

ALUMNI FORM

Name of the Alumni -

B.Pharm Year passed out -

Organisation associated with - Education / Industry/ Entrepreneur/Any other (Please specify)

Program Educational Objectives	Very little	Some extent	Quite a bit	Very much
	1	2	3	4
1. Do you feel that the knowledge gathered by you during the graduation years have provided you with the required skills to successfully work in your organization?				
2. Has the course provided you to identify or solve complex system process and problems by applying skills and fundamental principles to develop you into a competent professional?				
3. Has the college helped you to develop your leadership qualities in order to manage projects in a multidisciplinary environment in the most professional way?				

(Please tick appropriately)