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Amar Sewa Mandal's

KAMLA NEHRU COLLEGE OF PHARMACY BUTIBORI-441 108, NAGPUR

Feedback Form for Teacher on Curriculum
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You are requested to tick mark on the appropriate option for each of the following criteria for the assessment regarding curriculum from Teachers. If you feel you can't judge any of these parameters, leave it blank. In case you need to make any suggestions, please write the same in brief in the space provided at the end. The data will be utilized for making necessary changes.

1. Name of the teacher:

2. Academic Year:

3. Department and Class (You are teaching):

4. How satisfactory is the syllabus to meet your teaching goals?
   Poor   Fair   Average   Good   Excellent

5. What is the relation between syllabus and industry standards /current scenarios and academics?
   Poor   Fair   Average   Good   Excellent

6. What is the possibility to cover the syllabus timely in the mentioned number of hours?
   Poor   Fair   Average   Good   Excellent

7. What is the availability of reference material and books for the topics mentioned in the syllabus?
   Poor   Fair   Average   Good   Excellent

8. The existing methods mentioned in the syllabus for evaluation are _____ for providing proper assessment?
   Poor   Fair   Average   Good   Excellent

9. Does the syllabus has _____ applicability/relevance to real life situations.
   Poor   Fair   Average   Good   Excellent

10. The syllabus is _____.
    Challenging   Adequate   Inadequate   Dull   Irrelevant

11. Overall Rating is _____.
    Poor   Fair   Average   Good   Excellent

12. Give suggestions for improvement
    ……
    ……
    ……

Name of the evaluator: Signature of evaluator

Feedback of students on Curriculum

Class: FY/SY/TY/Final B.Pharm/M.Pharm   Date:

You are requested to tick mark on the appropriate option for each of the following criteria for the assessment regarding curriculum from students. If you feel you can't judge any of these parameters, leave it blank. In case you need to make any suggestions, please write the same in brief in the space provided at the end. The data will be utilized for making necessary changes.

Name: .... Course:..................Department:.......................................

Years/Semester: (-------) I / II / III /IV   Address..

Mobile ....   E-mail…………………………………………..

Sr no.	Parameter	Remarks			
1.	Learning value (in terms of knowledge, concepts, manual skills, analytical abilities and broadening perspectives)	Excellent	Good	Average	Not satisfactory
2.	Applicability/relevance to real life situation	Excellent	Good	Average	Not satisfactory
3.	Depth of the course content	Excellent	Good	Average	Not satisfactory
4.	Extent of coverage of syllabus	Excellent	Good	Average	Not satisfactory

Your suggestions: _____
_____
_____

Name of the evaluator: Signature of evaluator

Feedback of Alumni on Curriculum

Date:

You are requested to tick (√) mark on the appropriate option for each of the following criteria for the assessment regarding curriculum from alumni. If you feel you can't judge any of these parameters, leave it blank. In case you need to make any suggestions, please write the same in brief in the space provided at the end. The data will be utilized for making necessary changes.

Name: ………………………………...

Course………….

Department:.......................................

Address..

Mobile ....

Email…………………………………………..

Sr no.	Parameter	Remarks				
		5	4	3	2	1
1.	Learning value (in terms of knowledge, concepts, manual skills, analytical abilities and broadening perspectives)					
2.	Applicability/relevance to real life situation.					
3.	Does the program inculcates theoretical concept of syllabus in practicals and theory					
4.	Does the program attributes to the overall personality development/ professional skills / employability					

NOTE: 5- Excellent   4- Very Good   3- Good   2- Average   1- Poor

Your suggestions: _____

_____

_____

Name of the evaluator: Signature of evaluator

Feedback of Employer on Curriculum

Date:

You are requested to tick (√) mark on the appropriate option for each of the following criteria for the assessment regarding curriculum. If you feel you can't judge any of these parameters, leave it blank. In case you need to make any suggestions, please write the same in brief in the space provided at the end. The data will be utilized for making necessary changes.

Name: .... Address...

Mobile .... E-mail………………………………………..

Sr no.	Parameters	Response				
		5	4	3	2	1
1.	Learning value (in terms of knowledge, concepts, manual skills, analytical abilities and broadening perspectives)					
2.	Does the syllabus of programme is satisfying the needs/ requirement					
3.	Does the program inculcates theoretical concept of syllabus					
4.	Does the program attributes to the overall personality					

NOTE: 5- Excellent   4- Very Good   3- Good   2- Average   1- Poor

Your suggestions: _____

_____

_____

Name of the evaluator: Signature of evaluator