ICP Student Feedback Form

*Required

1. Email *

2. Name *

3. Program *

Tick all that apply.

B. Pharm

M. Pharm

Pharm D & Pharm D PB

D. Pharm

4. Year of admission *

- 2021
- 2020
- 2019
- 2018
- 2017
- 2016
- 2015

5. Year *

Mark only one oval.

1st Year

- 2nd Year
- 3rd Year
- 4th Year
- 5th Year
- 🔵 6th Year
- 6. Mobile no *

7. Email address *

8. How will you rate your college? *

Mark only one oval.



9. How Will You Rate Your Syllabus? *

	1	2	3	4	5	
Not Satisfactory	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	Excellent

Rate the adequ	lacy of	,		, ·		
Mark only one ov	al.					
	1	2	3	4	5	
Not satisfactory		\bigcirc	\bigcirc	\bigcirc	\bigcirc	Excellen
Rate the adequ	lacy of	Compi	uter Fa	cilities	? *	
Mark only one ov	al.					
2						
-	1	2	3	4	5	
Not Satisfactory	1	2	3	4	5	Exceller
	1	2	3	4	5	Exceller
Not Satisfactory	1				5	Excellen
	1 , uacy of				5	Excellen
Not Satisfactory Rate the adequ	1 , uacy of				5	Exceller

13. According to you what is the strength of the college (Multiple clicks are admissible) *

Tick all that apply.

Faculty
Infrastructure
Library
Academic Atmosphere
Administration
Placements

- 14. Any subject from the syllabus you feel should be studied in detail or should be curtailed? *
- 15. How will you rate the College Extra curricular activity *

Mark only one oval.

	1	2	3	4	5	
Not Satisfactory	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	Excellent

16. Which system according to you needs improvement *

Tick all that apply.

Academics
Examination
Library
Administration
Placements
Accounts
Extra curricular inputs
None of the above

17. Rate the co-curricular activities conducted by the Institute to improve curriculum delivery and technical know- how of the students. *



*

18. Rate the extra efforts taken by ICP in order to bridge the academic industry gap

Mark only one oval.

	1	2	3	4	5	
Not satisfactory	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	Excellent

19. Do you have any suggestions regarding curriculum enrichment/ curriculum delivery that will make you industry-ready?



ICP Alumni Feedback Form

*Required

1. Email *

2. Name *

3. Batch *

4. Designation *

5. Mobile no *

6. Email address *

7. How will you rate your Alma mater - ICP *



8. According to you what is the strength of the college (Multiple clicks are admissible) *

Tick all that apply.

Faculty Infrastructure

Library

Academic Atmosphere

Administration

Placements

9. In which of the following activity you would like to contribute for the development of students *

Tick all that apply.

Panel discussion
Seminar
Guest lecture
Grooming activity
 Placement activity

10. On which areas would you like to interact with students *

Tick all that apply.

- Pharmacovigilance
- Clinical Data Management

Marketing

- Regulatory Affairs
- Manufacturing

QA/QC

Community Pharmacy

- Higher Studies
- 11. Please give your suggestion to make our students industry ready *

12.	How coherent is the s	yllabus prescribed by SPPU *
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Mark only one oval.

 1
 2
 3
 4
 5

 Not satisfcatory

 Excellent

- 13. Any subject from the syllabus you feel should be studied in detail or should be curtailed? *
- 14. How will you rate the College Extra curricular activity *

	1	2	3	4	5	
Not satisfactory	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	Excellent

- 15. Comments or suggestion for Spectrum *
- 16. Which was the Most memorable event / activity in the college *

17. Which system according to you needs improvement *

Tick all that apply.

Academics
Examination
Library
Administration
Placements
Accounts
Extra curricular inputs
None of the above

18. Rate the seminars and workshops conducted by the Institute to improve curriculum delivery and technical know- how of the students. *

Mark only one oval.

	1	2	3	4	5	
Not satisfactory	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	Excellent

19. Rate the special training classes conducted in order to bridge the academic industry gap *

Mark only one oval.

 1
 2
 3
 4
 5

 Not satisfactory

 Excellent

20. Do you have any suggestions regarding curriculum enrichment/ curriculum delivery that will make you industry-ready?

ICP Alumni Feedback Form

Google Forms

ICP Faculty Feedback form

*Required

- 1. Email *
- 2. Name of the faculty *
- 3. Designation *
- 4. No. of years working in ICP *
- 5. How will you rate overall ICP performace *

- Excellent
- Very Good
- 🔵 Good
- Satisfactory
- Not Satisfactory

6. Are you satisfied with the infrastructure provided ? *

Mark only one oval.

\subset	Yes
\subset	No
	Somewhat

- 7. Which is your current academic administrative portfolio?*
- 8. Which other portfolio you will like to handle?*
- 9. How will you rate the academic ambience of the institute? *

Mark only one oval.

- 5
- 3
- 2
- 1
- 10. Does the working culture motivate you to achieve the best *

Mark only one oval.

Yes

11. Are you satisfied with the management policies? *

Mark only one oval.

Yes

Somewhat

- 12. What motivates you to be a part of Team ICP? *
- 13. Syllabus/Course is suitable to the Program. *

Mark only one oval.

 1
 2
 3
 4
 5

 Not satisfactory

 Excellent

14. The curriculum and syllabus are well organized and clear to teachers and students. *

Mark only one oval.

	1	2	3	4	5	
Not Satisfactory	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	Excellent

15. The course/syllabus has good balance between theory and application *



16. Rate the current syllabus on the basis of bridging the gap between industry and academics *

Mark only one oval.

 1
 2
 3
 4
 5

 Not satisfactory

 Excellent

17. Are you able to manage work-life balance effectively. *

Mark only one oval.



- 18. Do you have any suggestions for curriculum enrichment/ curriculum delivery to increase sustainability?
- 19. Do you have any suggestions for certificate program for students to make them employable?
- 20. Pl suggest one change/improvement/upgradation you would like to see in ICP in near future



Employers Feedback Form

Feedback of ICP Alumni currently working in your esteemed organization

*Required

- 1. Email *
- 2. Name of the Alumni *
- 3. Name of the Company / Organization/ Authority *
- 4. Name of the Person authorized to give the feedback (Company authority) *
- 5. Designation of the Company authority *
- 6. Mobile Number of the Company Authority *

7. How will you rate the overall performance of the candidate ? *

Mark only one oval.

Excellent

Good

- Satisfactory
- Not satisfactory
- 8. How will you rate the technical knowledge of the candidate *

Mark only one oval.

\subset	Excellent
\subset	Very Good
\subset	Good
	Satisfactory

- Not satisfactory
- 9. How will you rate the candidate's communication skills *

Mark only one oval.

	1	2	3	4	5	
Not satisfactory	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	Excellent

10. How will you rate the candidate's decision making ability? *



11. How good are the leadership skills of the candidate? *

Mark only one oval.

Excellent
Very Good
Good
Satisfactory
Not satisfactory

12. Please rate the candidate's 'Team spirit' *

Mark only one oval.



13. Kindly rate the Creativity of the candidate *

Mark only one oval.



14. Kindly rate the Initiative of the candidate *



15. How good is the candidate in the execution of plan/project *

Mark only one oval.

	1	2	3	4	5	
Not satisfactory	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	Excellent

16. How will you rate the candidate's dependability? *

Mark only one oval.

	1	2	3	4	5	
Not satisfactory	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	Excellent

- 17. Will you like to suggest few areas on which the college should focus for the improvement of students' performance *
- Do you have any suggestions regarding curriculum enrichment/ curriculum delivery in order to bridge Academic - Industry gap *

