

Student Feedback Form B Pharm/M Pharm Session: 2021-22 (Priyadarshini J. L. College of Pharmacy Nagpur)

Dear Student

Priyadarshini J L College of Pharmacy Nagpur, request you to fill this feedback form about the curriculum and institution

Your feedback is valuable for us and data provided by you will be kept secure with us and utilized for the overall future development and growth

Thank You

Kindly attempt questions given in the feedback form

Options are graded in the 1-5 scale as follows :

(1- Strongly disagree, 2 -Disagree, 3 -Neither agree nor disagree, 4 -Agree, 5 - Strongly agree)

Email *

n.s.shahu05@gmail.com

Student Name *

NISHA SURYABHAN SHAHU

Course *

B pharm

Year *

3 year

Sem *

5 sem

Questions

1 Learning value (in terms of skills, concepts, knowledge, analytical abilities, or broadening perspectives)

- very good
- good
- average
- poor
- very poor

2 Applicability/relevance to real life situations *

- Extremely good
- very Good
- Moderately good
- Good
- Moderate
- Somehow Tolerable
- poor
- very poor
- Extremely poor

Depth of the course content *

- 3
- Extremely good
 - Very Good
 - Moderately good
 - Good
 - Moderate
 - Somehow Tolerable
 - Poor
 - Very poor
 - Extremely poor

4 Extent of coverage of course *

- Extremely good
- Very Good
- Moderately good
- Good
- Moderate
- Somehow Tolerable
- Poor
- Very poor
- Extremely poor

5 Extent of effort required by students *

- Extremely good
- very Good
- Moderately good
- Good
- Moderate
- Somehow Tolerable
- Poor
- Very poor
- Extremely poor

6 Relevance/learning value of project/ report *

- Extremely good
- Very Good
- Moderately good
- Good
- Moderate
- Somehow Tolerable
- Poor
- Very poor
- Extremely poor

7 The syllabus was *

- challenging
- adequate
- inadequate
- dull
- irrelevant

8 Your background for benefiting from the course was *

- highly relevant
- relevant
- partly relevant
- mostly irrelevant
- completely irrelevant

9 How much of the syllabus was taught in class? *

- 90 to 100%
- 75 to 90%
- 50 to 75%
- 40 to 50%
- less 40%

10 What is your opinion about the library holdings for the course? *

- excellent
- adequate
- inadequate
- poor
- very poor

11 Were you able to get the prescribed readings? *

- excellent
- adequate
- inadequate
- poor
- very poor

12 The internal evaluation system as it exists is *

- very good
- good
- average
- poor
- very poor

13 In your opinion, how much of the total weightage of a course should the internal assessment account for? *

- 100%
- 75%
- 50%
- 25%
- below 25%

14 Is the internal assessment system conducive to *

	Highly Appreciably	moderately	poorly	not at all
Understanding the course	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early discovery of difficulties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with the teacher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
regular work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
continuous self assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 . Did you participate in any of the extra curricular activities of the Department /University? *

- very often
- often
- sometime
- rarely
- never

16 Overall Rating of the Programme curriculum (tick in the relevant cell) *

	very good	good	average	poor
Academic content	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairness of evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with faculty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Email *

shikhashahu952@gmail.com

Student Name *

Shikha Rajendra Shahu

Course *

B pharm

Year *

2022

Sem *

Sem 3

Questions

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Email *

sharmasaurabh102001@gmail.com

Student Name *

Saurabh Sharma

Course *

B phrama

Year *

4 year

Sem *

7 semester

Questions

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Email *

soumya.pandey710@gmail.com

Student Name *

Soumya Pandey

Course *

B Pharmacy

Year *

2nd

Sem *

3rd

Questions

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