

EMPLOYER'S FEEDBACK FOR THE A.Y. 2019-20

SVP COLLEGE OF PHARMACY

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

Email *

omegahealthcare@gmail.com

EMPLOYER'S NAME *

Mr. Deshmukh v.d

CONCERNED PERSON NAME

DESIGNATION *

Sinyar manager

CONTACT NUMBER

8805248877

General communication skills *

- ☒ Very Happy
- ☐ Happy
- ☐ Satisfied
- ☐ Not Satisfied

Developing practical solutions to work place problems *

- ☐ Very Happy
- ☐ Happy
- ☒ Satisfied
- ☐ Not Satisfied

Working as part of a team *

- ☒ Very Happy
- ☐ Happy
- ☐ Satisfied
- ☐ Not Satisfied

Creative in response to workplace challenges *

- ☐ Very Happy
- ☒ Happy
- ☐ Satisfied
- ☐ Not Satisfied

Their planning and organization skills *

- ☐ Very Happy
- ☒ Happy
- ☐ Satisfied
- ☐ Not Satisfied

Self-motivated and taking on appropriate level of responsibility *

- ☒ Very Happy
- ☐ Happy
- ☐ Satisfied
- ☐ Not Satisfied

Open to new ideas and learning new techniques *

- ☐ Very Happy
- ☒ Happy
- ☐ Satisfied
- ☐ Not Satisfied

Using technology and workplace equipment *

- ☐ Very Happy
- ☒ Happy
- ☐ Satisfied
- ☐ Not Satisfied

Ability to contribute to the goal of the organization *

- ☐ Very Happy
- ☐ Happy
- ☒ Satisfied
- ☐ Not Satisfied

Technical knowledge/skill *

- ☒ Very Happy
- ☐ Happy
- ☐ Satisfied
- ☐ Not Satisfied

Ability to manage/leadership qualities *

- ☐ Very Happy
- ☐ Happy
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- ☐ Not Satisfied

Innovativeness, creativity *

- ☐ Very Happy
- ☒ Happy
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Relationship with seniors/peers/subordinates *

- ☐ Very Happy
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- ☐ Not Satisfied

Involvement in social activities *

- ☐ Very Happy
- ☐ Happy
- ☒ Satisfied
- ☐ Not Satisfied

Ability to take up extra responsibility *

- ☐ Very Happy
- ☐ Happy
- ☒ Satisfied
- ☐ Not Satisfied

Obligation to work beyond schedule if required *

- ☒ Very Happy
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Mr.deahmukh v.d

CONCERNED PERSON NAME

DESIGNATION *

Senior manager

CONTACT NUMBER

7387776798

General communication skills *

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Developing practical solutions to work place problems *

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SVP COLLEGE OF PHARMACY

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

Email *

uthashilhealtcare@gmail.com

EMPLOYER'S NAME *

Mr.chopde Rameshwar

CONCERNED PERSON NAME

DESIGNATION *

Sinar manager

CONTACT NUMBER

77760 56361

General communication skills *

- ☒ Very Happy
- ☐ Happy
- ☐ Satisfied
- ☐ Not Satisfied

Developing practical solutions to work place problems *

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Email *

uthshilhealthcare@gmail.com

EMPLOYER'S NAME *

Mr.chopde rameshwar

CONCERNED PERSON NAME

DESIGNATION *

manager

CONTACT NUMBER

7038660708

General communication skills *

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