

Employers Feedback Form

Mar Dioscorus College of Pharmacy
QAS Criteria 10.1.1

* Indicates required question

1. Name of the Employer

2. Nature of the Organization

Mark only one oval.

☐ Individual

☐ Society

☐ Trust

☐ Others

3. Overall performance of teaching staffs *

1 2 3 4 5



4. Overall performance of nonteaching staffs *

1 2 3 4 5



5. Staff stabilization of institution. *

1	2	3	4	5
☆	☆	☆	☆	☆

6. Performance of administrative section of the institution *

1	2	3	4	5
☆	☆	☆	☆	☆

7. Utilization of infrastructures by faculties and students *

1	2	3	4	5
☆	☆	☆	☆	☆

8. Overall result of the students

1	2	3	4	5
☆	☆	☆	☆	☆

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