

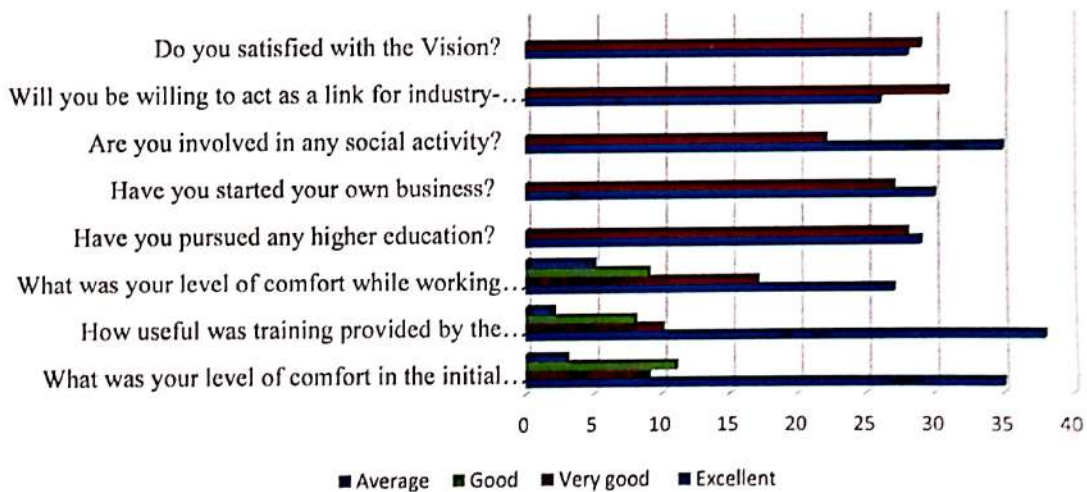


SNJB's SHRIMAN SURESHDADA JAIN COLLEGE OF PHARMACY
JAIN GURUKUL, NEMINAGAR, AT/P. CHANDWAD,
Tal. Chandwad, Dist. Nashik-423 101.

Alumni Feedback Form (B.Pharmacy Program)

| S. No. | Subjects (Theory) | Excellent | Very good | Good | Average |
|--------|--|-----------|-----------|------|---------|
| 1 | What was your level of comfort in the initial months of your first employment? | 35 | 09 | 11 | 03 |
| 2 | How useful was training provided by the institute in your professional life? | 38 | 10 | 08 | 02 |
| 3 | What was your level of comfort while working as a member of team in your first job? | 27 | 17 | 09 | 05 |
| 4 | Have you pursued any higher education? | 29 | 28 | | |
| 5 | Have you started your own business? | 30 | 27 | | |
| 6 | Are you involved in any social activity? | 35 | 22 | | |
| 7 | Will you be willing to act as a link for industry-institute interaction? | 26 | 31 | | |
| 8 | Do you satisfied with the Vision? Do you agree with the Mission of the Institute? | 28 | 29 | | |

Alumini Feedback 2019-20

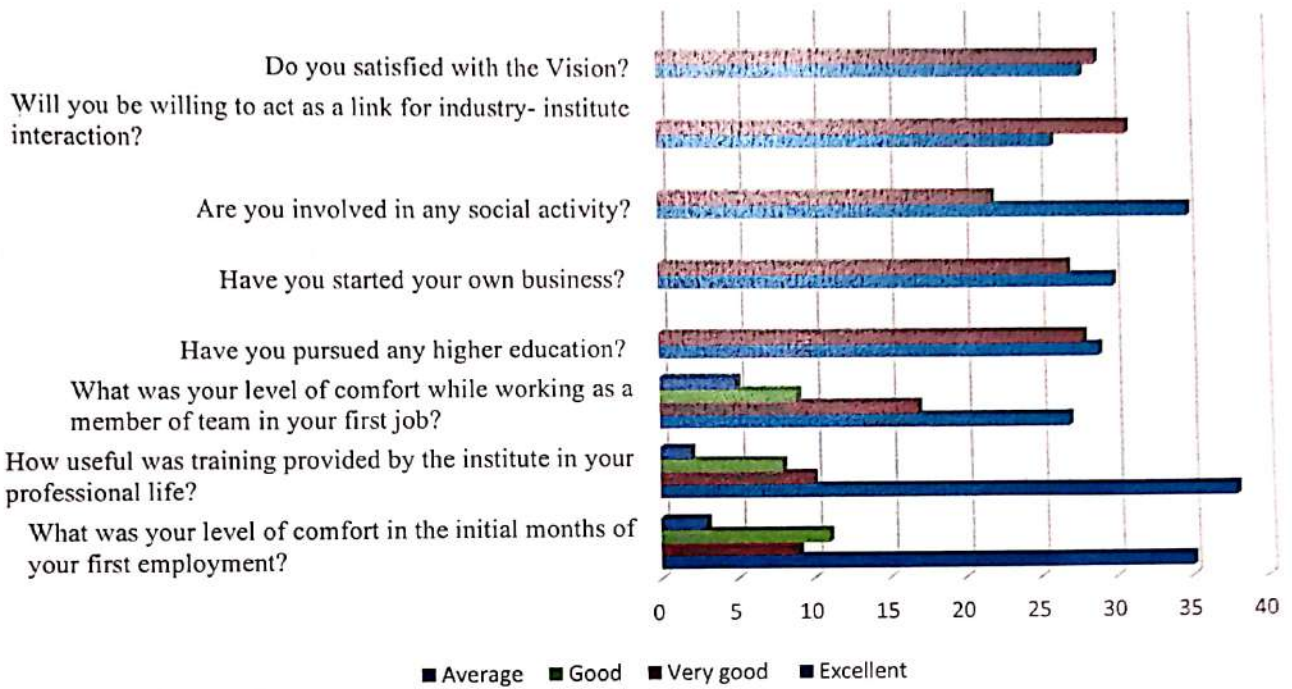



PRINCIPAL
SNJB's SHRIMAN SURESHDADA JAIN
COLLEGE OF PHARMACY NEMINAGAR
CHANDWAD (NASHIK)

1



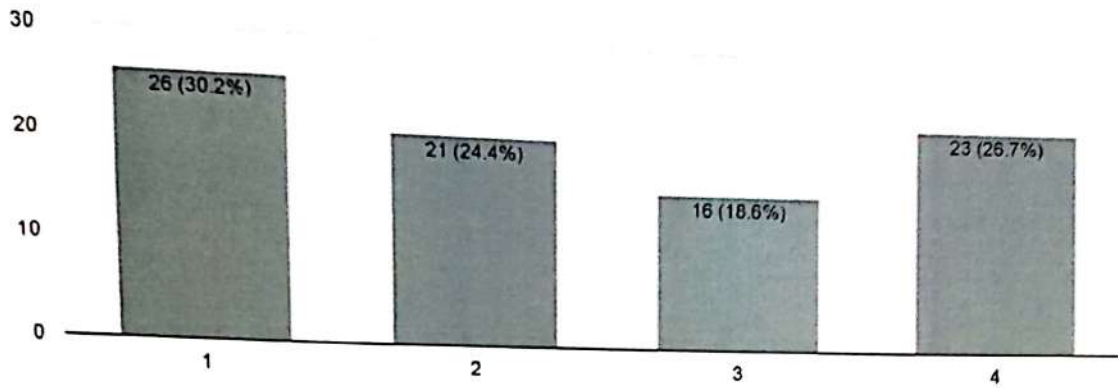
Alumini Feedback 2019-20




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 SNJB's SHRIMAN SURESHDADA JAIN
 COLLEGE OF PHARMACY, NEMINAGAR
 CHANDWAD (NASHIK)

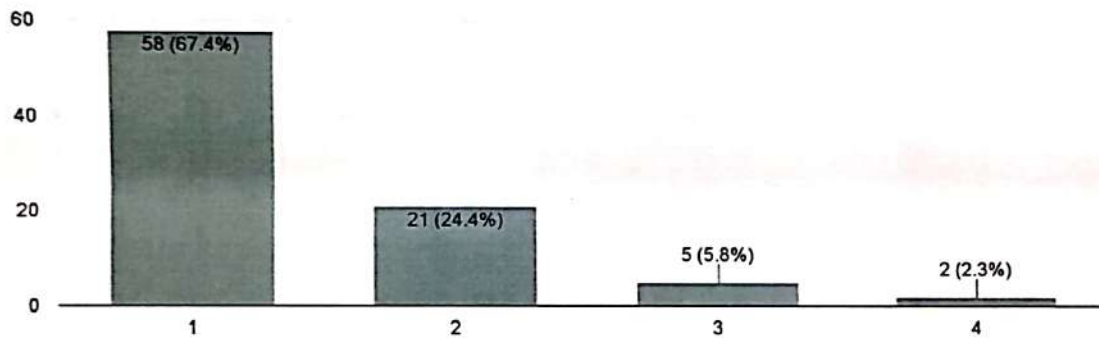
How would you rank the college's placement assistance

86 responses



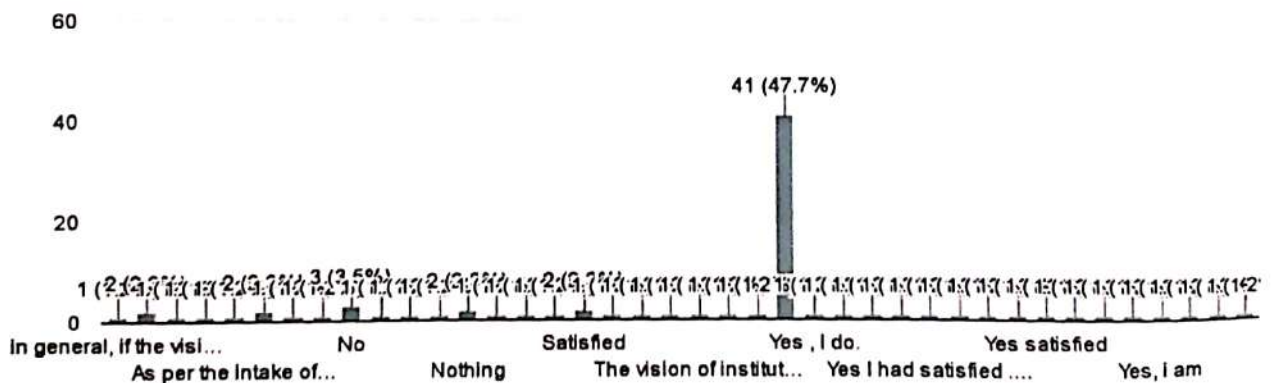
How would you assess the quality and functionality of the infrastructure, laboratories, and library facilities at our college

86 responses



Do you satisfied with the Vision of the Institute? Do you agree with the Mission of the Institute? Please provide your input.

86 responses



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PRINCIPAL
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 COLLEGE OF PHARMACY, NEMINAGAR
 CHANDWAD (NASHIK)



SNJB's
SHRIMAN SURESHDADA JAIN COLLEGE OF PHARMACY
JAIN GURUKUL, NEMINAGAR,
AT/P. CHANDWAD, Tal. Chandwad, Dist. Nashik-423 101.



ALUMNI FEEDBACK / SURVEY FORM
ESSENTIAL DETAILS

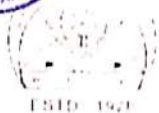
| Alumni Name | Bhavesh Vijay Poladiya | | | | |
|---|--|---|-----------|------|---------|
| Date of Birth (DD/MM/YY) | 30/12/1997 | | | | |
| Year of Passing out | Program: B. Pharmacy/ M. Pharmacy | Department | | | |
| Permanent Address | Ganesh road, Chalisgaon | | | | |
| Contact No. | 9527686319 | | | | |
| E-mail ID | bhaveshvpoladiya@gmail.com | | | | |
| Present Organization | m- Pharmacy | | | | |
| Designation | Present Location | | Shirpur | | |
| Nature of Job Please Tick ✓ in appropriate Box | <input type="checkbox"/> Academics <input type="checkbox"/> Production <input type="checkbox"/> QA/QC <input type="checkbox"/> Marketing <input checked="" type="checkbox"/> R&D <input checked="" type="checkbox"/> IPR & Regulatory <input type="checkbox"/> Community /Hospital pharmacist <input type="checkbox"/> Others (Specify). | | | | |
| Sr. No. | Parameter | Excellent | Very Good | Good | Average |
| 1. | What was your level of comfort in the initial months of your first employment? | ✓ | | | |
| 2. | How useful was training provided by the institute in your professional life? | ✓ | | | |
| 3. | What was your level of comfort while working as a Member of team in your first job? | | ✓ | | |
| 4. | What is the size of your team? | >10 | 7-10 | 4-6 | 1-3 |
| 5. | Have you pursued any higher education? If yes, please specify name of course such as M. S./M.Pharm. /MBA. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6. | Have you started your own business? If yes, please specify nature of your business. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 7. | Are you involved in any social activity? If yes, please specify. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 8. | Will you be willing to act as a link for industry-institute interaction? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. | To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program. | — | | | |
| 10. | Do you satisfied with the Vision? Do you agree with the Mission of the Institute? Please provide your input. | — | | | |
| 11. | Please give suggestions for improvement in B. Pharm Program. | — | | | |

Any Other Suggestions: _____



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SNJB's SHRIMAN SURESHDADA JAIN
COLLEGE OF PHARMACY NEMINAGAR

P. T. O



SNJB'S
SHRIMAN SURESHDADA JAIN COLLEGE OF PHARMACY
JAIN GURUKUL, NEMINAGAR,
AT/P. CHANDWAD, Tal. Chandwad, Dist. Nashik-423 101.

PHARMACY PROGRAM OBJECTIVES/OUTCOMES

From your experience please rate the degree to which SNJB' S Shriman Sureshdada Jain College of Pharmacy, Chandwad prepared you as a graduate to achieve the indicated program objectives.

Please Tick ✓ in appropriate Box

| S. No. | Program Objectives/Outcomes | Excellent | Very Good | Good | Average |
|--------|--------------------------------|-----------|-----------|------|---------|
| 1. | Pharmacy Knowledge | | ✓ | | |
| 2. | Planning Abilities | | ✓ | | |
| 3. | Problem analysis | | ✓ | | |
| 4. | Modern tool usage | | ✓ | | |
| 5. | Leadership Skills | | ✓ | | |
| 6. | Professional Identity | | ✓ | | |
| 7. | Pharmaceutical Ethics | ✓ | | | |
| 8. | Communication | ✓ | | | |
| 9. | The Pharmacist & Society | ✓ | | | |
| 10. | Environment and sustainability | ✓ | | | |
| 11. | Life Long Learning | ✓ | | | |



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JAIN GURUKUL, NEMINAGAR,
AT/P. CHANDWAD, Tal. Chandwad, Dist. Nashik-423 101.

ALUMNI FEEDBACK / SURVEY FORM
ESSENTIAL DETAILS

| | | | |
|----------------------------------|--|------|--|
| Alumni Name | Namato H. Jain | | |
| Date of Birth (DD/MM/YY) | 19/06/1997 | | |
| Year of Passing out | Program: B. Pharmacy/ M. Pharmacy | | |
| Permanent Address | Department | Ct | |
| Contact No. | 803, Raj Atlantis, Thane | | |
| E-mail ID | 89 28150980 | | |
| Present Organization | namatojain19697@gmail.com | | |
| Designation | Sinhgad COP | | |
| Nature of Job | Present Location | Pune | |
| Please Tick ✓ in appropriate Box | <input type="checkbox"/> Academics <input checked="" type="checkbox"/> Production <input type="checkbox"/> QA/QC <input type="checkbox"/> Marketing <input checked="" type="checkbox"/> R&D <input type="checkbox"/> IPR & Regulatory <input type="checkbox"/> Community /Hospital pharmacist <input type="checkbox"/> Others (Specify). | | |

| Sr. No. | Parameter | Excellent | Very Good | Good | Average |
|---------|--|---|-----------|------|---------|
| 1. | What was your level of comfort in the initial months of your first employment? | | - | - | - |
| 2. | How useful was training provided by the institute in your professional life? | ✓ | | | |
| 3. | What was your level of comfort while working as a Member of team in your first job? | | - | | |
| 4. | What is the size of your team? | >10 | 7-10 | 4-6 | 1-3 |
| 5. | Have you pursued any higher education? If yes, please specify name of course such as M. S./M.Pharm. /MBA. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6. | Have you started your own business? If yes, please specify nature of your business. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 7. | Are you involved in any social activity? If yes, please specify. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 8. | Will you be willing to act as a link for industry-institute interaction? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. | To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program. | | | | |
| 10. | Do you satisfied with the Vision? Do you agree with the Mission of the Institute? Please provide your input. | | | | |
| 11. | Please give suggestions for improvement in B. Pharm Program. | | | | |

Any Other Suggestions:



(Signature)

PRINCIPAL
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COLLEGE OF PHARMACY, NEMINAGAR
CHANDWAD (NASHIK)

P.T.O



SNJB's
SHRIMAN SURESHDADA JAIN COLLEGE OF PHARMACY
JAIN GURUKUL, NEMINAGAR,
AT/P. CHANDWAD, Tal. Chandwad, Dist. Nashik-423 101.

PHARMACY PROGRAM OBJECTIVES/OUTCOMES

From your experience please rate the degree to which SNJB' S Shriman Sureshdada Jain College of Pharmacy, Chandwad prepared you as a graduate to achieve the indicated program objectives.
Please Tick ✓ in appropriate Box

| S. No. | Program Objectives/Outcomes | Excellent | Very Good | Good | Average |
|--------|--------------------------------|-----------|-----------|------|---------|
| 1. | Pharmacy Knowledge | | ✓ | | |
| 2. | Planning Abilities | ✓ | | | |
| 3. | Problem analysis | | ✓ | | |
| 4. | Modern tool usage | ✓ | | | |
| 5. | Leadership Skills | ✓ | | | |
| 6. | Professional Identity | ✓ | | | |
| 7. | Pharmaceutical Ethics | ✓ | | | |
| 8. | Communication | ✓ | | | |
| 9. | The Pharmacist & Society | ✓ | | | |
| 10. | Environment and sustainability | ✓ | | | |
| 11. | Life Long Learning | ✓ | | | |

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CHANDWAD (NASHIK)





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JAIN GURUKUL, NEMINAGAR,
AT/P. CHANDWAD, Tal. Chandwad, Dist. Nashik-423 101.

PHARMACY PROGRAM OBJECTIVES/OUTCOMES

From your experience please rate the degree to which SNJB' S Shriman Sureshdada Jain College of Pharmacy, Chandwad prepared you as a graduate to achieve the indicated program objectives.

Please Tick ✓ in appropriate Box

| S. No. | Program Objectives/Outcomes | Excellent | Very Good | Good | Average |
|--------|--------------------------------|-----------|-----------|------|---------|
| 1. | Pharmacy Knowledge | ✓ | | | |
| 2. | Planning Abilities | ✓ | | | |
| 3. | Problem analysis | | ✓ | | |
| 4. | Modern tool usage | ✓ | | | |
| 5. | Leadership Skills | ✓ | | | |
| 6. | Professional Identity | ✓ | | | |
| 7. | Pharmaceutical Ethics | | ✓ | | |
| 8. | Communication | ✓ | | | |
| 9. | The Pharmacist & Society | ✓ | | | |
| 10. | Environment and sustainability | ✓ | | | |
| 11. | Life Long Learning | ✓ | | | |

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COLLEGE OF PHARMACY, NEMINAGAR
CHANDWAD (NASHIK)





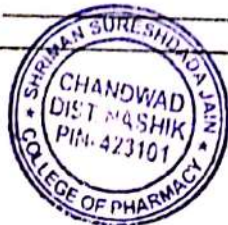
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 SHRIMAN SURESHDADA JAIN COLLEGE OF PHARMACY
 JAIN GURUKUL, NEMINAGAR,
 AT/P. CHANDWAD, Tal. Chandwad, Dist. Nashik-423 101.

ALUMNI FEEDBACK / SURVEY FORM
ESSENTIAL DETAILS

| | | | |
|---|--|------------|--|
| Alumni Name | Roshanee Dipak Agrawal | | |
| Date of Birth (DD/MM/YY) | 28-05-1997 | | |
| Year of Passing out | Program: B. Pharmacy/ M. Pharmacy | Department | |
| Permanent Address | Laxmi Nagar, Saijan society, chalisgaon | | |
| Contact No. | 7058740320 | | |
| E-mail ID | RoshaneeAgrawal404@gmail.com | | |
| Present Organization | | | |
| Designation | Present Location | | |
| Nature of Job Please Tick ✓ in appropriate Box | <input type="checkbox"/> Academics <input type="checkbox"/> Production <input type="checkbox"/> QA/QC <input type="checkbox"/> Marketing <input type="checkbox"/> R&D <input type="checkbox"/> IPR & Regulatory <input type="checkbox"/> Community /Hospital pharmacist <input type="checkbox"/> Others (Specify). | | |

| Sr. No. | Parameter | Excellent | Very Good | Good | Average |
|---------|--|---|-----------|------|---------|
| 1. | What was your level of comfort in the initial months of your first employment? | | | | |
| 2. | How useful was training provided by the institute in your professional life? | | | | |
| 3. | What was your level of comfort while working as a Member of team in your first job? | | | | |
| 4. | What is the size of your team? | >10 | 7-10 | 4-6 | 1-3 |
| 5. | Have you pursued any higher education? If yes, please specify name of course such as M. S./M.Pharm. /MBA. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6. | Have you started your own business? If yes, please specify nature of your business. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 7. | Are you involved in any social activity? If yes, please specify. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 8. | Will you be willing to act as a link for industry-institute interaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. | To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program. | No | | | |
| 10. | Do you satisfied with the Vision? Do you agree with the Mission of the Institute? Please provide your input. | satisfied | | | |
| 11. | Please give suggestions for improvement in B. Pharm Program. | No | | | |

Any Other Suggestions: _____



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 SNJB's SHRIMAN SURESHDADA JAIN
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 CHANDWAD (NASHIK)

P. T. O



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SHRIMAN SURESHDADA JAIN COLLEGE OF PHARMACY
JAIN GURUKUL, NEMINAGAR,
AT/P. CHANDWAD, Tal. Chandwad, Dist. Nashik-423 101.

PHARMACY PROGRAM OBJECTIVES/OUTCOMES

From your experience please rate the degree to which SNJB' S Shriman Sureshdada Jain College of Pharmacy, Chandwad prepared you as a graduate to achieve the indicated program objectives.

Please Tick ✓ in appropriate Box

| S. No. | Program Objectives/Outcomes | Excellent | Very Good | Good | Average |
|--------|--------------------------------|-----------|-----------|------|---------|
| 1. | Pharmacy Knowledge | ✓ | | | |
| 2. | Planning Abilities | ✓ | | | |
| 3. | Problem analysis | ✓ | | | |
| 4. | Modern tool usage | ✓ | | | |
| 5. | Leadership Skills | ✓ | | | |
| 6. | Professional Identity | ✓ | | | |
| 7. | Pharmaceutical Ethics | ✓ | | | |
| 8. | Communication | ✓ | | | |
| 9. | The Pharmacist & Society | ✓ | | | |
| 10. | Environment and sustainability | ✓ | | | |
| 11. | Life Long Learning | ✓ | | | |



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SNJB's SHRIMAN SURESHDADA JAIN
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CHANDWAD (NASHIK)



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JAIN GURUKUL, NEMINAGAR,
AT/P. CHANDWAD, Tal. Chandwad, Dist. Nashik-423 101.



ALUMNI FEEDBACK / SURVEY FORM
ESSENTIAL DETAILS

| | | | |
|---|--|------------|------------------|
| Alumni Name | Rokini Dattatray Jagtap | | |
| Date of Birth (DD/MM/YY) | 22/06/1997 | | |
| Year of Passing out | Program: B. Pharmacy/ M. Pharmacy | Department | |
| Permanent Address | At-post Chinchked | | |
| Contact No. | 7083922371 | | |
| E-mail ID | | | |
| Present Organization | | | |
| Designation | | | Present Location |
| Nature of Job Please Tick ✓ in appropriate Box | <input type="checkbox"/> Academics <input type="checkbox"/> Production <input type="checkbox"/> QA/QC <input type="checkbox"/> Marketing <input type="checkbox"/> R&D <input type="checkbox"/> IPR & Regulatory <input type="checkbox"/> Community /Hospital pharmacist <input type="checkbox"/> Others (Specify). | | |

| Sr. No. | Parameter | Excellent | Very Good | Good | Average |
|---------|--|--|-----------|------|---------|
| 1. | What was your level of comfort in the initial months of your first employment? | — | — | — | — |
| 2. | How useful was training provided by the institute in your professional life? | | | | |
| 3. | What was your level of comfort while working as a Member of team in your first job? | | | | |
| 4. | What is the size of your team? | >10 | 7-10 | 4-6 | 1-3 |
| 5. | Have you pursued any higher education? If yes, please specify name of course such as M. S./M.Pharm. /MBA. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6. | Have you started your own business? If yes, please specify nature of your business. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 7. | Are you involved in any social activity? If yes, please specify. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 8. | Will you be willing to act as a link for industry-institute interaction? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. | To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program. | | | | |
| 10. | Do you satisfied with the Vision? Do you agree with the Mission of the Institute? Please provide your input. | Satisfied | | | |
| 11. | Please give suggestions for improvement in B. Pharm Program. | — | | | |

Any Other Suggestions: _____



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(NASHIK)

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AT/P. CHANDWAD, Tal. Chandwad, Dist. Nashik-423 101.

PHARMACY PROGRAM OBJECTIVES/OUTCOMES

From your experience please rate the degree to which SNJB' S Shriman Sureshdada Jain College of Pharmacy, Chandwad prepared you as a graduate to achieve the indicated program objectives.

Please Tick ✓ in appropriate Box

| S. No. | Program Objectives/Outcomes | Excellent | Very Good | Good | Average |
|--------|--------------------------------|-----------|-----------|------|---------|
| 1. | Pharmacy Knowledge | ✓ | | | |
| 2. | Planning Abilities | ✓ | | | |
| 3. | Problem analysis | | ✓ | | |
| 4. | Modern tool usage | ✓ | | | |
| 5. | Leadership Skills | ✓ | | | |
| 6. | Professional Identity | ✓ | | | |
| 7. | Pharmaceutical Ethics | | ✓ | | |
| 8. | Communication | ✓ | | | |
| 9. | The Pharmacist & Society | ✓ | | | |
| 10. | Environment and sustainability | ✓ | | | |
| 11. | Life Long Learning | ✓ | | | |



PRINCIPAL
SNJB'S SHRIMAN SURESHDADA JAIN
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CHANDWAD (NASHIK)



SNJB'S
SHRIMAN SURESHDADA JAIN COLLEGE OF PHARMACY
JAIN GURUKUL, NEMINAGAR,
AT/P. CHANDWAD, Tal. Chandwad, Dist. Nashik-423 101.

ALUMNI FEEDBACK / SURVEY FORM
ESSENTIAL DETAILS

| Alumni Name | Shubham P. Baldota | | | | |
|---|--|------------------------------|-----------------------------|------|---------|
| Date of Birth (DD/MM/YY) | 23/5/97 | | | | |
| Year of Passing out | Program | M. Pharmacy | Department | | |
| Permanent Address | Kallamb Osmanabad | | | | |
| Contact No. | 9284283818 | | | | |
| E-mail ID | shubham baldota 18@gmail.com | | | | |
| Present Organization | V3 us3n | | | | |
| Designation | Own | Present Location | Pune | | |
| Nature of Job Please Tick ✓ in appropriate Box | <input type="checkbox"/> Academics <input type="checkbox"/> Production <input type="checkbox"/> QA/QC <input type="checkbox"/> Marketing <input type="checkbox"/> R&D <input type="checkbox"/> IPR & Regulatory <input type="checkbox"/> Community /Hospital pharmacist <input type="checkbox"/> Others (Specify). | | | | |
| Sr. No. | Parameter | Excellent | Very Good | Good | Average |
| 1. | What was your level of comfort in the initial months of your first employment? | | ✓ | | |
| 2. | How useful was training provided by the institute in your professional life? | | ✓ | | |
| 3. | What was your level of comfort while working as a Member of team in your first job? | | ✓ | | |
| 4. | What is the size of your team? | >10 | 7-10 | 4-6 | 1-3 |
| 5. | Have you pursued any higher education? If yes, please specify name of course such as M. S./M.Pharm. /MBA. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 6. | Have you started your own business? If yes, please specify nature of your business. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 7. | Are you involved in any social activity? If yes, please specify. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 8. | Will you be willing to act as a link for industry-institute interaction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 9. | To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program. | | | | |
| 10. | Do you satisfied with the Vision? Do you agree with the Mission of the Institute? Please provide your input. | | | | |
| 11. | Please give suggestions for improvement in B. Pharm Program. | | | | |

Any Other Suggestions



PRINCIPAL
SNJB'S SHRIMAN SURESHDADA JAIN
COLLEGE OF PHARMACY, NEMINAGAR
CHANDWAD (NASHIK)

P. T. O



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PHARMACY PROGRAM OBJECTIVES/OUTCOMES

From your experience please rate the degree to which SNJB'S Shriman Sureshdada Jain College of Pharmacy, Chandwad prepared you as a graduate to achieve the indicated program objectives.

Please Tick ✓ in appropriate Box

| S. No. | Program Objectives/Outcomes | Excellent | Very Good | Good | Average |
|--------|--------------------------------|-----------|-----------|------|---------|
| 1. | Pharmacy Knowledge | | | | |
| 2. | Planning Abilities | | | | |
| 3. | Problem analysis | | | | |
| 4. | Modern tool usage | | | | |
| 5. | Leadership Skills | | | | |
| 6. | Professional Identity | | | | |
| 7. | Pharmaceutical Ethics | | | | |
| 8. | Communication | | | | |
| 9. | The Pharmacist & Society | | | | |
| 10. | Environment and sustainability | | | | |
| 11. | Life Long Learning | | | | |




PRINCIPAL
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CHANDWAD (NASHIK)