excellent Very Good Good Average
7. Sports & Extra-Curricular : Excellent Very Good Good Average
Facilities
8. Personality/Communications: Excellent Very Good Good Average
Skills Development Facilities
9. Placement Cell : Excellent Very Good Good Average
10. Overall rating of the College: Excellent Very Good Good Average

i) Your Positive/Negative Comments:

j) Your suggestions for the Improvement of the Institution:

Surya Kumar
Signature



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu,
Recognized Under 2(f) &12(B) of UGC Act.)

FEEDBACK – PARENTS

- a) Name of the Parent : P. krishnaiah
b) Name of the Student : P. chandrakala
c) Branch and Year : B. pharmacy
d) Present Address : Near Venkateswara Temple, Kollu (V), Dabavari-
Sathram (m) Nelide.
e) Phone Number : 8179579492.
f) Email-ID :

Please provide your comments on the following:

- | | | | | |
|---|---|---|--|---|
| 1. College Infrastructure | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 2. Teaching imparted to your ward | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 3. Departmental Resources | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 4. Faculty helpfulness | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 5. Library Facilities | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 6. Computing and Internet Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 7. Sports, Extra Curricular Facilities | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 8. Personality/Communications Skills/
Development Facilities | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Average |
| 9. Placement Opportunities | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Average |
| 10. Transport Facilities | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 11. Mess/Canteen Facilities | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 12. Feedback on ward's Progress | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 13. Discipline standards in the College: | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 14. Overall rating of the College | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |

f) Your Positive/Negative Comments:

g) Your suggestions for the Improvement of the Institution/Department:

P. krishnaiah

Signature



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu,
Recognized Under 2(f) & 12(B) of UGC Act.)

FEEDBACK – PARENTS

- a) Name of the Parent : K. Udaya Lakshmi D/o K. Damodhar Reddy
b) Name of the Student : K. Udaya Lakshmi
c) Branch and Year : PharmD
d) Present Address : Mopus village, Dakkili Mandal, Nellore
e) Phone Number : 94904 25441
f) Email-ID :

Please provide your comments on the following:

- | | | | | |
|---|---|---|--|----------------------------------|
| 1. College Infrastructure | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 2. Teaching imparted to your ward | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 3. Departmental Resources | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 4. Faculty helpfulness | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 5. Library Facilities | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 6. Computing and Internet Facilities | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 7. Sports, Extra Curricular Facilities | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 8. Personality/Communications Skills/
Development Facilities | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 9. Placement Opportunities | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 10. Transport Facilities | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 11. Mess/Canteen Facilities | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 12. Feedback on ward's Progress | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 13. Discipline standards in the College | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 14. Overall rating of the College | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |

f) Your Positive/Negative Comments:

g) Your suggestions for the Improvement of the Institution/Department:

K. Damodhar Reddy

Signature



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu,
Recognized Under 2(f) & 12(B) of UGC Act.)

STUDENTS FEEDBACK ON FACILITIES

- a) Name : *Yessagurvangali Bhavana.*
- b) Year of Graduation : *2018*
- c) Branch : *B-Pharmacy*
- d) Present Address : *P.No - 2-1 of Perumalle palli (V&P), Tirupalli.*
- Email-ID : *517505*

e) Present Occupation :
(Please send appointment letter copy to the HOD at the earliest)

f) Whether undergone higher education: Yes/No
(If Yes, please send Admission details at the earliest)

g) Please provide your comments on the following:

- | | | | | |
|--|---|---|--|----------------------------------|
| 1. College Infrastructure : | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 2. Effectiveness of Teaching : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 3. Department Resources: | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 4. Faculties helpfulness: | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 5. Library Facilities: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 6. Computing Facilities: | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 7. Sports & Extra-Curricular Facilities : | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 8. Personality/Communications: Skills Development Facilities | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 9. Placement Cell : | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 10. Overall rating of the College: | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |

h) Your Positive/Negative Comments:

i) Your suggestions for the Improvement of the Institution: *good xerox facility in college*

Bhavana.
Signature



SRI PADMAVATHI SCHOOL OF PHARMACY

Mohan Gardens, Vaishnavi Nagar, Tiruchanoor (PO), Chittoor (Dist.), AP - 517503
(Approved by AICTE, New Delhi, Approved by PCI, New Delhi, Affiliated to JNTUA, Ananthapuramu,
Recognized Under 2(f) & 12(B) of UGC Act.)

STUDENTS FEEDBACK ON FACILITIES

- a) Name : K. Geethayali
b) Year of Graduation : 2017-2018
c) Branch : Pharm D
d) Present Address : 4-3-786, KSR - Building, Girisipuram Tirupati
Email-ID :
e) Present Occupation :
(Please send appointment letter copy to the HOD at the earliest)
f) Whether undergone higher education: Yes/No
(If Yes, please send Admission details at the earliest)

g) Please provide your comments on the following:

- | | | | | |
|---|---|---|--|----------------------------------|
| 1. College Infrastructure : | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 2. Effectiveness of Teaching : | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 3. Department Resources: | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 4. Faculties helpfulness: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 5. Library Facilities: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 6. Computing Facilities: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 7. Sports & Extra-Curricular :
Facilities | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 8. Personality/Communications:
Skills Development Facilities | <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Average |
| 9. Placement Cell : | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |
| 10. Overall rating of the College: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average |

h) Your Positive/Negative Comments:

i) Your suggestions for the Improvement of the Institution: Extend library timings
for books.

K. Geethayali

Signature



SRI PADMAVATHI SCHOOL OF PHARMACY

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FEEDBACK – TEACHING STAFF

- a) Name of the Teaching staff : K. K. RAJA SEKHAR
- b) Qualification : Ph.D
- c) Designation and Department : Professor, Pharmaceutical Chemistry
- d) Mobile no : 9441372531
- e) Email-ID : komarla.research@gmail.com

h) Please provide your comments on the following:

1. College Infrastructure : Excellent Very Good Good Average
2. Effectiveness of Teaching : Excellent Very Good Good Average
3. Department Resources : Excellent Very Good Good Average
4. Faculty's helpfulness: Excellent Very Good Good Average
5. Library Facilities: Excellent Very Good Good Average
6. Computing Facilities: Excellent Very Good Good Average
7. Sports & Extra-Curricular : Excellent Very Good Good Average
Facilities
8. Personality/Communications: Excellent Very Good Good Average
Skills Development Facilities
9. Placement Cell : Excellent Very Good Good Average
10. Overall rating of the College: Excellent Very Good Good Average

i) Your Positive/Negative Comments:

j) Your suggestions for the Improvement of the Institution:

Signature of the Teaching staff



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FEEDBACK – TEACHING STAFF

- a) Name of the Teaching staff : MVS. P. LAKSHMI
- b) Qualification : M. PHARM (PHD)
- c) Designation and Department : Assistant Professor (Pharmacy Practice)
- d) Mobile no : 8074198275
- e) Email-ID : lakshmi.puligundla@gmail.com

h) Please provide your comments on the following:

1. College Infrastructure : Excellent Very Good Good Average
2. Effectiveness of Teaching : Excellent Very Good Good Average
3. Department Resources : Excellent Very Good Good Average
4. Faculty's helpfulness: Excellent Very Good Good Average
5. Library Facilities: Excellent Very Good Good Average
6. Computing Facilities: Excellent Very Good Good Average
7. Sports & Extra-Curricular : Excellent Very Good Good Average
Facilities
8. Personality/Communications: Excellent Very Good Good Average
Skills Development Facilities
9. Placement Cell : Excellent Very Good Good Average
10. Overall rating of the College: Excellent Very Good Good Average

i) Your Positive/Negative Comments:

j) Your suggestions for the Improvement of the Institution:


Signature of the Teaching staff



SRI PAVANAVATHI SCHOOL OF PHARMACY

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STUDENT FEEDBACK FORM FACULTY

This feedback form is intended to help the faculty to improve their teaching skills and contribute effectively for the progress of the students. So, the students are instructed to provide unbiased feedback to get best out of the faculty and meet the requirements of the stakeholders.

SUBJECTS AND CODES USED IN THE FEEDBACK FORM

M.PHARMACY YEAR – SEM		SUBJECT CODE
S.NO	SUBJECT	SUBJECT CODE
1	Modern pharmaceutical Analytical Technique	17801101
2	Drug Delivery system	17803101
3	Modern pharmaceuticals	17803102
4	Regulatory Affairs	17803103
5	Modern pharmaceutical Analytical techniques lab	17801105

COURSE: M.PHARMACY system Practical-I YEAR & SEM: I-I

ACADEMIC YEAR: 2018-2019

INSTRUCTIONS TO FILL THE FEEDBACK FORM:

1. The students are instructed to assign suitable "GRADE (1-5)", against each activity of the concerned faculty in the space provided.

2. Please avoid over writing/corrections/multiple grades.

GRADING SCALE:

5: Excellent; 4: Good ; 3: Satisfactory ; 2: Average ; 1: Poor

NAME OF THE FACULTY MEMBER	K.V. Nonda Kumar	Dr. P. Prashma Raju	T. Sindhu	Dr. S. Sondara-veelar	K. S. Suresh Kumar	Dr. Prashma Raju
Proper organization of the contents of the topic in each class	5	4	4	5	4	5
Communicating concepts & ideas effectively	4	5	4	4	5	5
Response to the student queries	4	5	5	5	5	5
Involvement of teacher in labs & Problem solving	5	4	5	5	4	5
Completion of the syllabus in uniformly distributed periods	4	5	4	4	5	5
Internal exams evaluation is fair & impartial	5	5	4	4	4	5
Highlighting the important points/questions in each class	5	4	5	5	4	5
Involvement of the teacher as a motivator and counselor	4	5	5	5	5	5
Overall ranking of the teacher in this particular subject	4	4	4	4	4	5
Overall ranking of the teacher as an effective performer	5	5	4	5	5	5



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STUDENT FEEDBACK FORM FACULTY

This feedback form is intended to help the faculty to improve their teaching skills and contribute effectively for the progress of the students. So, the students are instructed to provide unbiased feedback to get best out of the faculty and meet the requirements of the stakeholders.

SUBJECTS AND CODES USED IN THE FEEDBACK FORM

S.NO	SUBJECT	SUBJECT CODE
1	Human Anatomy & Physiology	17T00101
2	Pharmaceuticals	17T00102
3	Medicinal Biochemistry	17T00103
4	Pharmaceutical Organic Chemistry	17T00104
5	Pharmaceutical Inorganic Chemistry	17T00105
6	Remedial Mathematics/Biochem	17T00106

COURSE: PHARM D

YEAR : 1st YEAR

ACADEMIC YEAR :2017-18

INSTRUCTIONS TO FILL THE FEEDBACK FORM:

- The students are instructed to assign suitable "GRADE (1-5)", against each activity of the concerned faculty in the space provided.
- Please avoid over writing/corrections/multiple grades.

GRADING SCALE:
 5: Excellent; 4: Good ; 3: Satisfactory ; 2: Average ; 1: Poor

NAME OF THE FACULTY MEMBER	Medhavi m	kishnavi	Balarajiv	Akashini s	ki ran s	Aparna s
Proper organization of the contents of the topic in each class	5	5	5	5	5	5
Communicating concepts & ideas effectively	5	4	5	5	5	5
Response to the student queries	5	5	4	4	5	5
Involvement of teacher in labs & Problem solving	5	5	5	4	5	5
Completion of the syllabus in uniformly distributed periods	4	4	4	4	5	4
Internal exams evaluation is fair & impartial	4	4	3	5	5	4
Highlighting the important points/questions in each class	4	5	5	5	4	4
Involvement of the teacher as a motivator and counselor	5	5	4	5	4	4
Overall ranking of the teacher in this particular subject	4	5	4	4	4	4
Overall ranking of the teacher as an effective performer	3	4	4	4	4	5



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Students Feedback on Curriculum

Name of the Student : N. Kavya

Roll. No. : 19421T0012

Academic Year : 2017-18

Semester :

Date : 7-3-18

Feedback Points : Excellent - 5, Very Good - 4, Good - 3, Average - 2, and Poor - 1

S.No.	Question	5	4	3	2	1
1.	How do you rate the learning outcome of the curriculum : Knowledge, analytical ability, practical skills, etc.		✓			
2.	How do you rate the relevance of the units in Syllabus relevant to the course?			✓		
3.	How do you rate the sequence of the units in the course?			✓		
4.	How do you rate the distribution of the contact hours among the course components (L-T-P)?	✓				
5.	How do you rate the relevance of the Text Books and reference books to the Courses?	✓				
6.	Rate the Size of syllabus in terms of the load on the student			✓		
7.	Rate the courses in terms of extra learning or self-learning considering the design of the courses		✓			
8.	How do you rate the evaluation scheme designed for each of the course?		✓			
9.	How do you rate the innovation in the curriculum.			✓		
10.	How do you rate the percentage of courses having LAB components?			✓		
11.	How do you rate the relevance of curriculum to hospital practice, professional skills & competencies	✓				
12.	How do you rate the experiments in relation to the real life Applications?		✓			

Any other suggestions/comments:

1. _____
2. _____
3. _____
4. _____
5. _____



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Students Feedback on Curriculum

Name of the Student: P. Pavithra

Roll. No. : 15H21R0047

Academic Year : _____

Semester: II - II

Date : 18-05-2018

Feedback Points : Excellent - 5, Very Good - 4, Good - 3, Average - 2, and Poor - 1

S.No.	Question	5	4	3	2	1
1.	How do you rate the learning outcome of the curriculum : Knowledge, analytical ability, practical skills, etc.		✓			
2.	How do you rate the relevance of the units in Syllabus relevant to the course?	✓				
3.	How do you rate the sequence of the units in the course?		✓			
4.	How do you rate the distribution of the contact hours among the course components (L-T-P)?		✓			
5.	How do you rate the relevance of the Text Books and reference books to the Courses?	✓				
6.	Rate the Size of syllabus in terms of the load on the student		✓			
7.	Rate the courses in terms of extra learning or self-learning considering the design of the courses	✓				
8.	How do you rate the evaluation scheme designed for each of the course?			✓		
9.	How do you rate the innovation in the curriculum.	✓				
10.	How do you rate the percentage of courses having LAB components?		✓			
11.	How do you rate the relevance of curriculum to industrial practice, professional skills & competencies	✓				
12.	How do you rate the experiments in relation to the real life Applications?	✓				

Any other suggestions/comments:

- _____
- _____
- _____
- _____
- _____

P. Pavithra
Signature of student



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Students Feedback on Curriculum

Name of the Student : *Baduge ephrath sharon*

Roll. No. : *1742150702*

Academic Year : *2017-18*

Semester : *I-II*

Date : *30-7-2018*

Feedback Points : Excellent - 5, Very Good - 4, Good - 3, Average - 2, and Poor - 1

S.No.	Question	5	4	3	2	1
1.	How do you rate the learning outcome of the curriculum : Knowledge, analytical ability, practical skills, etc.	✓				
2.	How do you rate the relevance of the units in Syllabus relevant to the course?	✓				
3.	How do you rate the sequence of the units in the course?		✓			
4.	How do you rate the distribution of the contact hours among the course components (L-T-P)?		✓			
5.	How do you rate the relevance of the Text Books and reference books to the Courses?	✓				
6.	Rate the Size of syllabus in terms of the load on the student	✓				
7.	Rate the courses in terms of extra learning or self-learning considering the design of the courses	✓				
8.	How do you rate the evaluation scheme designed for each of the course?		✓			
9.	How do you rate the innovation in the curriculum.	✓				
10.	How do you rate the percentage of courses having LAB components?		✓			
11.	How do you rate the relevance of curriculum to industrial practice, professional skills & competencies	✓				
12.	How do you rate the experiments in relation to the real life Applications?		✓			

Any other suggestions/comments:

- _____
- _____
- _____
- _____
- _____

Sharon
Signature of student



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FEEDBACK – HOSTELLERS

NAME (Optional): C. Nikhitha

DATE: 11-3-18

YEAR: 2017-2018

BRANCH: B-pharm

ROOM No: T₆

a) Please provide your ratings on the following:

- | | | | | |
|--|---|--|---|-------------------------------|
| 1. Hostel Infrastructure | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 2. Facilities in the Room | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 3. Mess Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 4. Food Quality | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 5. Medical Facilities | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 6. Computing and Internet Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 8. Library Access & Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 9. Study Hours | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 10. Overall rating of the Hostel | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |

b) Your suggestions for the Improvement of the Hostel:


Signature



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FEEDBACK – HOSTELLERS

NAME (Optional): K. Keerthi

DATE: 4-3-18

YEAR: 2017-2018

BRANCH: Pharm-D

ROOM No: T4

a) Please provide your ratings on the following:

- | | | | | |
|--|---|--|---|-------------------------------|
| 1. Hostel Infrastructure | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 2. Facilities in the Room | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 3. Mess Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 4. Food Quality | : <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 5. Medical Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 6. Computing and Internet Facilities | : <input type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 8. Library Access & Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 9. Study Hours | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 10. Overall rating of the Hostel | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |

b) Your suggestions for the Improvement of the Hostel:

K. Keerthi
Signature



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GRADUATE EXIT SURVEY

The information you provide on this questionnaire will be kept completely confidential.

Name : Bommireni Tejaswini
Batch : 2017-2018
Telephone Number : 9908183369
Email : _____

Please take a few minutes to answer the following questions. Your answers to the questions and your feedback will assist the department to continue upgrading the program to better serve its students and the community.

Note: For assessment kindly use the following assessment criteria by placing a '√' at the appropriate place: **Satisfactory=3, Moderate=2 and Unsatisfactory=1**

Part I

To what extent did each of the following contribute to:		3	2	1
1	How would you rate the classrooms and laboratory environment?	✓		
2	How did the course scheduling meet your time constraints?	✓		
3	How would you rate the laboratory facilities?	✓		
4	How would you rate the student/faculty interaction in the program?	✓		
5	How effective was the counseling from your faculty?		✓	
6	How did the faculty respond to your technical needs inside and outside of classrooms?		✓	
7	How helpfully did the lab technicians respond to your needs?		✓	
8	How do you feel the program prepared you for a pharmacy career?	✓		
9	How do you rate the overall training that you received?		✓	

PART II: PROGRAMME EDUCATIONAL OBJECTIVES ASSESSMENT

ASSESSMENT CRITERIA		3	2	1
Rate The achievement of Educational Objectives of your Programme?				
PEO1	To produce competent pharmacy post graduates with adequate knowledge and technical skills in the areas of pharmaceutical technology and industrial pharmacy and to serve the needs of the health care system.	✓		
PEO2	To promote activities such as drug formulation, drug-excipient compatibility studies and stability studies for the betterment in the field of pharmaceuticals.		✓	
PEO3	To develop communication skills, leadership qualities, team building skills and instil the sense of professional ethics and social responsibilities in graduates.	✓		
PEO4	To prepare the graduates for life-long learning through their effective participation in professional and societal activities, integrate their knowledge and skills with contemporary needs of the society and for their highly productive career.		✓	



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Part III: PROGRAMME OUTCOMES ASSESSMENT

By this time you should have attained the required professional, technical and social experience in the program to practice the following program outcomes. Please answer by placing a ✓ at the appropriate place to indicate your knowledge

ASSESSMENT CRITERIA		3	2	1
PO1	Knowledge in Domain: Possess adequate knowledge and comprehension of newer technology and skills in technology development and research.	✓		
PO2	Planning Abilities: Demonstrate effective planning abilities including time management, resource management, delegation skills and organizational skills. Develop and implement plans and organize work to meet deadlines.		✓	
PO3	Problem analysis: Develop ability for in-depth analytical and critical thinking in order to identify and solve the issues related to excipients, dosage forms, production, quality improvements, safety and production management to optimize pharmaceutical products and drug delivery systems.	✓		
PO4	Modern tool usage: Learn, select and apply appropriate methods & procedures, resources and computing tools with an understanding of the limitations in analytical method development.		✓	
PO5	Leadership skills: Demonstrate the ability to function effectively as an individual and as a member or leader in diverse teams in various areas of pharmaceutical testing.		✓	
PO6	Professional Identity: Understand, analyze and communicate the value of their professional roles (e.g. pharmaceutical technologist, production setting, FR&D setting etc.)	✓		
PO7	Ethics: Apply ethical principles and professional ethics and norms in design and development of new pharmaceutical dosage forms.		✓	
PO8	Communication: Able to develop written and oral communication skills that contribute effectively within the pharmaceutical industry and in the community	✓		
PO9	The Pharmacist and society: Develop an understanding for the need of various pharmaceutical dosage forms and role of pharmacist in giving quality life to people in society.		✓	
PO10	Environment and sustainability: Understand the impact of the excipients and raw materials used in pharmaceutical development in societal and environmental contexts, and demonstrate the knowledge of, and need for sustainable development.	✓		
PO11	Life-long learning: Recognize the need for, and have the preparation and ability to engage in independent and lifelong learning in the broadest context of technological change.		✓	

Date: 3/5/2018


Signature



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GRADUATE EXIT SURVEY

The information you provide on this questionnaire will be kept completely confidential.

Name : J. Nityananda Swamy

Batch : 2017-18

Telephone Number : 833037562

Email : nityanandaswamy@gmail.com

Please take a few minutes to answer the following questions. Your answers to the questions and your feedback will assist the department to continue upgrading the program to better serve its students and the community.

Note: For assessment kindly use the following assessment criteria by placing a '✓' at the appropriate place: Satisfactory=3, Moderate=2 and Unsatisfactory=1

Part I

To what extent did each of the following contribute to:		3	2	1
1	How would you rate the classrooms and laboratory environment?	✓		
2	How did the course scheduling meet your time constraints?	✓		
3	How would you rate the laboratory facilities?	✓		
4	How would you rate the student/faculty interaction in the program?		✓	
5	How effective was the counseling from your faculty?		✓	
6	How did the faculty respond to your technical needs inside and outside of classrooms?	✓		
7	How helpfully did the lab technicians respond to your needs?	✓		
8	How do you feel the program prepared you for a pharmacy career?		✓	
9	How do you rate the overall training that you received?	✓		

PART II: PROGRAMME EDUCATIONAL OBJECTIVES ASSESSMENT

ASSESSMENT CRITERIA		3	2	1
Rate The achievement of Educational Objectives of your Programme?				
PEO1	To produce competent pharmacy post graduates with adequate knowledge and technical skills in the areas of analytical chemistry, herbal and food analysis and to serve the needs of the health care system.	✓		
PEO2	To promote activities such as drug analysis, drug characterization and analytical method development for the betterment in the field of pharmaceutical analysis.	✓		
PEO3	To develop communication skills, leadership qualities, team building skills and instil the sense of professional ethics and social responsibilities in graduates.		✓	
PEO4	To prepare the graduates for life-long learning through their effective participation in professional and societal activities, integrate their knowledge and skills with contemporary needs of the society and for their highly productive career.	✓		



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Part III: PROGRAMME OUTCOMES ASSESSMENT

By this time you should have attained the required professional, technical and social experience in the program to practice the following program outcomes. Please answer by placing a ✓ at the appropriate place to indicate your knowledge

ASSESSMENT CRITERIA		3	2	1
PO1	Knowledge in Domain: Possess adequate knowledge and comprehension of basic and core areas of pharmaceutical analysis, quality assurance and quality control	✓		
PO2	Planning Abilities: Demonstrate effective planning abilities including time management, resource management, delegation skills and organizational skills. Develop and implement plans and organize work to meet deadlines.	✓		
PO3	Problem analysis: Develop ability for in-depth analytical and critical thinking in order to identify and solve the issues related to identification, estimation and structural elucidation of pharmaceutical compounds.	✓		
PO4	Modern tool usage: Learn, select and apply appropriate methods & procedures, resources and computing tools with an understanding of the limitations in analytical method development.		✓	
PO5	Leadership skills: Demonstrate the ability to function effectively as an individual and as a member or leader in diverse teams in various areas of pharmaceutical testing.	✓		
PO6	Professional Identity: Understand, analyze and communicate the value of their professional roles (e.g. pharmaceutical analysts, QA setting, QC setting etc.)	✓		
PO7	Ethics: Apply ethical principles and professional ethics and norms in testing and reporting of analytical results.	✓		
PO8	Communication: Able to develop written and oral communication skills that contribute effectively within the pharmaceutical industry and in the community.	✓		
PO9	The Pharmacist and society: Develop an understanding for the need of pharmaceutical analysis and role of analyst in giving quality life to people in society.		✓	
PO10	Environment and sustainability: Understand the impact of the chemical and reagents used in pharmaceutical testing in societal and environmental contexts, and demonstrate the knowledge of, and need for sustainable development.	✓		
PO11	Life-long learning: Recognize the need for, and have the preparation and ability to engage in independent and lifelong learning in the broadest context of technological change.	✓		

Date: 3/5/2018

J. Nityananda sany
Signature