

# B. Pharm.\_ICP Student Feedback Form 2023-24

\* Indicates required question

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1. Email \*


2. Name \*

3. Program \*

*Tick all that apply.*

B. Pharm

4. Year of admission \*

 Dropdown

*Mark only one oval.*

2022-2023


2021-2022

2020-2021

2019-2020

2018-2019

5. Year \*

 Dropdown*Mark only one oval.* 1st Year 2nd Year 3rd Year 4th Year

6. Mobile no \*

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7. Email address \*

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8. How will you rate your college? \*

*Mark only one oval.*

1 2 3 4 5

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 Not     Excellent

9. How Will You Rate Your Syllabus? \*

*Mark only one oval.*

1 2 3 4 5

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 Not     Excellent

10. Rate the adequacy of Library Facility? \*

*Mark only one oval.*

1 2 3 4 5

Not      Excellent

11. Rate the adequacy of Computer Facilities? \*

*Mark only one oval.*

1 2 3 4 5

Not      Excellent

12. Rate the adequacy of Internet / Wi-Fi? \*

*Mark only one oval.*

1 2 3 4 5

Not      Excellent

13. How will you rate the College Extra curricular activity \*

*Mark only one oval.*

1 2 3 4 5

Not      Excellent

14. Rate the co-curricular activities 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      Excellent

15. 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      Excellent

16. 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

17. Any subject from the syllabus you feel should be studied in detail? \*

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18. Which system according to you needs improvement \*

*Tick all that apply.*

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

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

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# M. Pharm\_ICP Student Feedback Form 2023-24

\* Indicates required question

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1. Email \*

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2. Name \*

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3. Program \*

*Tick all that apply.*


M. Pharm.

4. Branch \*

*Tick all that apply.*

- Pharmaceutics
- Pharmaceutical Quality Assurance
- Pharmacology
- Other: \_\_\_\_\_


5. Year of admission \*

 Dropdown

*Mark only one oval.*

- 2022-2023
- 2021-2022
- 2023-2024

6. Year \*

 Dropdown*Mark only one oval.* 1st Year 2nd Year

7. Mobile no \*

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8. Email address \*

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9. How will you rate your college? \*

*Mark only one oval.*

1 2 3 4 5

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 Not     Excellent

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10. How Will You Rate Your Syllabus? \*

*Mark only one oval.*

1 2 3 4 5

---

 Not     Excellent

---

11. Rate the adequacy of Library Facility? \*

*Mark only one oval.*

1 2 3 4 5

Not      Excellent

12. Rate the adequacy of Computer Facilities? \*

*Mark only one oval.*

1 2 3 4 5

Not      Excellent

13. Rate the adequacy of Internet / Wi-Fi? \*

*Mark only one oval.*

1 2 3 4 5

Not      Excellent

14. How will you rate the College Extra curricular activity \*

*Mark only one oval.*

1 2 3 4 5

Not      Excellent



15. 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      Excellent

16. Rate the co-curricular activities 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      Excellent

17. 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

18. Any subject from the syllabus you feel should be studied in detail? \*

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## 19. Which system according to you needs improvement \*

*Tick all that apply.*

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

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

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# Pharm. D.\_ICP Student Feedback Form 2023-24

\* Indicates required question

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1. Email \*

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2. Name \*


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3. Program \*

*Tick all that apply.*

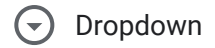
- Pharm. D. (Doctor of Pharmacy)  
 Pharm. D. Post Baccalaureate

4. Year of admission \*

 Dropdown

*Mark only one oval.*

- 2022-2023  
 2021-2022  
 2020-2021  
 2019-2020  
 2018-2019  
 2017-2018



5. Year \*

Mark only one oval.

- 1st Year
- 2nd Year
- 3rd Year
- 4th Year
- 5th Year
- 6th Year

6. Mobile no \*

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7. Email address \*

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8. How will you rate your college? \*

Mark only one oval.

1 2 3 4 5

---

Not      Excellent

---

9. How Will You Rate Your Syllabus? \*

Mark only one oval.

1 2 3 4 5

---

Not      Excellent

---

10. Rate the adequacy of Library Facility? \*

Mark only one oval.

1 2 3 4 5

Not      Excellent

11. Rate the adequacy of Computer Facilities? \*

Mark only one oval.

1 2 3 4 5

Not      Excellent

12. Rate the adequacy of Internet / Wi-Fi? \*

Mark only one oval.

1 2 3 4 5

Not      Excellent

13. Rate the co-curricular activities 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      Excellent

14. How will you rate the College Extra curricular activity \*

Mark only one oval.

1 2 3 4 5

Not      Excellent

15. Rate the extra efforts taken by ICP in order to bridge the academic- industry - Clinical Practice gap \*

Mark only one oval.

1 2 3 4 5

Not      Excellent

16. 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

17. Any subject from the syllabus you feel should be studied in detail? \*

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## 18. Which system according to you needs improvement \*

*Tick all that apply.*

- Academics
- Examination
- Library
- Administration
- Placements
- Accounts
- Extra curricular inputs
- None of the above
- Option 9

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

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# ICP Faculty Feedback form 2023-24

\* Indicates required question

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1. Email \*

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2. Name of the faculty \*

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3. Designation \*

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4. No. of years working in ICP \*

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5. How will you rate overall ICP performance \*

*Mark only one oval.*

Excellent

Very Good

Good

Satisfactory

Not Satisfactory



6. Are you satisfied with the infrastructure provided ? \*

*Mark only one oval.*

Yes

No

Somewhat

7. Which is your current academic administrative portfolio ? \*

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8. Which other portfolio you will like to handle ? \*

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9. How will you rate the academic ambience of the institute? \*

*Mark only one oval.*

5

4

3

2

1

10. Does the working culture motivate you to achieve the best ? \*

*Mark only one oval.*

Yes

No

11. Are you satisfied with the management policies? \*

Mark only one oval.

- Yes  
 No  
 Somewhat

12. What motivates you to be a part of Team ICP? \*

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13. Syllabus/Course is suitable to the Program. \*

Mark only one oval.

1 2 3 4 5

---

Not      Excellent

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

Mark only one oval.

1 2 3 4 5

---

Not      Excellent

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

Mark only one oval.

1 2 3 4 5

---

Not      Excellent

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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      Excellent

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

Mark only one oval.

Yes

No

18. Do you have any suggestions for curriculum enrichment/ curriculum delivery to increase sustainability?

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19. Do you have any suggestions for certificate program for students to make them employable?

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20. Pl suggest one change/improvement/upgradation you would like to see in ICP in near future

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# ICP Alumni Feedback Form

\* Indicates required question

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1. Email \*

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2. Name \*

---

3. Batch \*

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4. Designation \*

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5. Mobile no \*

---

6. Email address \*

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

*Mark only one oval.*

1   2   3   4   5

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Not      Excellent

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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 \*

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12. How coherent is the syllabus prescribed by SPPU \*

Mark only one oval.

1 2 3 4 5

Not      Excellent

13. Any subject from the syllabus you feel should be studied in detail or should be curtailed? \*

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14. How will you rate the College Extra curricular activity \*

Mark only one oval.

1 2 3 4 5

Not      Excellent

15. Comments or suggestion for Spectrum \*

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16. Which was the Most memorable event / activity in the college \*

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## 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

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 Not      Excellent
 

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

*Mark only one oval.*

1 2 3 4 5

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 Not      Excellent
 

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

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# Employer's Feedback Form

Feedback of ICP Alumni currently working in your esteemed organization

*\* Indicates required question*

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1. Email \*

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2. Name of the Alumni

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3. Name of the Company / Organization/ Authority \*

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4. Name of the Person authorized to give the feedback (Company authority) \*

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5. Designation of the Company authority

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6. Contact details of the Company authority

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7. How will you rate the candidate's \*

Mark only one oval per row.

	Not satisfactory	Satisfactory	Good	Very good	Excellent
<b>Overall performance</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Technical knowledge</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Communication skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Decision making ability</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Leadership skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Team spirit</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Initiative and execution of plan/project</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Will you like to suggest few areas on which the college should focus for the improvement of students' performance

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9. Do you have any suggestions regarding curriculum enrichment/ curriculum delivery in order to bridge Academic - Industry gap

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