

ALUMINI FEEDBACK FOR THE A.Y.2019-20

SVP COLLEGE OF PHARMACY

The respondent's email (**bhambalekrishna@gmail.com**) was recorded on submission of this form.

Email *

bhambalekrishna@gmail.com

STUDENT NAME *

Bhambale krishan chandrakant

ROLL NO. *

5

BRANCH *

B.pharm

CONTACT NO. *

8766497989

The teacher provides guidance counseling in academic and non-academic matters in/outside the class? *

- ☒ YES
- ☐ NO
- ☐ MAYBE

The teacher inspires me by his /her knowledge in the subject? *

- ☒ STRONGLY AGREE
- ☐ AGREE
- ☐ Neutral
- ☐ Disagree

The Examinations/Assignments were graded fairly? *

- ☒ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree

Whether transparency is maintained in evaluation process? *

- ☒ Yes
- ☐ No
- ☐ Maybe

Do you think cultural and other activities are beneficial and organized in regular basis? *

- ☐ Not Satisfied
- ☒ Yes
- ☐ No
- ☐ Maybe

Are you satisfied with the play ground and sports facilities provided? *

- ☒ Yes
- ☐ No
- ☐ Maybe

Are you satisfied with the computer and internet facility provided? *

- ☒ Yes
- ☐ No
- ☐ Maybe

Availability of the officials in College and response to Students Problems? *

- ☒ YES
- ☐ NO
- ☐ MAYBE

Are you aware of the functioning of a placement cell in our College? *

- ☒ YES
- ☐ No
- ☐ Maybe

Are you insist others to join the college? *

- ☒ YES
- ☐ NO
- ☐ Maybe

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The respondent's email (**bhaleraosuraj@gmail.com**) was recorded on submission of this form.

Email *

bhaleraosuraj@gmail.com

STUDENT NAME *

Bhalerao Suraj lahu

ROLL NO. *

12

BRANCH *

B.pharm

CONTACT NO. *

9022090119

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- ☒ YES
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- ☐ MAYBE

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The respondent's email (**kamblesagar123@gmail.com**) was recorded on submission of this form.

Email *

kamblesagar123@gmail.com

STUDENT NAME *

Kable sagar sharvan

ROLL NO. *

34

BRANCH *

B pharmacy

CONTACT NO. *

7789238899

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The respondent's email (**patildevndra@gmail.com**) was recorded on submission of this form.

Email *

patildevndra@gmail.com

STUDENT NAME *

Patil devendra sunil

ROLL NO. *

67

BRANCH *

B.pharm

CONTACT NO. *

9021397824

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The respondent's email (**rathodsungad@gmail.com**) was recorded on submission of this form.

Email *

rathodsungad@gmail.com

STUDENT NAME *

Rathod vinod sugand

ROLL NO. *

44

BRANCH *

B pharmacy

CONTACT NO. *

8936372967

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