Approved by AICTE, PCI New Delhi, Permanently Affiliated to JNTUH & B. Pharmacy Accredited by NBA Recognized Under UGC Section 2F & 12B of UGC Act, 1956, by DSIR-SIRO & HI/BI of MSME, Certified by ISO 9001:2015 Cheeryal (V), Keesara (M), Medchal-Malkajgiri Dist., Telangana State- 501301

## **NAAC CRITERION-1**

## **Curricular Aspects**

## 1.4 Feedback System

# **1.4.1.** Institution obtains feedback on the syllabus and its transaction at the institution from following stakeholders

### 1) Students 2) Teachers 3) Employers 4) Alumni

S.No.	File No	File Description
4.	1.4.1 (4)	Sample Feedback forms of Alumni



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### **ALUMNI SURVEY**

The National Board of Accreditation (NBA) of AICTE is the professional accrediting organization that accredits engineering and technology programs. NBA requires each accredited programs to demonstrate that certain criteria are met through a specific multi-tiered process.

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Your response is the key part of our continuous improvement process and is critical to our NBA accreditation endeavor.

### **Organization Information**

Name: SviViciya lazmi

Name of the Present Working Organization: ~

Type of Organization: 🛌

Organization Size (No. of employees): -

Number of GCPK graduates in your organization: -

Year of Graduation: 2021

### **Pharmacy Program Objectives/Outcomes:**

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert ' $\checkmark$ ' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge				
2.	Planning abilities	~			
3.	Problem analysis		~		
4.	Modern tool usage			V	
5.	Leadership skills	~			
6.	Professional Identity	~			
7.	Pharmaceutical Ethics		2		
8.	Communication			V	
9.	The Pharmacist and Society			V	
10	Environment and Sustainability	V			
11.	Life-long learning	1/			

Date: 9/10/2021

PRINCIPA Geethaniali College of Pharmacy Cheeryal(V), Keesara(M), Medichal Dist. T.S. SO1301.



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### **Organization Information**

Name: Dandu Priyanka

Name of the Present Working Organization: ----

Type of Organization: ----

Number of GCPK graduates in your organization: ----

Year of Graduation: 2021

#### Pharmacy Program Objectives/Outcomes:

`From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert ' $\checkmark$ ' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	~			
2.	Planning abilities		~		
3.	Problem analysis			~	
4.	Modern tool usage		V		
5.	Leadership skills				
6.	Professional Identity			1	
7.	Pharmaceutical Ethics				
8.	Communication		$\vee$		
9.	The Pharmacist and Society			V	
10	Environment and Sustainability				
11.	Life-long learning	~			

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Date: 9/10/24

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### **Organization Information**

Pailla Madhing Name:

Name of the Present Working Organization: -

Type of Organization: -

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2021

#### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert ' $\checkmark$ ' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge				
2.	Planning abilities			/	
3.	Problem analysis		/		
4.	Modern tool usage	/			
5.	Leadership skills		1		
6.	Professional Identity	1			
7.	Pharmaceutical Ethics			-	
8.	Communication			<	
9.	The Pharmacist and Society		/		
10	Environment and Sustainability	/			
11.	Life-long learning	/			

Date: 9/10/24

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### **Organization Information**

Name: Lachubliktha Lekha

Name of the Present Working Organization: -

Type of Organization:

Organization Size (No. of employees): -

Year of Graduation: 202)

### Pharmacy Program Objectives/Outcomes:

`From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert  $\cdot \checkmark \cdot$  in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge				
2.	Planning abilities		1		
3.	Problem analysis				
4.	Modern tool usage	1	/	-	
5.	Leadership skills		/		
6.	Professional Identity			/	
7.	Pharmaceutical Ethics		1		
8.	Communication	/			
9.	The Pharmacist and Society				
10	Environment and Sustainability				
11.	Life-long learning				

Date: 9/10/21

PRINCIPA Geerhanjali College of Pharmacy Geerhanjali College of Pharmacy Geerhanjali Keisala(M), Keidaloisi, T.S. 501304

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### **Organization Information**

Name: Vellanki Chavishma

Name of the Present Working Organization: ----

Type of Organization:

Organization Size (No. of employees): -

Number of GCPK graduates in your organization: -

Year of Graduation: 2021

#### Pharmacy Program Objectives/Outcomes:

`From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert ' $\checkmark$ ' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	~			
2.	Planning abilities			2	
3.	Problem analysis	V			
4.	Modern tool usage			レ	
5.	Leadership skills			5	
6.	Professional Identity		く		
7.	Pharmaceutical Ethics	V			
8.	Communication	V			
9.	The Pharmacist and Society		V		
10	Environment and Sustainability	. · ·		~	
11.	Life-long learning			V	

Date: 9/10/21

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#### **Organization Information**

Name: Uppala Pooja

Type of Organization:

Organization Size (No. of employees): -

Number of GCPK graduates in your organization:

Year of Graduation: 2021

#### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert '  $\checkmark$  ' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	V			
2.	Planning abilities			~	
3.	Problem analysis			~	
4.	Modern tool usage		V		
5.	Leadership skills			V	
6.	Professional Identity		2		
7.	Pharmaceutical Ethics	~			
8.	Communication	~			
9.	The Pharmacist and Society		V		
10	Environment and Sustainability		1-		
11.	Life-long learning	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			

Date: 9 10 21

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Your response is the key part of our continuous improvement process and is critical to our NBA accreditation endeavor.

### **Organization Information**

Name: D. Sindu priya Name of the Present Working Organization: \_\_\_\_

Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization: ---

Year of Graduation: 2020

### **Pharmacy Program Objectives/Outcomes:**

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert ' $\sqrt{}$ ' in the appropriate box for your degree of satisfaction.

2\* Good 3\* Average 4\* Poor 1\*Excellent

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge		V		
2.	Planning abilities	V			
3.	Problem analysis			$\vee$	
4.	Modern tool usage				
5.	Leadership skills		$\vee$		
6.	Professional Identity				
7.	Pharmaceutical Ethics		$\vee$		
8.	Communication				
9.	The Pharmacist and Society			$\vee$	
10	Environment and Sustainability				
11.	Life-long learning			$\vee$	

Date: 9(10/2)

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D. Sindup.



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### **Organization Information**

Name: D. Lakshmi Prasad

Name of the Present Working Organization: ----

Type of Organization: --

Organization Size (No. of employees): -

Number of GCPK graduates in your organization:

Year of Graduation: 2020

Pharmacy Program Objectives/Outcomes:

`From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert ' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge		V		
2.	Planning abilities	$\checkmark$			
3.	Problem analysis			V	
4.	Modern tool usage	V		-	
5.	Leadership skills		V		
6.	Professional Identity	V	v		
7.	Pharmaceutical Ethics		1/		
8.	Communication	V			
9.	The Pharmacist and Society			V	
10	Environment and Sustainability	V			
11.	Life-long learning			V	

Date: 09/11/2021

Geethaniali College of Pharmacy Oreenally, Resaral M. Headdal Dist. T.S. 501301.



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### **Organization Information**

Name: Ch. Hoja priya

Name of the Present Working Organization: -

Type of Organization: ---

Organization Size (No. of employees):

Number of GCPK graduates in your organization: -

Year of Graduation: 2020

Pharmacy Program Objectives/Outcomes:

`From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert ' ' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge				
2.	Planning abilities	V			
3.	Problem analysis		V		
4.	Modern tool usage		V		
5.	Leadership skills	9-	V		
6.	Professional Identity	V	-v		
7.	Pharmaceutical Ethics		V		
8.	Communication	V			
9.	The Pharmacist and Society		V		
10	Environment and Sustainability				
11.	Life-long learning		V		

Date: 9/10/2021

Geethaniali College of Pharmacy Cheenally, Resaining, Redital Dist. T.S. 501,301.

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### **Organization Information**

Name: J. Bhargavi Name of the Present Working Organization: -

Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization: ----

Year of Graduation: 2020

### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert ' in the appropriate box for your degree of satisfaction.

2\* Good 3\* Average 4\* Poor 1\*Excellent

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge				102000.0000
2.	Planning abilities	v	V		
3.	Problem analysis				
4.	Modern tool usage				
5.	Leadership skills		V	-	
6.	Professional Identity				
7.	Pharmaceutical Ethics	×		V	
8.	Communication		V		
9.	The Pharmacist and Society				
10	Environment and Sustainability	V		V	
11.	Life-long learning		V		

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**Organization Information** 

Name: K. Hemalatha

Name of the Present Working Organization: ---

Type of Organization: -

Organization Size (No. of employees): ---

Number of GCPK graduates in your organization:

Year of Graduation: 2020

Pharmacy Program Objectives/Outcomes:

`From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert ' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge		V		
2.	Planning abilities				
3.	Problem analysis			$\vee$	
4.	Modern tool usage		V		
5.	Leadership skills	V			
6.	Professional Identity			V	
7.	Pharmaceutical Ethics		V	-	
8.	Communication	V			
9.	The Pharmacist and Society				
10	Environment and Sustainability		$\mathbf{V}$		
11.	Life-long learning			V	

Date: 0 9/10/2021

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**Organization Information** 

Name: K. Srividya

Name of the Present Working Organization: -

Type of Organization: -

Organization Size (No. of employees):

Number of GCPK graduates in your organization: ----

Year of Graduation: 2020

### Pharmacy Program Objectives/Outcomes:

`From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert ' $\checkmark$ ' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	$\checkmark$			
2.	Planning abilities		N		
3.	Problem analysis			$\checkmark$	
4.	Modern tool usage				
5.	Leadership skills		V		
6.	Professional Identity			$\checkmark$	
7.	Pharmaceutical Ethics	$\checkmark$			
8.	Communication		V		
9.	The Pharmacist and Society			$\checkmark$	
10	Environment and Sustainability				
11.	Life-long learning				
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Date: 09/10/2021

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### **Organization Information**

Name: K. Vishwa Priya

Name of the Present Working Organization:

**Type of Organization:** 

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2019.

### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outc	omes p	repared f	or	1*	2*	3*	4*
1.	Pharmacy Knowledge				X			
2.	Planning abilities				1			X
3.	Problem analysis						-	X
4.	Modern tool usage						X	
5.	Leadership skills	1		14			/	X
б.	Professional Identity						X	
7.	Pharmaceutical Ethics			, - , i - 1	1.		1	X
8.	Communication							X
9.	The Pharmacist and Society	20			1	X	- 1	
10	Environment and Sustainability	14	54 - E.S.	na en inte	·	1		X
11.	Life-long learning			9				X

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### **Organization Information**

Name: A. Akhila.

Name of the Present Working Organization:

**Type of Organization:** 

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2019.

### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outc	omes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge		X		(	
2.	Planning abilities		/			x
3.	Problem analysis					X
4.	Modern tool usage			· · · · ·	X	1
5.	Leadership skills		2.10		1	X
б.	Professional Identity				X	/
7.	Pharmaceutical Ethics				1	X
8.	Communication				X	1
9.	The Pharmacist and Society			$\times$	/	
10	Environment and Sustainability		1	1		X
11.	Life-long learning					X

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### **Organization Information**

Name: M. Apobracq.

Name of the Present Working Organization: Medico Health Carp

Type of Organization: MNC

Organization Size (No. of employees): 500

Number of GCPK graduates in your organization: |

Year of Graduation: 2019

### Pharmacy Program Objectives/Outcomes:

`From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outc	omes p	repar	ed for		1*	2*	3*	4*
1.	Pharmacy Knowledge					X			
2.	Planning abilities								X
3.	Problem analysis			1.1		·			X
4.	Modern tool usage	с. С			2 <sup>- 2</sup>		X		/
5.	Leadership skills						/		X
6.	Professional Identity			1. A				X	
7.	Pharmaceutical Ethics		1	1 7 1 <b>1</b> .				/ '	X
8.	Communication		. 1 A	· · · · ·				X	
9.	The Pharmacist and Society	1	1.1				X	ľ	1 - C - 1
10	Environment and Sustainability			Alta de la		1.1.1			X
11.	Life-long learning		i	1.1					X

Date:

**PRINCIPAL** Geethanjali College of Pharmacy Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301.



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Your response is the key part of our continuous improvement process and is critical to our NBA accreditation endeavor.

## Organization Information Name: No Chimna Poundu Yadar

Name of the Present Working Organization: Cognizant Type of Organization: Secondary Research. Organization Size (No. of employees):

Number of GCPK graduates in your organization:  $\circ$ 

Year of Graduation: 2000

### **Pharmacy Program Objectives/Outcomes:**

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge			V	
2.	Planning abilities			~	
3.	Problem analysis				
4.	Modern tool usage			V	
5.	Leadership skills		V		
6.	Professional Identity			V	
7.	Pharmaceutical Ethics			V	,
8.	Communication			,	$\checkmark$
9.	The Pharmacist and Society				21
10	Environment and Sustainability	-			V
11.	Life-long learning			V	
Date: 💭	1/12/Dava monterest			Signa	ture

Date: 21/12/2019

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Signature



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### **Organization Information**

Name: R.Nisha

Name of the Present Working Organization:

**Type of Organization:** 

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2019

### **Pharmacy Program Objectives/Outcomes:**

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

2\* Good 3\* Average 4\* Poor 1\*Excellent

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	X			
2.	Planning abilities	/	X		
3.	Problem analysis		1		X
4.	Modern tool usage	-5	X		
5.	Leadership skills				X
б.	Professional Identity		X		
7.	Pharmaceutical Ethics	*. *			X
8.	Communication		$\times$		
9.	The Pharmacist and Society	S. 1	X		
10	Environment and Sustainability				X
11.	Life-long learning	X			
Date:	Life-long learning			R.N Signa	ature

Cheervally), Kossara(M), Medicinal Dist. T.S. 501302.



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Your response is the key part of our continuous improvement process and is critical to our NBA accreditation endeavor.

### Organization Information

Name: M. Apoorsig.

Name of the Present Working Organization: Medica Health Carp

Type of Organization: MNC

Organization Size (No. of employees): 500

Number of GCPK graduates in your organization: (

Year of Graduation: 2019

### Pharmacy Program Objectives/Outcomes:

`From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Out	comes p	repared	for	1*	2*	3*	4*
1.	Pharmacy Knowledge				N		E. A	
2.	Planning abilities							M
3.	Problem analysis		· · · · · · · · · · · · · · · · · · ·				-	
4.	Modern tool usage		and the second		-	1v		17
5.	Leadership skills				-	$ \land$		M
6.	Professional Identity						1.4	
7.	Pharmaceutical Ethics						×	
8.	Communication	1.1			1		hA	X
9.	The Pharmacist and Society					~	$\wedge$	
10	Environment and Sustainability					A		•
11.	Life-long learning							X
			1					X

Geethanjali College of Pharmacy Greenally, Reesaid(N), Nedthal Dist. T.S. SOLSOL



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### **Organization Information**

Bandle. Nihamilea Name:

Name of the Present Working Organization:

Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2018

#### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	J.			
2.	Planning abilities		K		
3.	Problem analysis			N	×
4.	Modern tool usage		X		
5.	Leadership skills		X		
6.	Professional Identity		NX		
7.	Pharmaceutical Ethics			N	5
8.	Communication		W		
9.	The Pharmacist and Society				
10	Environment and Sustainability				
11.	Life-long learning			X	
)ate•	19 7 Gall			Rin	liha

Date: 2-7-2018-

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### **Organization Information**

Name: B. Vong Swetty

Name of the Present Working Organization:

Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2018

### Pharmacy Program Objectives/Outcomes:

`From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge		X		-
2.	Planning abilities		1	X	
3.	Problem analysis			X	
4.	Modern tool usage		$\times$	/	
5.	Leadership skills		X		
6.	Professional Identity			$\times$	
7.	Pharmaceutical Ethics			X	
8.	Communication			X	×
9.	The Pharmacist and Society		X		
10	Environment and Sustainability			X	
11.	Life-long learning			X	

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### **Organization Information**

Date:

Name: B. Nitosika

Name of the Present Working Organization:

Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2018

### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	X			
2.	Planning abilities		X		
3.	Problem analysis		X		
4.	Modern tool usage		/	X	
5.	Leadership skills			X	
6.	Professional Identity	8		X	
7.	Pharmaceutical Ethics				X
8.	Communication				X
9.	The Pharmacist and Society	X			X
10	Environment and Sustainability			X	
11.	Life-long learning			1 × 1	

Signature

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### **Organization Information**

Name: B. Bhorgoinip

Name of the Present Working Organization:

Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: > D [8

### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	X			
2.	Planning abilities		×		
3.	Problem analysis		X		
4.	Modern tool usage		, ·	X	
5.	Leadership skills			X	
б.	Professional Identity			X	
7.	Pharmaceutical Ethics			/	X
8.	Communication				X
9.	The Pharmacist and Society			X	
10	Environment and Sustainability			/	
11.	Life-long learning				

Signature

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### **Organization Information**

Name: A. Monusha

Name of the Present Working Organization:

Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2010

### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	X		1	CYC SDATA
2.	Planning abilities		M		
3.	Problem analysis		1/ <u>·</u>	M	
4.	Modern tool usage				
5.	Leadership skills		$\uparrow \land$	X	
6.	Professional Identity			/	
7.	Pharmaceutical Ethics		1	x	
8.	Communication			N	
9.	The Pharmacist and Society		M		
10	Environment and Sustainability		$\gamma$	30	
11.	Life-long learning		Y	- <del>S</del>	r 1

Date:

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### **Organization Information**

Shalini Gundaboing. Name:

Name of the Present Working Organization: NIPER, Mohali, Rudig.

Type of Organization:  $M \, , \, S$ .

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2018.

### **Pharmacy Program Objectives/Outcomes:**

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	X			
2.	Planning abilities		X		
3.	Problem analysis			$\propto$	
4.	Modern tool usage			X	-
5.	Leadership skills		X		
6.	Professional Identity		X		
7.	Pharmaceutical Ethics		×		
8.	Communication		X		
9.	The Pharmacist and Society	$\sim$		¢.	
10	Environment and Sustainability		X		
11.	Life-long learning			X	

Date: 12-7-18

Now for the At FRINCIPAL Geethanjali College of Pharmacy Cheeryal(V), Keesara(M), Medchal Dist. T.S. 501301.



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### **Organization Information**

Name: A - Harika

Name of the Present Working Organization:

Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2017

### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	X	12 NO 10 NO 10 NO 10 NO	4.0000000000	1000
2.	Planning abilities	1	X		
3.	Problem analysis		m		
4.	Modern tool usage				
5.	Leadership skills	20			· ·
6.	Professional Identity			X	
7.	Pharmaceutical Ethics		×		
8.	Communication	N	1		. ,
9.	The Pharmacist and Society		X.		•
10	Environment and Sustainability		x		1
11.	Life-long learning		X	X	

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### **Organization Information**

BARMA MOULIKA. Name:

Name of the Present Working Organization: CMR College of phannic Cy

Type of Organization: M. Pharmacy

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2017.

#### **Pharmacy Program Objectives/Outcomes:**

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

2\* Good 3\* Average 4\* Poor 1\*Excellent

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	×			
2.	Planning abilities		X		
3.	Problem analysis			X	
4.	Modern tool usage		X	ì	
5.	Leadership skills			X	
6.	Professional Identity		X		
7.	Pharmaceutical Ethics		¥		
8.	Communication		$\checkmark$		
9.	The Pharmacist and Society			NA	
10	Environment and Sustainability			X	
11.	Life-long learning		X		

Date: 25-12-2017

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#### **Organization Information**

Name:

Koner Harika. Name: Konezy Hasika, Name of the Present Working Organization: OSMacnia University, Tamalca, Hyd

Type of Organization: M. phamaey.

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2017

#### **Pharmacy Program Objectives/Outcomes:**

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

2\* Good 3\* Average 4\* Poor 1\*Excellent

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	X			
2.	Planning abilities		X		
3.	Problem analysis			-	X
4.	Modern tool usage		X		
5.	Leadership skills		N		
6.	Professional Identity			4	T
7.	Pharmaceutical Ethics			×	
8.	Communication		it	_	
9.	The Pharmacist and Society		X		
10	Environment and Sustainability			X	
11.	Life-long learning			۰.	X

Date: 25-12-2017

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### **Organization Information**

Name: Shayanya Gowibhatla, Name of the Present Working Organization: Genpach,

Type of Organization: Associate

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2017

### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	×			
2.	Planning abilities		X		
3.	Problem analysis			X	
4.	Modern tool usage		Y		
5.	Leadership skills			$\sim$	
6.	Professional Identity		$\mathbf{X}$		
7.	Pharmaceutical Ethics	3	100		
8.	Communication		*×		
9.	The Pharmacist and Society		$\mathbf{k}$		
10	Environment and Sustainability			X	
11.	Life-long learning		X		

Date: 25-12-2017-

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### **Organization Information**

Name: Gasiganti Rajeshwar Hasika. Name of the Present Working Organization: NIPER, Mohali (punjab) Type of Organization: M.S. (Ref. Joricolosy)

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2017.

### **Pharmacy Program Objectives/Outcomes:**

`From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge		X		
2.	Planning abilities			X	
3.	Problem analysis		X		
4.	Modern tool usage			×	
5.	Leadership skills		X		
6.	Professional Identity		99×		
7.	Pharmaceutical Ethics		W		
8.	Communication			X	
9.	The Pharmacist and Society		X		
10	Environment and Sustainability		X		
11.	Life-long learning			X	

Date: 25-12 - 2017

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### **ALUMNI SURVEY**

The National Board of Accreditation (NBA) of AICTE is the professional accrediting organization that accredits engineering and technology programs. NBA requires each accredited programs to demonstrate that certain criteria are met through a specific multi-tiered process.

The purpose of this survey is to obtain your input on the quality of the Pharmacy Programs at GCPK and to assess if the academic Programs Objectives/Outcomes are met. We seek your help in completing the survey.

Your response is the key part of our continuous improvement process and is critical to our NBA accreditation endeavor.

**Organization Information** Deckshella

Name:

Name of the Present Working Organization: AMAZON.

MNC . Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

2016 . Year of Graduation:

### Pharmacy Program Objectives/Outcomes:

From your experience please rate the degree to which GCPK prepared you as graduate to achieve the indicated Program Objectives/Outcomes.

Please insert 'x' in the appropriate box for your degree of satisfaction.

2\* Good 3\* Average 4\* Poor 1\*Excellent

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	X			
2.	Planning abilities		x		
3.	Problem analysis	i	X		
4.	Modern tool usage			X	
5.	Leadership skills		X		
6.	Professional Identity		×		
7.	Pharmaceutical Ethics	X		-	
8.	Communication	X			
9.	The Pharmacist and Society	X			
10	Environment and Sustainability	X			
11.	Life-long learning		X	:	

Derkelt.

Signature

PRINCIPA Geethanjali College of Pharmacv Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301,



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### **Organization Information**

Name:

Nikitha goud

Name of the Present Working Organization:

Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2016

#### Pharmacy Program Objectives/Outcomes:

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Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	X	A COLOR DA CAL	ACTIVITY 4 70 172	
2.	Planning abilities		X		
3.	Problem analysis			X	
4.	Modern tool usage			_/	X
5.	Leadership skills			X	
6.	Professional Identity		X		
7.	Pharmaceutical Ethics	X	/		
8.	Communication	/	×		
9.	The Pharmacist and Society			$\times$	
10	Environment and Sustainability			X	
11.	Life-long learning			x	





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### Organization Information

D. Ravali Name:

Name of the Present Working Organization:

Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2016

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1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	X			
2.	Planning abilities	X			
3.	Problem analysis		X		
4.	Modern tool usage		×	· · ·	
5.	Leadership skills		X		
6.	Professional Identity		×		
7.	Pharmaceutical Ethics	X			
8.	Communication	X			
9.	The Pharmacist and Society		× ×		
10	Environment and Sustainability		X		
11.	Life-long learning		$\perp \gamma$		

Signature





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Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: Solb

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S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	×	10000030000000		CONSIGNATION OF
2.	Planning abilities	X			
3.	Problem analysis		X		
4.	Modern tool usage		x		1.1
5.	Leadership skills			X	
б.	Professional Identity			X.	
7.	Pharmaceutical Ethics		X		
8.	Communication		X	2 S	
9.	The Pharmacist and Society		X		14
10	Environment and Sustainability		X		
11.	Life-long learning		×		

Date:



Signature

Geethanjali College of Pharmacy (Neerval(V), Keesara(M), Medchal Dist, T.S.-501301,



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Davidor Chary nehathe Name:

Name of the Present Working Organization:

Type of Organization:

Organization Size (No. of employees):

Number of GCPK graduates in your organization:

Year of Graduation: 2016

### Pharmacy Program Objectives/Outcomes:

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Please insert 'x' in the appropriate box for your degree of satisfaction.

1\*Excellent 2\* Good 3\* Average 4\* Poor

S. No.	Program Objectives/Outcomes prepared for	1*	2*	3*	4*
1.	Pharmacy Knowledge	X			
2.	Planning abilities		×		
3.	Problem analysis	X			
4.	Modern tool usage		X		
5.	Leadership skills		X		
6.	Professional Identity		ĺ ź	X	
7.	Pharmaceutical Ethics		X	-	
8.	Communication			X	
9.	The Pharmacist and Society		X	ĺ .	
10	Environment and Sustainability			$\times$	
11.	Life-long learning		X		

Date:

**PRINCIPAL** Geethanjali College of Pharmacy Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301.