



Feedback Form

Your feedback will help us improve .

Please tick the appropriate box.

The course you enrolled on: Effective Communication Skills

Soft Skills for Pharmacists

Life Skills for Pharmacists

Course Feed Back

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|---------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. The course design : | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 2. Connected to real life situation : | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 3. Relevance in the present era : | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 4. Time allotment for completion : | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 5. Overall feedback : | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |

Faculty Feedback

- | | | | | |
|--------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Communication skills: | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 2. Classroom Interaction : | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 3. Domain Knowledge : | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 4. Availability beyond class hours : | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| 5. Course Completion : | Excellent <input type="checkbox"/> | Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |

Further suggestion/s for the improvement of the course:

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Further suggestion/s for the improvement of the instructor:

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(Signature)
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