



NO DUES CERTIFICATE

(B.Pharm. Sem. VIII / M.Pharm.)

(To be submitted to examination section before _____)

Students Name: _____ Roll No. _____

I hereby state that I have completed all the mandatory Formalities.

I understand that necessary dues should be settled before issuance of
Marksheet / Leaving Certificate / Full Transcript

Activity	Name & Sign of Staff	
1. Payment of breakage	Mr. Bhupendra Nirgun	
2. Surrender of Locker No. _____ on _____ floor	Mr. Bhupendra Nirgun	
3. Payment of dues towards fee	Mr. Prashant Bhatt	
4. Co-curricular Activities Certificate copy	Dr. Prabha Singh	
5. Alumni Form	Dr. Prabha Singh	
6. Parents Teacher Meeting Feedback	Dr. Prabha Singh	
7. Students Feedback about Institute	Dr. Prabha Singh	
8. Library Books & Card	Mrs. Sarika Phatak	
9. Return of Identity Cards	Mr. Ganesh Kale	

Students Sign with Date: _____

I hereby certify that the above dues have been settled by the concerned student.

Sign of Exam Coordinator: _____



Alumni Feedback Form

We are glad that you spent valuable years as a student at Dr BNCP. While we tried to make your time here most useful, we would like to know your opinion, now that you have moved on. Kindly spare some of your valuable time to fill up this form and give us your valuable feedback and suggestions for further improvement of the College. Your inputs will be of great use to improve the quality of our academic programmes and enhance the credibility of our College.

Alumni Name			
Name of Program	B Pharm	M Pharm	PhD
Year of Completion			
E-mail id			
Phone Number			

Please Tick

Select any one response (ranging from 1 for Poor to 5 for Excellent) for each question

Attributes	Excellent (Outstanding) [5]	Very Good [4]	Good (Adequate) [3]	Average [2]	Poor (Inadequate) [1]
Infrastructure Facilities					
Laboratory Facilities & Equipments					
Library Facility (Books & Journals)					
Computer & Internet Facility					
Syllabus Content & Curriculum Design					
Faculty Knowledge					



Shri Vile Parle Kelavani Mandal's

Dr. Bhanuben Nanavati College of Pharmacy

Gate No. 1, Mithibai College Campus, First Floor, V.M. Road, Vile Parle (W), Mumbai - 400 056

Tel. 022-42332052/26134557, Fax. 022-26132905, E-mail: dr.bncp@gmail.com, Web: www.bncp.ac.in



Faculty support & Interaction in Class					
Motivation for Career & Development of Future Prospects					
Placement Support					
Opportunity for Team work					
Opportunity for Leadership					
Opportunity for Extra-curricular Activities (Cultural, Sports, Social and health related society outreach)					



To what extent were the following **Programme Educational Objectives** fulfilled by the College? For each of the Programme Educational Objectives (1-4) given below, which of the four statements (1-4) aptly describes your understanding, Please include any comments.

Your Assessment		Very Little	Some Extent	Quite a Bit	Very Much
Programme Educational Objectives		1	2	3	4
1	The Programme has provided me with good competency to contribute effectively to research and development in pharmaceutical sciences				
2	The Programme has provided me with strong foundation to pursue higher studies.				
3	The Programme has equipped me with goal setting, team building and leadership skills that help me execute my tasks at various levels of my career.				
4	The Programme has equipped me with skills and knowledge to function as a responsible member of healthcare team.				

1. Have you participated in any Alumni meet as of now? Yes / No
2. Do you feel proud to be an Alumnus of Dr BNCP? Yes / No
3. Are you willing to contribute to the development of the College? Yes / No
4. How else would like to contribute to the development of college?



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- Training & Placement Industrial Visit Collaborate for Research work
- Participate in Entrepreneur Development Cell Library/Book Bank
- Guest Lecturer Special Talk/ Motivational Session

5. Would you like to receive newsletter of College updates in mail? Yes / No

6. Any Significant Professional Achievements you would like to Highlight

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7. Any other suggestions – For Laboratory & Equipment Upgradation

8. Any other suggestions – For library/Learning Resource Facility Improvisation

Final Comments if any

Signature:

Date:



Course End Survey (2019-20)
Final Year B Pharm – Semester VII & VIII
Feedback for attainment of course outcomes
Course Code: BPH_C_7 & BPH_C_8

Name of Student:

Date:

Dear Student

Please assess attainment of the course outcomes mentioned below in the range of 1 to 5, where 5 is highest and 1 is lowest

Course Code	Subject Name	Attainment
BPH_C_701_T	Pharmaceutical Chemistry II	
BPH_C_702_T	Pharmacognosy III	
BPH_C_703_T	Pharmaceutical Analysis III	
BPH_C_704_T	Pharmacology III	
BPH_C_705_T	Pharmaceutical Jurisprudence	
BPH_E_709_T	Intellectual Property Rights	
BPH_C_706_L	Pharmacognosy Lab II	
BPH_C_707_L	Pharmaceutical Analysis Lab III	
BPH_C_708_L	Pharmacology Lab II	
SEMESTER VIII		
Course Code	Subject Name	Attainment
BPH_C_801_T	Pharmaceutical Chemistry III	
BPH_C_802_T	Pharmaceutics IV	
BPH_E_809_T	Pharma Regulatory Affairs	
BPH_E_807_T	Clinical Pharmacy	
BPH_C_803_L	Pharmaceutical Chemistry Lab II	
BPH_C_804_L	Pharmaceutics Lab IV	
BPH_E_805_D	Project	



Feedback from Parents

Name of Student:

Year and Semester:

Kindly grade the points from 1 to 5

5: Excellent 4: Very Good 3: Good 2: Average 1: Poor

No.	Attribute	Grade	Remarks
1	College Infrastructure		
2	Environment/Ambience conducive to professional growth of students		
3	Modes/Tools of teaching		
4	Library/ Availability of study materials		
5	Faculty		
6	Focus/Attention/Motivation to students		
7	Cultural activities		
8	Research Environment		
9	Safety/ Security		

Name & Signature of Parent:

Date: