



Arunamai College of Pharmacy Mamurabad

Gat No 285, Vidgaon Road, Mamurabad, Jalgaon

ACA /DI/34	Student's Feedback Form	Academic Year: 2022-23
Rev : 00		Semester:-II, IV, VI, VIII.
Date: 20.12.2017		

Academic Year		Name of Faculty	
Course/Class		Semester	
Subject		Date of the Feedback	

For getting filled in through students

Sr. No.	Description	Very Poor	Poor	Good	Very Good	Excellent
		(1)	(2)	(3)	(4)	(5)
1.	Has the teacher covered entire syllabus as prescribed by university/ college/ board					
2.	Has the teacher covered relevant topic beyond syllabus					
3.	Effectiveness of teacher in terms of					
	(a) Technical Content/ Course Content					
	(b) Communication Skills					
	(c) Use of Teaching Aids					
4.	Pace on which content were covered					
5.	Motivation and inspiration for students to learn					
6.	Support for the development of students skill					
	(a) Practical Demonstration					
	(b) Hands on Training					
7.	Clarity of expectations of students					
8.	Feedback provided on students progress					
9.	Willingness to offer help and advice to students					
Total						

Note: Place in the appropriate box.

in number of box indicate marks.

Marks Obtained –

% of Marks = $\frac{\quad}{45} * 100 = \text{-----} \%$

Academic Incharge

T.D.Fegade

Principal

Dr. T.A.Deshmukh