



**MAEER's
Maharashtra Institute of Pharmacy,
Pune - 411038**

Final Year Roll No. -----

Alumni Feedback Form (Academic Year 20 - 20)

Dear Alumni

We are glad that you have spent four valuable years for B. Pharm course/two years of M. Pharm course in Maharashtra Institute of Pharmacy, Pune. To enhance the relevance and standards of the Maharashtra Institute of Pharmacy, it would be necessary to make the program responsive to the experiences of alumni like you. It is with this conviction in mind that we are approaching you now for a ground-level feedback. We shall very much appreciate and be thankful if you can spare some of your valuable time to fill up this feedback form and give us your valuable suggestions for further improvement of the Institute.

Name: _____

Year of graduation/post graduation: _____ Qualification: _____

Email _____

Residential address: _____

Cell Phone:

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Landline No:

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Business/company Name & address: _____

Designation/Position _____

Please tick following attributes as per given grades

Attributes	Excellent	Very Good	Good	Average	Poor
Environment					
Infrastructure					
Faculty					
Quality of support material					
Training & Placement					
Library					

Comments and suggestions: -

Signature of Alumni

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PARENT FEEDBACK FORM (Academic Year 20 - 20)

Name of Student :-

विद्यार्थ्याचे नाव :-

Class :-

वर्ग :-

Branch:-

शाखा :-

Name of Parent :-

पालकाचे नाव :-

Mobile No of Parent :-

पालकांचा मोबाईल नंबर :-

Landline Phone no :-

दूरध्वनी क्रमांक :-

Email ID of Parent :-

पालकांचा ईमेल आयडी :-

Occupation details :-

पालकांचा व्यवसाय :-

How do you rate our college?

Please tick appropriate check boxes (कृपया योग्य जागी करा)

	Excellent उत्कृष्ट	Good चांगला	Satisfactory समाधानकारक	Not Satisfactory असमाधानकारक
1 Quality of education शिक्षणाची गुणवत्ता	: - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Infrastructure इमारत व सुविधा	: - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Lab accessories प्रयोगशाळा साहित्य	: - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 College Culture कॉलेज संस्कृती	: - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Canteent & Other facilities :- कॅन्टीन आणि इतर सुविधा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Suggestions :-

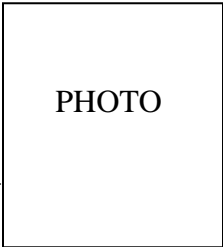
आपला अभिप्राय :- _____

Date :

दिनांक :

Sign

सही



**MAEER's
MAHARASHTRA INSTITUTE OF PHARMACY
ALUMNI ASSOCIATION
REGISTRATION FORM
(Academic Year 20 - 20)**

Final Year Roll No. -----

Telephones: 020-30273653, 020-30273673 Fax-25460616

Full Name of the student: _____
beginning with Surname

Academic year in which appeared & pass out Final Year B. Pharm/M. Pharm	Appeared (Year)	Passed(Year)

Present Address : _____

Permanent Address : _____

Contact Numbers : Residence: _____ Mobile: _____

Email id: _____

Date of Birth: _____

Future Plans
Regarding education preferred/ Industry etc _____

Recently working as & at : _____

Kindly communicate your current status / updates on:
college website [www. mippune.ac.in](http://www.mippune.ac.in) & college email id: maeersmippune@gmail.com
Place:

Date: _____ Name & Signature of the Student