

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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