

(Approved by A.I.C.T.E, PCI, New Delhi, Recognized by the Govt. of A.P. & Affiliated to JNTU-GV, Vizianagaram) Cherukupally (Village), Chittivalasa (SO), Bhogapuram (Mandal), Vizianagaram (Dist) -531162. www.avanthipharma.ac.in, principal@avanthipharma.ac.in

FEEDBA(	CK FORM ALL	JMNI		
a) Name b) Year of Graduation c) Branch d) Father's Name e) Father Occupation f) Permanent Address	Mahanthing 2020-24 B. Pharm of the control of the HOD at the early Yes/No	· Grayo	Ramakrishna Mobile No. 998	
i) Please provide your comments on the fo	allowing.			
Effectiveness of Teaching Processes Laboratory Facilities	: Excellent	□Good	□ Average	□ Fair
3 Faculties helpfulness		□ Good	□ Average	□ Fair
4. E-learning Facilities	: DExcellent	□Good	□ Average	□ Fair
5. Library Facilities	:  Excellent	□Good	□ Average	□ Fair
6. Computing and Internet Facilities	: Excellent	ØGood	□ Average	□ Fair
7 Sports, Extra Curricular Facilities	: Z Excellent	□Good	□ Average	□ Fair
8. Personality/Communications Skills	: Excellent	□Good	□ Average	□ Fair
Development Facilities	: ☑ Excellent	□ Good	□ Average	□ Fair
9. Placement Cell	: Excellent	□Good	□ Average	
10. Department Rating	:□ Excellent	Good	□ Average	□ Fair
11 Overall rating of the College	Excellent	□ Good	Average	□ Fair
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Your suggestions for the Improvement of t	the Institution:			
) Interest in participating in institutional de Sharing experiences 2. Contribution	velopment activit	ies ding Techno	ology 🗆	
ate: 05 D9 2004 maceutical	AIPSAA E		Mr. Gray	ath:

For Avanthi Institute - or Finarmace Association Sciences

Authorised Signatory



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### FEEDBACK FORM ALUMNI

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: Gireesha manio	W. 162@M	obile No. 93465	30621
y to the HOD at the ear	liest)		
tion: Yes/No			
s at the earliest)			
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# FEEDBACK FORM ALUMNI

	a) Name b) Year of Graduation c) Branch d) Father's Name e) Father Occupation f) Permanent Address	: 20 : Doi : B. : Con	KIRTHANA 018-2024 Ctoer of plan Syphias Ras beautor corr Cu-18-127-5	moly (Sagouragas	u v ssenkhorper	Enam
	Email-ID g) Present Occupation	: Keet	hanakeed 70	agmail Mo	bile No. go7411	2365
	(Please send appointment letter copy	to the I	HOD at the earli	est)		
	h) Whether undergone higher educati	on: Yes	/No			
	(If yes, please send Admission details	at the e	earliest)			
	i) Please provide your comments on t	he follo	owing:			
	1. Effectiveness of Teaching Processe	es	: 🗆 Excellent	Good	☐ Average	□ Fair
	2. Laboratory Facilities		: 🗆 Excellent	Good	☐ Average	□ Fair
	3. Faculties helpfulness		: 🗆 Excellent	Good	☐ Average	□ Fair
	4. E-learning Facilities		Excellent	<b>√</b> Good	□ Average	□ Fair
	5. Library Facilities		: Excellent	Good	□ Average	□ Fair
	6. Computing and Internet Facilities		:□Excellent	Good	□ Average	□ Fair
	7. Sports, Extra Curricular Facilities	300	: Excellent	□Good	□ Average	□ Fair
	8. Personality/Communications Skil	ls				
	Development Facilities		: 🗆 Excellent	Good	□ Average	Fair
	9. Placement Cell		: Excellent	Good	Average	Fair
	10. Department Rating		: Excellent	□Good	☐ Average	□ Fair
	11. Overall rating of the College		: Excellent	□Good	☐ Average	□ Fair
	j) Your Positive/Negative Comments:					
	k) Your suggestions for the Improver	nent of	the Institution:			
	<ul><li>h) Interest in participating in institut</li><li>1. Sharing experiences □ 2. Co</li></ul>	ional de ntribut	evelopment acti ion  3. Pr	vities oviding Tech	nnology 🗸	
For	SCIANCES AUTHINI ASSOCIATION S	SAA PARAMETER STATE OF SAA		OF PHARMAC	B. Kuthe Signature	w-



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FEEDB	ACK FORM ALUMNI		
a) Name b) Year of Graduation c) Branch d) Father's Name e) Father Occupation f) Permanent Address	BAMMIDI TUSHARA  2024  Phaym-D  Bammidi Wayendra K  School Assistanto pl  1-107, Mainstreet, prov  Ap. India  bummiditushara Qgmail Ma  com	umay Nysical Scio	ence- gam, Srficakulug
Email-ID g) Present Occupation	: bounniditushara Qgrai/Mo	bile No. 63030	094313·
(Please send appointment letter copy	to the HOD at the earliest)		
h) Whether undergone higher educati	on: Yes/No		
(If yes, please send Admission details	at the earliest)		
i) Please provide your comments on t	he following:		
1. Effectiveness of Teaching Processe	s : Excellent Good	☐ Average	□ Fair
2. Laboratory Facilities	: Excellent Good	Average	□ Fair
3. Faculties helpfulness	: Excellent Good	☐ Average	□ Fair
4. E-learning Facilities	: Excellent Good	□ Average	□ Fair
5. Library Facilities	: Excellent Good	□ Average	□ Fair
6. Computing and Internet Facilities	: © Excellent Good	Average	□ Fair
7. Sports, Extra Curricular Facilities	: Excellent Good	Average	☐ Fair
8. Personality/Communications Skills			
Development Facilities	:□ Excellent ☐ Good	☐ Average	□ Fair
9. Placement Cell	:□ Excellent Good	Average	☐ Fair
10. Department Rating	: Excellent Good	□ Average	Fair
11. Overall rating of the College	:  Excellent Good	Average	□ Fair
j) Your Positive/Negative Comments:		,	
k) Your suggestions for the Improvement	nt of the Institution:		
h) Interest in participating in institution  1. Sharing experiences □ 2. Contr	nal development activities ibution 3. Providing Techno	logy 🗆	
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# FEEDBACK FORM ALUMNI

a) Name b) Year of Graduation c) Branch d) Father's Name e) Father Occupation f) Permanent Address	R.P.V.SS.PRASAIDTH  Sol8-2024  Soctor of Phaemacy  R.V. Solepanowowyours  Try Plat.  1-3-61 ABHAND STREET CANTON	MANTINZI
Email-ID g) Present Occupation	: Pallapalleperasanth 325 @ Mobile No. q	39885147
(Please send appointment letter copy	or action	
h) Whether undergone higher education		
(If yes, please send Admission details		
i) Please provide your comments on		
Effectiveness of Teaching Process		ge 🗆 Fair
2. Laboratory Facilities	:□ Excellent	- Comment
3. Faculties helpfulness	:□ Excellent	
4. E-learning Facilities	: Excellent ☐ Good ☐ Avera	
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7. Sports, Extra Curricular Facilities	"	
8. Personality/Communications Skil		ge 🗆 Fair
Development Facilities		go II Paia
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j) Your Positive/Negative Comments:	Excellent Good Averag	ge 🗆 Fair
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k) Your suggestions for the Improvem	ent of the Institution:	
h) Interest in participating in institution 1. Sharing experiences □ 2. Con	onal development activities tribution  3. Providing Technology	
Date: or Avanthi institute of Pharmaceutical A	R, Pool Signature Signatur	0.

Authorised Signator



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### FEEDBACK FORM ALUMNI

FEEDE	ACK FORM ALOMNI		
a) Name b) Year of Graduation c) Branch d) Father's Name e) Father Occupation f) Permanent Address	: L. Satish Kumar Achavi : 2024 : pharm.D : L. KRISHNA : teacher : 40-60-165, NH-5, KANC	HARAPALENT,	NSP - 23000
Email-ID g) Present Occupation	: Satishachari 292 Qgmail Mob	ile No. 63005	
(Please send appointment letter copy	to the HOD at the earliest)		
h) Whether undergone higher educat	ion: Yes/No		
(If yes, please send Admission details	at the earliest)		
i) Please provide your comments on	the following:		
1. Effectiveness of Teaching Process	es : Excellent Good	Average	Fair
2. Laboratory Facilities	: Excellent Good	Average	Fair
3. Faculties helpfulness	:VExcellent Good	☐ Average ☐	Fair
4. E-learning Facilities	: Excellent Good	Average	Fair
5. Library Facilities	: Excellent Good	☐ Average	Fair
6. Computing and Internet Facilities	: Excellent Good	□ Average □	Fair
7. Sports, Extra Curricular Facilities	:□Excellent ✔Good	Average	Fair
8. Personality/Communications Skil	ls		
Development Facilities	:□Excellent Good	☐ Average	Fair
9. Placement Cell	:□Excellent ✓Good	☐ Average	Fair
10. Department Rating	:□Excellent 🗹 Good	☐ Average ☐	Fair
11. Overall rating of the College	:□ Excellent	□ Average	∃ Fair
k) Your suggestions for the Improven	nd getting feedback from onal development activities	students for	
Pate: 06-06-20 Authorised authorised agnatory	AIPSAA PARAMENTAL ANAGARE	Satist Achous Signature	



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	FEEDBA	CI	FURM ALU	IVIIVI		
b) c) d) e)	Name Year of Graduation Branch Father's Name Father Occupation Permanent Address	Pho	Vikas. and. Kanakach if employ	d	(durvasa reedb	ش) ۵
	nail-ID :	Vik	aspatnana a	@ grain	othapatrom, Slike Mobile No. 9908:	26553
(P	lease send appointment letter copy to	the	HOD at the ear	liest)		
h)	Whether undergone higher education	n: Yes	s/No			
(11	yes, please send Admission details at	the	earliest)			
i)	Please provide your comments on the	follo	owing:			
1.	Effectiveness of Teaching Processes		Excellent	□Good	□ Average	□ Fair
2.	Laboratory Facilities		Excellent	Good	Average	Fair
3.	Faculties helpfulness		Excellent	Good	Average	Fair
4.	E-learning Facilities		:□ Excellent	Good	□ Average	Fair
5.	Library Facilities		: 🗆 Excellent	Good	Average	□ Fair
6.	Computing and Internet Facilities		:□ Excellent	Good	Average	□ Fair
7.	Sports, Extra Curricular Facilities		: Excellent	Good	Average	□ Fair
8,	Personality/Communications Skills					
	Development Facilities		: 🗆 Excellent	Good	□ Average	□ Fair
9.	Placement Cell		: 🗆 Excellent	Good	□ Average	□ Fair
10.	Department Rating		:□Excellent	Good	□ Average	□ Fair
11.	Overall rating of the College		Excellent	□ Good	□ Average	□ Fair
) Y	our Positive/Negative Comments:					
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n) I L. S	nterest in participating in institutional haring experiences 2. Contrib			vities oviding Tec	nnology 🗆	
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### FEEDBACK FORM ALUMNI

c) Branch : PA d) Father's Name : G	mhavalli Go Pry harm. D VVS K Siml riest riest rlaj hill vien	0001347		Vizag. A
e) Pather Occupation f) Permanent Address : Bala; hill view enclose, Vepagunta, Vizag, A Email-ID g) Present Occupation : Godavarthis 55 agnail. Mobile No. 7288943374				
(Please send appointment letter copy to th	CI O'LI			
h) Whether undergone higher education: Y				
(If yes, please send Admission details at th				
i) Please provide your comments on the fo	ollowing:			
1. Effectiveness of Teaching Processes	Excellent	Good	□ Average	□ Fair
2. Laboratory Facilities	Excellent	□ Good	□ Average	□ Fair
3. Faculties helpfulness	: Excellent	Good	Average	Fair
4. E-learning Facilities	Excellent	Good	☐ Average	Fair
5. Library Facilities	: Excellent	Good	☐ Average	Fair
6. Computing and Internet Facilities	: Excellent	□ Good	Average	□ Fair
7. Sports, Extra Curricular Facilities	: 🗆 Excellent	Good	□ Average	□ Fair
8. Personality/Communications Skills				
Development Facilities	: 🗆 Excellent	<b>⊘</b> Good	☐ Average	Fair
9. Placement Cell	: 🗆 Excellent	<b></b> ✓Good	☐ Average	□ Fair
10. Department Rating	: Æxcellent	□ Good	□ Average	□ Fair
11. Overall rating of the College	Excellent	□ Good	□ Average	□ Fair
j) Your Positive/Negative Comments:				
expand it a good College to Study  k) Your suggestions for the Improvement of the Institution:				
h) Interest in participating in institutional development activities  1. Sharing experiences 2. Contribution 3. Providing Technology 4.				

Por Avanthi Institute of Oratoraceutical Sciences Alumni Association

V - Louised Signatory

AIPSAA Regd.No. 916 of 2023 \*

Signature Sonhavays.



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FEEDBACK FORM ALUMNI					
a) Name b) Year of Graduation c) Branch d) Father's Name e) Father Occupation f) Permanent Address	: M. Renuka Swathi : 2023 : Thagwapuvalasa, Bhoga : M. Nageshwara Hao. : Maxon : 3-383/3, adarshanagar, olo		1, VAD: 4		
Email-ID g) Present Occupation	: henukaswathiminyala g Mo				
(Please send appointment letter copy	to the HOD at the earliest)	,			
h) Whether undergone higher educat	./				
(If yes, please send Admission details					
i) Please provide your comments on					
Effectiveness of Teaching Process		☐ Average	□ Fair		
2. Laboratory Facilities	: Excellent Good	☐ Average	□ Fair		
3. Faculties helpfulness	:□Excellent □Good	Average	□ Fair		
4. E-learning Facilities	:□ Excellent √Good	Average	□ Fair		
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9. Placement Cell	:□ Excellent □ Good	□ Average	Fair		
10. Department Rating	Excellent Good	☐ Average	□ Fair		
11. Overall rating of the College	Excellent Good	☐ Average	□ Fair		
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k) Your suggestions for the Improvem	ent of the Institution:				
h) Interest in participating in instituti  1. Sharing experiences   2. Cor	onal development activities atribution  3. Providing Techno				
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