

Vikas Institute of Pharmaceutical Sciences

Near Airport, Nidigatla road, Rajahmundry, Andhra Pradesh - 533102

Approved by AICTE & PCI, New Delhi Affiliated to Andhra University, Visakhapatnam

TEACHER FEED BACK FORM

Name of the teacher: B. Madhu Haxika

Name of the department: Pharmaceutical Chemistry Designation: Professor

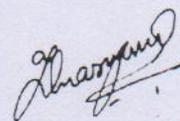
Email ID: madhu.bonam12@gmail.com Academic Year: 2017-2018

| Sl. No | Question | Excellent | Good | Average | Below Average |
|--------|--|-----------|------|---------|---------------|
| 1 | Contents of curriculum are as per the industry requirement | ✓ | | | |
| 2 | The courses / syllabi taught by me have a good balance between theory and application | ✓ | | | |
| 3 | Infrastructural facilities are available in the college | ✓ | | | |
| 4 | The objectives of the syllabi are well defined | ✓ | ✓ | | |
| 5 | The books/journals etc. prescribed / listed as reference materials are relevant, updated and cover the entire syllabi | | ✓ | | |
| 6 | The college provides adequate opportunities and support to faculty members for upgrading their skills and qualifications | ✓ | | | |
| 7 | Faculty have the freedom to adopt new techniques / strategies of testing and assessment of students | ✓ | | | |
| 8 | The prescribed books are available in the Library in Sufficient numbers | | ✓ | | |
| 9 | The environment in the College is conducive to teaching and research | ✓ | | | |
| 10 | Any other remarks on curriculum (specify if any) | | | | |



Dr. G. SUMALATHA
PRINCIPAL

Vikas Institute of Pharmaceutical Science
RAJAHMUNDRY-533 102.



Dr. T.V. NARAYANA
PRINCIPAL

Vikas Institute of Pharmaceutical Sciences

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TEACHER FEED BACK FORM

Name of the teacher: *D. Anupama*

Name of the department: *Pharmacology*

Designation: *Asst. Prof*

Email ID: *99anupama@gmail.com*

Academic Year: *2017-2018*

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|--------|--|--|------|---------|---------------|
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| 10 | Any other remarks on curriculum (specify if any) | <i>Need more industrial oriented exposure.</i> | | | |

G. Sumalatha
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T.V. Narayana
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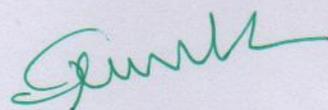
TEACHER FEED BACK FORM

Name of the teacher: *Harika.M*

Name of the department: *PHARMACEUTICS* Designation: *Assistant Professor*

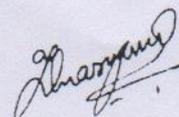
Email ID: *m.harika.pharma@gmail.com* Academic Year: *2017-2018*

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