



KARNATAKA COLLEGE OF PHARMACY, BANGALORE-64

Employer Feedback Form for the Academic Year: 2021-22

Please give your valuable feedback on curriculum to improve quality of the program. Select your ranking on the scale of 1 to 4 for each of the following parameters.
(A- Excellent, B- Good, C- Need Improvement)

Name of the employer:

Name of the organization:

Designation:

Qualification of our student working in your organization

- B Pharm
- M Pharm
- Pharm D

E mail address

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Mobile number

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1. How do you rate the sufficiency of the courses related to industry/hospital that are included in the program?

- A
- B
- C

2. Rate the overall quality of the curriculum with respect to basic sciences, humanities Professional Core and interdisciplinary courses?

- A
- B
- C

3. How do you rate the subject knowledge of our student(s) working with you in relation to the program curriculum?

- A
- B
- C

4. How do you rate the experiments in terms of their relevance to the real-life application?

- A
- B
- C

5. How do you rate our curriculum based on the current employment trends?

- A
- B
- C

6. Rate his/her ability to acquire professional ethics and intellectual integrity and good conduct.

- A
- B
- C

7. Do you have suggestion of any relevant subjects which to be included in the program?

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