

Vidarbha Youth Welfare Society's
INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH
Borgaon (Meghe), Wardha (M.S.)

Alumni Feedback on Curriculum (I.P.E.R., Wardha)

Dear Alumni, you are requested to kindly fill your details in this form.

We are glad that you have spent valuable years pursuing courses of your choice at IPER. We shall be thankful if you can spare some of your time to fill up this feedback and give us valuable suggestions for further improvement of the college. Your valuable inputs will be of great use to improve the quality of academic programs and to enhance the credibility of our institution. Rate the following as they were during your tenure as a student.

Preposition *

Miss. ▼

Name of the candidate *

Name - Middle Name - Surname

Ketki Rajesh Rode

Course completed from I.P.E.R. *

In case you have completed more than one course at IPER, then select the highest qualification.

B. Pharm. ▼

Year of passing the course from I.P.E.R. *

Write the four digit number of the passing year only.

2017

Current Status *

Pursuing higher study ▼

Name of the organization in which currently working / studying *

In case you are not working anywhere or not pursuing any higher qualification, write "NA" in the answer

Dr. D. Y. Patil Institute of Pharmaceutical Sciences and Research

Current Designation *

If pursuing any higher education, then write "Student" & if not working / studying anywhere then write "NA" in the answer

Student




(Dr. R. O. Ganjivale)
Principal
PRINCIPAL
Institute of Pharmaceutical Education & Research
Borgaon (Meghe), Wardha

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WhatsApp number *

Mention the 10 digit number only (Do not write +91 or 0 before 10 digit number)

8237806633

Alternate mobile number (for Voice call), if any


Mention the 10 digit number only (Do not write +91 or 0 before 10 digit number)

+918237806633

E-mail Id *

ketki.rode11@gmail.com




(Dr. R. O. Ganjivale)
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Rate the Curriculum/Syllabus studied by you at your time, on the following points. *

Select only one option in each Row

	Excellent	Very Good	Good	Average	Below Average
Rate the curriculum in relation to your current professional standards / job	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate the skills acquired from the curriculum to face industry challenges / requirements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate the design of the course during your time in terms of extra learning or self learning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate the competence and support offered by the teachers in achieving curriculum objectives	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you compare yourself with your peers from other institutions, how do you feel that you get the best of all facilities at IPER?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do u rate the learning values inculcated (in terms of skills, concepts, knowledge, analytical abilities) in you at IPER?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you rate the learning experience in terms of their relevance to the real-life application?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you learned at IPER, THE ability to work in Team?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate the syllabus studied by you made you aware about industry standards/ regulatory standards	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate the curriculum studied by you in respect of sufficiency to analyse the problems and to give solutions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Suggestions (If Any)




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Date of feedback submission *


MM DD YYYY

12 / 15 / 2017

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