

(Approved by PCI, New Delhi, Affiliated to JNTUH, Hyderabad) Ananthagiri (V&M), Kodad, Suryapet(Dist.), Telangana. 508206 Mobile: 9553122271. Email: principal.pharmacy@anurag.ac.in Website: www.anuragpharmacy.ac.in

Student Feedback on Curriculum

Student ID	Student Name	Date of Feedback	Program Year & Semester
1721170007	Gropal.k	05/04/2023	VI th pharm-D

This questionnaire is intended to collect information relating to your satisfaction towards the curriculum, learning and evaluation. The information provided by you will be kept confidential and will be used as feedback for quality improvement of the program of studies/institution.

Directions: a score for each item please indicate your level of satisfaction with the following statement by choosing between 1 and 5.

*Rating score: Excellent (5), Very Good (4), Good (3), Average (2), Below Average (1)

S.No	Questionnaire	5	4	3	2	1
1	Please rate the overall effectiveness of the curriculum in meeting your educational goals.	<u></u>				
2	How would you rate the availability and accessibility of learning resources?	/				
3	How would you rate the balance between theory and practical applications in the curriculum?		/			
4	How would you rate the relevance of the curriculum to your chosen field of study?					
5	Please rate the level of student engagement and participation encouraged in the curriculum.		/			
6	Please rate the effectiveness of the assessment methods used to evaluate your learning in the curriculum.			<u></u>		
7	Please rate the effectiveness of the teaching methods used in delivering the curriculum.					
8	How would you rate the support and guidance provided by faculty members in understanding and navigating the curriculum?	/				
9	How would you rate the inclusion of real-world applications and industry-relevant projects in the curriculum?					
10	How would you rate the overall satisfaction with the curriculum?	/				

State what you would like to change for the improvement of the curriculum:

Gwpal·k,
Signature



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Student Feedback on Curriculum

Student ID	Student Name	Date of Feedback	Program Year & Semester
19211R0035	Deghana.P	5/4/2023	IN B pharm_XII-Sem

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Student Feedback on Curriculum

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HZITOOIH	T. Pallari	5/4/2023	I pharm D

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Student Feedback on Curriculum

Student ID	Student Name	Date of Feedback	Program Year & Semester
1971120006	Anétha.y	5/4/2023	W B. Phaem II - sem

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19711R0068	sai prakash.p	05/04/2023	I B. Pharm & Isen

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