**KALYANI CHARITABLE TRUST'S**

**RAVINDRA GAMBHIRRAO SAPKAL COLLEGE OF PHARMACY, ANJANERI**

**(Affiliated & Approved SPPU | AICTE | DTE | PCI | 'B+' NAAC)**

Sapkal Knowledge Hub, Kalyani Hills, Anjaneri-Wadholi, Trimbakeshwar Road, Nashik:422213

Website: www.sapkalknowledgehub.org | Email. Id. rgspharmacy@rediffmail.com

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**Students feedback Academic Year:- 2019 - 20**

**Student Name: Class & Sem:**

**Note: Kindly fill appropriate number (1, 2, 3 or 4) in the table.**

**4= Excellent; 3 = Very Good; 2= Good; 1 = Average**

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| **Contents** | **Name of Teachers** | | | | | | | | | | | | | | | | | | |
| **Dr. R. S. Bachhav** | **Prof. S. B. Gondkar** | **Ms. S. S. Aher** | **Mr. P. B. Patil** | **Mr. V. S. Khairnar** | **Ms. A. J. Jadhav** | **Ms.T. V. Kadam** | **Ms. P. G. Thete** | **Ms. S. K. Sasane** | **Ms. A. C. Porje** | **Ms. Roohi Jamal** | **Ms. S. D. Pingale** | **Ms. K. Y. Kshirsagar** | **Ms. A. A. Mahajan** | **Ms. V. R. Waghulde** | **Ms.V. A. Nawale** | **Ms. D. B. Chaudhari** | **Ms. K. B. Uphade** | **Ms. K. K. Pangavhane** |
| **Preparation of Subject** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Speech Clarity & Simple Language** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Neatness Of Working** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Reasoning Ability** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Lecture relevant to the topic** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Encouragement to Questions** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Clarification of Doubts** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Efforts taken to make subject clear** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Overall control on the class** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Discipline(Regularity, Punctuality)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Motivation to Students** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Comments (If any):**

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**Employer Feedback Form Academic Year:- 2019 - 20**

**4= Excellent; 3 = Very Good; 2= Good; 1 = Average**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Communication Skills |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Contribution in development of Organization |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Instructing / Teaching capabilities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Overall behavior with colleagues and/ or students |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Leadership qualities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Feedback about the employee:**

|  |  |
| --- | --- |
| Name of the Employer/Firm: |  |
| Designation of the person filling the information on behalf of the organization: |  |
| Experience at your Organization: |  |
| Suggestions (if any) |  |

**Information of the Employer:**