

Aditya Pharmacy College(A), Surampalem

PARENTS FEEDBACK FORM

Dear Parents,

This form has been designed to seek feedback from parents to strengthen the quality teaching-learning environment in the college, to assess and to improve academic, non-academic, infrastructure facilities. The information provided by you will be kept confidential.

Name of Parent Relangi Phanindra Kumar

Address 10-27, Dommeru, Kovur Mandal.

Contact No. 9100837477

Email Id: nandinirelangi3003@gmail.com

Name of the Ward: RLM Nandini

Academic year: 2025

Course:

S.No	Feedback	Excellent	Good	Average	Below Average	Poor
1	Teaching Learning System (adherence to academic calander)	✓				
2	Examination system in the college	✓				
3	Availability of laboratory, library and other infrastructural facilities in college	✓				
4	Grievances Redressal system of the Institute	✓				
5	Student counseling and Guidance	✓				
6	Admission Procedure of the institute		✓			
7	Overall Discipline & Mentoring system of the institute	✓				

Any special remark/suggestion*

Courses on clear communication, being a good leader, working together, and supporting patients help students in medical settings.



Signature
R. Phanindra

Aditya Pharmacy College(A), Surampalem

PARENTS FEEDBACK FORM

Dear Parents,

This form has been designed to seek feedback from parents to strengthen the quality teaching-learning environment in the college, to assess and to improve academic, non-academic, infrastructure facilities. The information provided by you will be kept confidential.

Name of Parent **V. Srinivas Rao**

Address **Nagooram**

Contact No. **9705335939**

Email Id: **manojnarsrinivas4004@gmail.com**

Name of the Ward: **V. Manojna Naidu**

Academic year: **2019-2025**

Course: **VI Pharm D**

S.No	Feedback	Excellent	Good	Average	Below Average	Poor
1	Teaching Learning System (adherence to academic calander)	✓				
2	Examination system in the college		✓			
3	Availability of laboratory, library and other infrastructural facilities in coilege	✓				
4	Grievances Redressal system of the Institute	✓				
5	Student counseling and Guidance	✓	✓			
6	Admission Procedure of the institute	✓				
7	Overall Discipline & Mentoring system of the institute	✓				

Any special remark/suggestion*

Industrial visits should happen more frequently to keep students connected with current pharmaceutical industry practices and technologies.



PRINCIPAL
ADITYA PHARMACY COLLEGE(A)
SURAMPALAM-533 437

V. S. V. V. P. S. M
Signature

Aditya Pharmacy College(A), Surampalem

PARENTS FEEDBACK FORM

Dear Parents,

This form has been designed to seek feedback from parents to strengthen the quality teaching-learning environment in the college, to assess and to improve academic, non-academic, infrastructure facilities. The information provided by you will be kept confidential.

Name of Parent Makram shayeed

Address Tuni

Contact No.

Email Id: shayeedmakram@gmail.com

Name of the Ward: Parash Nitroula

Academic year: 2019 - 2025

Course: Pharm.D

S.No	Feedback	Excellent	Good	Average	Below Average	Poor
1	Teaching Learning System (adherence to academic calander)	✓				
2	Examination system in the college	✓				
3	Availability of laboratory, library and other infrastructural facilities in coilege	✓				
4	Grievances Redressal system of the Institute	✓				
5	Student counseling and Guidance	✓				
6	Admission Procedure of the institute	✓				
7	Overall Discipline & Mentoring system of the institute	✓				

Any special remark/suggestion*

Increase Industry visits to provide student with regular exposure to evolving pharmaceutical sectors



PRINCIPAL
ADITYA PHARMACY COLLEGE(A)
SURAMPALEM-533 437


Signature

Aditya Pharmacy College(A), Surampalem

PARENTS FEEDBACK FORM

Dear Parents,

This form has been designed to seek feedback from parents to strengthen the quality teaching-learning environment in the college, to assess and to improve academic, non-academic, infrastructure facilities. The information provided by you will be kept confidential.

Name of Parent : *kallepalli Balaprabhavathi*

Address : *kakinada*

Contact No. : *6804204379*

Email Id: *deevena1225@gmail.com*

Name of the Ward: *kallepalli Deevena Bas* Academic year: *2019-2025*

Course: *Pharm D*

S.No	Feedback	Excellent	Good	Average	Below Average	Poor
1	Teaching Learning System (adherence to academic calander)	✓				
2	Examination system in the college	✓				
3	Availability of laboratory, library and other infrastructural facilities in college	✓				
4	Grievances Redressal system of the Institute	✓				
5	Student counseling and Guidance	✓				
6	Admission Procedure of the institute	✓				
7	Overall Discipline & Mentoring system of the institute	✓				

Any special remark/suggestion*

Students need to learn how to communicate, manage teams, cooperate with colleagues, and advise patients effectively



PRINCIPAL
ADITYA PHARMACY COLLEGE(A),
SURAMPALAM-533 437

K. Balaprabhavathi
Signature

Aditya Pharmacy College(A), Surampalem

PARENTS FEEDBACK FORM

Dear Parents,

This form has been designed to seek feedback from parents to strengthen the quality teaching-learning environment in the college, to assess and to improve academic, non-academic, infrastructure facilities. The information provided by you will be kept confidential.

Name of Parent **J. Suvarna**

Address **pothunuru, Eluru dist, Denduluru Mandal**

Contact No. **6303542772**

Email Id:

Name of the Ward: **J. Supriya**

Academic year: **2019 - 2025**

Course: **Pharm. D**

S.No	Feedback	Excellent	Good	Average	Below Average	Poor
1	Teaching Learning System (adherence to academic calander)	✓				
2	Examination system in the college	✓				
3	Availability of laboratory, library and other infrastructural facilities in coilege	✓				
4	Grievances Redressal system of the Institute	✓				
5	Student counseling and Guidance	✓				
6	Admission Procedure of the institute	✓				
7	Overall Discipline & Mentoring system of the institute	✓				

Any special remark/suggestion*

Training in speaking well, leading groups, collaborating with others, and helping patients prepares students for healthcare careers.



✓

PRINCIPAL
ADITYA PHARMACY COLLEGE(A)
SURAMPALEM-533 437

J. Suvarna
Signature