** INSTITUTE OF PHARMACY & TECHNOLOGY, SALIPUR**

**AT / P.O. SALIPUR, DIST. CUTTACK, ODISHA, PIN-754202**.

(Regd. No.5226/371/1987-88 of Societies Act. XXI of 1860)

***( ISO 9001:2008 Certified)***

*Approved by All India Council for Technical Education, Pharmacy Council of India, & Govt. of Odisha.*

Estd.:1982

*Affiliated to Biju Patnaik University of Technology & Odisha State Board of Pharmacy, Odisha.*

**FEED BACK FORM FOR TEACHING LEARNING PROCESS**

Dear Student,

We feel that your valuable feedback about Teaching Learning Process will help the college administration to improve the academic and services provided by college. Hence, we request you to complete the Feed Back for Teaching Learning process by tick marking in the appropriate box. Provide you feedback with sincerely, honestly and seriously without writing your name.

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| --- | --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Parameter** | **Excellent**  | **Very Good** | **Good** | **Satisfactory** | **Average** |
| 1 | Attitude and presentation in the class |  |  |  |  |  |
| 2 | Preparation for the classes |  |  |  |  |  |
| 3 | Coverage of the syllabus |  |  |  |  |  |
| 4 | Inspiration or encouragement to studentstowards subject improvement |  |  |  |  |  |
| 5 | Clearing doubts inside/outside the class |  |  |  |  |  |
| 6 | Conduct of tests on the true spirit as anexaminer |  |  |  |  |  |
| 7 | Oral communication |  |  |  |  |  |
| 8 | Punctuality with regularity in taking the classes |  |  |  |  |  |
| 9 | Maintenance of discipline in the class |  |  |  |  |  |
| 10 | Availability of the teachers in the department for discussion |  |  |  |  |  |
| 11 | Discussion on test questions |  |  |  |  |  |
| 12 | General relationship with the students |  |  |  |  |  |

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| **Opinion/Suggestion about institution in a broad or for any specific reason:** |
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**STUDENT’S SATISFACTION FEED BACK FORM**

Dear Student,

We feel that your valuable feedback about college activities and facilities will help the college administration to improve the facilities and services provided by college. Hence, we request you to complete the students satisfaction feedback form by tick marking in the appropriate box. Provide you feedback with sincerely, honestly and seriously.

Principal

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Parameter** | **Excellent**  | **Very Good** | **Good** | **Satisfactory** | **Average** |
| 1. | Management & Leadership |  |  |  |  |  |
| 2. | Office Administration & Governance |  |  |  |  |  |
| 3. | Help for applying scholarship & forwarding documents. |  |  |  |  |  |
| 4. | Overall academic satisfaction for Classroom teaching |  |  |  |  |  |
| 5. | Overall academic satisfaction for Laboratory works  |  |  |  |  |  |
| 6. | Specific information regarding any subject  | content of material |  |  |  |  |  |
| communication skill |  |  |  |  |  |
| understandability of content |  |  |  |  |  |
| punctuality |  |  |  |  |  |
| maintaining discipline within class. |  |  |  |  |  |
| 7. | Year/Semester | Sub. Code/Name |  |  |  |  |  |  |  |  |  |  |
| Satisfactory Grade/% |  |  |  |  |  |  |  |  |  |  |
| 8. | College level Examination conduct & evaluation |  |  |  |  |  |
| 9. | University level Examination conduct & evaluation |  |  |  |  |  |
| 10. | Satisfaction on Project work |  |  |  |  |  |
| 11. | Overall Discipline in the college |  |  |  |  |  |
| 12. | Eco-Friendly Atmosphere in campus |  |  |  |  |  |
| 13 | Sanitation & Cleanliness of college premises |  |  |  |  |  |
| 14. | Overal Laboratories facilities |  |  |  |  |  |
| 15. | Classroom facilities |  |  |  |  |  |
| 16. | Instrumental facilities |  |  |  |  |  |
| 17. | Library facilities |  |  |  |  |  |
| 18. | Computer & Internet facilities |  |  |  |  |  |
| 19. | College Website |  |  |  |  |  |
| 20. | Training & Placement |  |  |  |  |  |
| 21. | Mentoring Concept |  |  |  |  |  |
| 22. | Co-curricular & Extracurricular Activities |  |  |  |  |  |
| 23. | Carrere Guidance |  |  |  |  |  |
| 24. | Hostel /Mess/Transport |  |  |  |  |  |
| 25. | Canteen, Drinking water & others if any. |  |  |  |  |  |

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| **Opinion/Suggestion about institution in a broad or for any specific purpose:** |
|  |

Date: Signature