

St.Mary's Group of Institutions Hyderabad

Students feedback form

B.Pharmacy

I.Feedback on Faculty and syllabus completion:

(Feedback on a scale of 1 to 5 : 1-Poor, 2-Average, 3-Good, 4-Very Good, 5-Excellent)

S.No.	Subject name	Faculty name	Feedback on Faculty	No.of units/expts completed in the subject
1				
2				
3				
4				
5				
6				
7				
8				
9				

II.Feedback on Labs :

1. Whether the equipment required for experiments is available : YES NO
2. Whether the equipment is in working condition : YES NO
3. Whether lab faculty are supportive in the lab : YES NO
4. Have you performed all the experiments as per syllabus : YES NO

III.Feedback on other facilities :

(Feedback on a scale of 1 to 5 : 1-Poor, 2-Average, 3-Good, 4-Very Good, 5-Excellent)

1. Cleanliness in the campus
2. Availability of purified water and sanitation facilities
3. Anti ragging measures taken in the institution
4. Grievance redressal activities undertaken in the institution
5. Sports and games facilities
6. Extra Curricular activities conducted in the semester
7. Training program conducted in the semester
8. Value added programs conducted in the semester

IV. Suggestions / Comments for improvement in academics (Use backside if required)

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V. Suggestions / Comments for improvement in other facilities (Use backside if required)

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Student information (Optional)

Name:

Hall Ticket No.:

Signature