



**FEEDBACK FORM ALUMNI**

a) Name : Mahanathi . Gayathri  
 b) Year of Graduation : 2020-24  
 c) Branch : B. pharmacy  
 d) Father's Name : KOTRY - driver M. Ramakrishna  
 e) Father Occupation : Lorry - driver  
 f) Permanent Address : Pellivalasa  
 g) Present Occupation : gayathrimahanathi@gmail.com  
 Mobile No. 9989183386

(Please send appointment letter copy to the HOD at the earliest)

h) Whether undergone higher education: Yes/No

(If yes, please send Admission details at the earliest)

i) Please provide your comments on the following:

- |   |   |  |                                  |                               |
|---|---|--|----------------------------------|-------------------------------|
| 1. Effectiveness of Teaching Processes                      | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 2. Laboratory Facilities                                    | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 3. Faculties helpfulness                                    | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 4. E-learning Facilities                                    | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 5. Library Facilities                                       | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 6. Computing and Internet Facilities                        | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities                      | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 8. Personality/Communications Skills Development Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 9. Placement Cell   | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 10. Department Rating                                       | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 11. Overall rating of the College                           | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |

j) Your Positive/Negative Comments:

excellent

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

Date: 05/09/2024  
 For Avanathi Institute of Pharmaceutical Sciences Alumni Association

V. Uma Sankar  
 Authorised Signatory



M. Gayathri  
 Signature





# AVANTHI INSTITUTE OF PHARMACEUTICAL SCIENCES

(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](http://www.avanthipharma.ac.in), [principal@avanthipharma.ac.in](mailto:principal@avanthipharma.ac.in)

## FEEDBACK FORM ALUMNI

a) Name : Marudi. Sireesha  
b) Year of Graduation : 2024  
c) Branch : Pharm D  
d) Father's Name : M. Thammayya  
e) Father Occupation : CRP  
f) Permanent Address : 6-11, Temple Street, Chinabadam  
g) Present Occupation : Sireesha marudi.162 @ Mobile No. 9346530624

Email-ID :

(Please send appointment letter copy to the HOD at the earliest)

h) Whether undergone higher education: Yes/No

(If yes, please send Admission details at the earliest)

i) Please provide your comments on the following:

- |  |   |  |                                  |                               |
|--|---|--|----------------------------------|-------------------------------|
| 1. Effectiveness of Teaching Processes                         | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 2. Laboratory Facilities                                       | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 3. Faculties helpfulness                                       | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 4. E-learning Facilities                                       | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 5. Library Facilities  | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 6. Computing and Internet Facilities                           | : <input type="checkbox"/> Excellent            | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities                         | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 8. Personality/Communications Skills<br>Development Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 9. Placement Cell  | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 10. Department Rating  | : <input type="checkbox"/> Excellent            | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 11. Overall rating of the College                              | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |

j) Your Positive/Negative Comments:

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

Date: 5/6/24  
For Avanthi Institute of Pharmaceutical  
Sciences Alumni Association

V. *[Signature]*  
Authorised Signatory



M. Sireesha  
Signature





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[www.avanthipharma.ac.in](http://www.avanthipharma.ac.in), [principal@avanthipharma.ac.in](mailto:principal@avanthipharma.ac.in)

## FEEDBACK FORM ALUMNI

a) Name : B. KIRTHANA  
b) Year of Graduation : 2018-2024  
c) Branch : Doctor of Pharmacy  
d) Father's Name : B. Srinivas Rao  
e) Father Occupation : Contractor CIVIL  
f) Permanent Address : MIT (B)-127-Sagar Nagar, Visakhapatnam  
Email-ID : kirthanakeerthi77@gmail.com Mobile No. 8074112365  
g) Present Occupation :

(Please send appointment letter copy to the HOD at the earliest)

h) Whether undergone higher education: Yes/No  No

(If yes, please send Admission details at the earliest)

i) Please provide your comments on the following:

- |  |   |  |                                  |                               |
|--|---|--|----------------------------------|-------------------------------|
| 1. Effectiveness of Teaching Processes                         | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 2. Laboratory Facilities                                       | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 3. Faculty's helpfulness                                       | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 4. E-learning Facilities                                       | : <input checked="" type="checkbox"/> Excellent | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 5. Library Facilities  | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 6. Computing and Internet Facilities                           | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities                         | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 8. Personality/Communications Skills<br>Development Facilities | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 9. Placement Cell  | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 10. Department Rating  | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 11. Overall rating of the College                              | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |

j) Your Positive/Negative Comments:

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

For Avanthi Institute of Pharmaceutical  
Sciences Alumni Association

V. Uma Sankar  
Authorised Signatory



B. Kirthana  
Signature







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## FEEDBACK FORM ALUMNI

a) Name : BAMBIDI TUSHARA  
 b) Year of Graduation : 2024  
 c) Branch : Pharm-D  
 d) Father's Name : Bammidi Warendra Kumar  
 e) Father Occupation : School Assistant, Physical Science  
 f) Permanent Address : 1-107, Mainstreet, P. Puram, Nandigam, Srikakulam, AP, India  
 Email-ID : bambiditushara@gmail.com  
 g) Present Occupation : Mobile No. 6303094313

(Please send appointment letter copy to the HOD at the earliest)

h) Whether undergone higher education: Yes/No  No

(If yes, please send Admission details at the earliest)

i) Please provide your comments on the following:

- |  |  |
|--|--|
| 1. Effectiveness of Teaching Processes | : <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair |
| 2. Laboratory Facilities               | : <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair |
| 3. Faculties helpfulness               | : <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair |
| 4. E-learning Facilities               | : <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair |
| 5. Library Facilities                  | : <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair |
| 6. Computing and Internet Facilities   | : <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities | : <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair |
| 8. Personality/Communications Skills   |  |
| Development Facilities                 | : <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair |
| 9. Placement Cell                      | : <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair |
| 10. Department Rating                  | : <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair |
| 11. Overall rating of the College      | : <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair |

j) Your Positive/Negative Comments:

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

Date: 5/6/24  
For Avanathi Institute of Pharmaceutical Sciences Alumni Association

V. Uma Sankar  
Authorised Signatory



Chithra  
Signature





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## FEEDBACK FORM ALUMNI

a) Name : R.P.V.SS.PRASANTH  
b) Year of Graduation : 2018-2024  
c) Branch : Doctor of Pharmacy  
d) Father's Name : R.V. Satejinarayana  
e) Father Occupation : Typist  
f) Permanent Address : 1-3 - 6 LABHAND STREET C ANDO MENT, VZM  
Email-ID : kallapalliprasanth335@gmail.com  
g) Present Occupation : Mobile No. 9398851477

(Please send appointment letter copy to the HOD at the earliest)

h) Whether undergone higher education: Yes/No ✓

(If yes, please send Admission details at the earliest)

i) Please provide your comments on the following:

- |  |   |  |   |                               |
|--|---|--|---|-------------------------------|
| 1. Effectiveness of Teaching Processes | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair |
| 2. Laboratory Facilities               | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair |
| 3. Faculties helpfulness               | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair |
| 4. E-learning Facilities               | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair |
| 5. Library Facilities                  | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair |
| 6. Computing and Internet Facilities   | : <input type="checkbox"/> Excellent            | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair |
| 8. Personality/Communications Skills   |   |  |   |                               |
| Development Facilities                 | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair |
| 9. Placement Cell                      | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair |
| 10. Department Rating                  | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair |
| 11. Overall rating of the College      | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair |

j) Your Positive/Negative Comments:

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

Date: 5/6/24  
For Avanathi Institute of Pharmaceutical  
Sciences Alumni Association

V. Uma Sankar  
Authorised Signatory



R. Prasanth  
Signature





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## FEEDBACK FORM ALUMNI

a) Name : L. Satish Kumar Achari  
b) Year of Graduation : 2024  
c) Branch : pharm.D  
d) Father's Name : L. KRISHNA  
e) Father Occupation : Teacher  
f) Permanent Address : 40-60-165, NH-5, KANCHARAPALEM, VSP-530008  
Email-ID : Satishachari293@gmail.com Mobile No. 6300550066  
g) Present Occupation : Student

(Please send appointment letter copy to the HOD at the earliest)

h) Whether undergone higher education: Yes/No

(If yes, please send Admission details at the earliest)

i) Please provide your comments on the following:

- |  |   |  |                                  |                               |
|--|---|--|----------------------------------|-------------------------------|
| 1. Effectiveness of Teaching Processes | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
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| 3. Faculty's helpfulness               | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 4. E-learning Facilities               | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 5. Library Facilities                  | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 6. Computing and Internet Facilities   | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 8. Personality/Communications Skills   |   |  |                                  |                               |
| Development Facilities                 | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 9. Placement Cell                      | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 10. Department Rating                  | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 11. Overall rating of the College      | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |

j) Your Positive/Negative Comments:

place where one can learn everything from everyone

k) Your suggestions for the Improvement of the Institution:

\* More presentation and getting feedback from students for improvement

h) Interest in participating in institutional development activities

1. Sharing experiences  2. Contribution  3. Providing Technology

Date: 06-06-2024  
For Avanthi Institute of Pharmaceutical  
Sciences Alumni Association

V. Uma Sankar  
Authorized Signatory



L. Satish Achari.  
Signature





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## FEEDBACK FORM ALUMNI

a) Name : P. Vikas  
b) Year of Graduation :  
c) Branch : Pharm.D.  
d) Father's Name : P. Kanakachalam.  
e) Father Occupation : Self employed  
f) Permanent Address : 6-10, Pathapatnam, Pathapatnam, (Nuvvaseevidhi) Srikakulam, AP.  
g) Present Occupation : Vikaspatnamaa@gmail.com Mobile No. 9908865531  
h) Student

(Please send appointment letter copy to the HOD at the earliest)

h) Whether undergone higher education: Yes/No

(If yes, please send Admission details at the earliest)

i) Please provide your comments on the following:

- |  |   |  |                                  |                               |
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| 1. Effectiveness of Teaching Processes | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
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| 3. Faculties helpfulness               | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 4. E-learning Facilities               | <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 5. Library Facilities                  | <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 6. Computing and Internet Facilities   | <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities | <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 8. Personality/Communications Skills   |   |  |                                  |                               |
| Development Facilities                 | <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 9. Placement Cell                      | <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
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| 11. Overall rating of the College      | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |

j) Your Positive/Negative Comments:

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

Date: 06/06/2023  
For Avanathi Institute of Pharmaceutical  
Sciences Alumni Association

V. Uma Sankar  
Authorised Signatory



P. Vikas  
Signature





# AVANTHI INSTITUTE OF PHARMACEUTICAL SCIENCES

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[www.avanthipharma.ac.in](http://www.avanthipharma.ac.in), [principal@avanthipharma.ac.in](mailto:principal@avanthipharma.ac.in)

## FEEDBACK FORM ALUMNI

a) Name : Simhawalli Godawarthis  
 b) Year of Graduation : 2024  
 c) Branch : Pharm.D  
 d) Father's Name : GVVS K Simhaqisu  
 e) Father Occupation : Priest  
 f) Permanent Address : Balaj hill view enclave, Vepaunta, Vizag, AP  
 Email-ID : godawarthis55@gmail.com Mobile No. 728894374  
 g) Present Occupation : ~~Priest~~ -

(Please send appointment letter copy to the HOD at the earliest)

h) Whether undergone higher education: Yes/No

(If yes, please send Admission details at the earliest)

i) Please provide your comments on the following:

- |  |   |  |                                  |                               |
|--|---|--|----------------------------------|-------------------------------|
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| 3. Faculty's helpfulness               | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 4. E-learning Facilities               | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 5. Library Facilities                  | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 6. Computing and Internet Facilities   | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities | <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 8. Personality/Communications Skills   |   |  |                                  |                               |
| Development Facilities                 | <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 9. Placement Cell                      | <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 10. Department Rating                  | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |
| 11. Overall rating of the College      | <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average | <input type="checkbox"/> Fair |

j) Your Positive/Negative Comments:

overall its 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

Date: 7/06/2024  
For Avanathi Institute of Pharmaceutical Sciences Alumni Association

V. Uma Sankar  
Authorised Signatory



Signature Simhawalli G.





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www.avanthipharma.ac.in, principal@avanthipharma.ac.in

## FEEDBACK FORM ALUMNI

a) Name : M. Renuka Swathi  
b) Year of Graduation : 2023  
c) Branch : Thagarapavalasa, Bhogapuram.  
d) Father's Name : M. Nageshwara Rao.  
e) Father Occupation : Mason  
f) Permanent Address : 3-383/3, Adarshanagar, old-dairy farm, VSP-40.  
g) Present Occupation : renukaswathimishyala@gmail.com Mobile No. 964221774.

(Please send appointment letter copy to the HOD at the earliest)

h) Whether undergone higher education: Yes/No

(If yes, please send Admission details at the earliest)

i) Please provide your comments on the following:

- |  |   |  |   |  |
|--|---|--|---|--|
| 1. Effectiveness of Teaching Processes | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair            |
| 2. Laboratory Facilities               | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair            |
| 3. Faculties helpfulness               | : <input type="checkbox"/> Excellent            | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Average | <input type="checkbox"/> Fair            |
| 4. E-learning Facilities               | : <input type="checkbox"/> Excellent            | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair            |
| 5. Library Facilities                  | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Average | <input type="checkbox"/> Fair            |
| 6. Computing and Internet Facilities   | : <input type="checkbox"/> Excellent            | <input type="checkbox"/> Good            | <input type="checkbox"/> Average            | <input checked="" type="checkbox"/> Fair |
| 7. Sports, Extra Curricular Facilities | : <input type="checkbox"/> Excellent            | <input type="checkbox"/> Good            | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair            |
| 8. Personality/Communications Skills   |   |  |   |  |
| Development Facilities                 | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair            |
| 9. Placement Cell                      | : <input type="checkbox"/> Excellent            | <input type="checkbox"/> Good            | <input type="checkbox"/> Average            | <input checked="" type="checkbox"/> Fair |
| 10. Department Rating                  | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair            |
| 11. Overall rating of the College      | : <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Good            | <input type="checkbox"/> Average            | <input type="checkbox"/> Fair            |

j) Your Positive/Negative Comments:

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

Date: 11/06/2024  
For Avanthi Institute of Pharmaceutical  
Sciences Alumni Association

V. UmaSankar  
Authorised Signatory



M. Swathi  
Signature