

Amar Sewa Mandal's
KAMLA NEHRU COLLEGE OF PHARMACY BUTIBORI-441 108, NAGPUR

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