

*Shri Gajanan Maharaj Shikshan Prasarak Mandal's,*  
**SHARADCHANDRA PAWAR COLLEGE OF PHARMACY**  
**DUMBERWADI (OTUR), PUNE- 412409**

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**GRADUATE EXIT FEEDBACK FORM**

**Date:**

**Name of Graduate:-**\_\_\_\_\_

**Year of Graduation:**\_\_\_\_\_

**Residence Address:-**\_\_\_\_\_

**Office Address :-**\_\_\_\_\_

**Phone No. :-**\_\_\_\_\_ **E-mail. :-** \_\_\_\_\_

**Feedback Particulars:-**

<b>Sr. No.</b>	<b>Parameters</b>	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Average</b>
<b>1.</b>	<b>Academic Ambience</b>				
<b>2.</b>	<b>Infrastructure facilities</b>				
<b>3.</b>	<b>Library</b>				
<b>4.</b>	<b>Faculty</b>				
<b>5</b>	<b>Teaching learning method</b>				
<b>6.</b>	<b>Student placement</b>				
<b>7.</b>	<b>Extracurricular and co-curricular</b>				
<b>8.</b>	<b>Counseling</b>				

**Suggestion if any:**

**Signature of Graduate**