



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon -Chakan Road, Tal:Maival, Dist: Pune -412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

Alumni Feedback



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune - 412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM 2022-23

Name of Alumnus: Jhanvi Pagar

Residential Address: Khed.

Office Address: Mirjewodi


Phone NO.- 8662322849

E-mail ID: jhanvipagar22@gmail.com

Current Position: Fresher Clinical Doctor

Nature of Job: IT

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?	✓			
2.	How useful was training provided by the institute in your professional life?		✓		
3.	What was your level of comfort while working as a member of team in your first job?		✓		✓
4.	What is the size of your team?				
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes ✓		No	
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes		No ✓	
7.	Are you involved in any social activity? If yes, please specify.	Yes		No ✓	
8.	Will you be willing to act as link for industry- Institute Interaction?	Yes ✓		No	
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvements in B. Pharm program.	Please provide incampus placement			



Signature of Alumni

"Thank you for your valuable feedback"

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scopalumni19@gmail.com




Principal
Siddhant College of Pharmacy
Sudumbare, Tal: Maval,
Dist: Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune -412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM 2022-23

Name of Alumnus: Rushikesh Hajare

Residential Address: Hajpur

Office Address: Sangali

Phone NO.- 7776809815

E-mail ID:

Current Position: Higher education

Nature of Job:

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?	<input checked="" type="checkbox"/>			
2.	How useful was training provided by the institute in your professional life?		<input checked="" type="checkbox"/>		
3.	What was your level of comfort while working as a member of team in your first job?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
4.	What is the size of your team?				
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes <input checked="" type="checkbox"/>	No		
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes	No <input checked="" type="checkbox"/>		
7.	Are you involved in any social activity? If yes, please specify.	Yes	No <input checked="" type="checkbox"/>		
8.	Will you be willing to act as link for industry-Institute Interaction?	Yes <input checked="" type="checkbox"/>	No		
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvements in B. Pharm program.				<u>provide GPAT session</u>

Rushikesh
Signature of Alumni

“Thank you for your valuable feedback”

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scopalumni19@gmail.com



AM
Principal
Siddhant College of Pharmacy
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune -412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM - 2022-23

Name of Alumnus: *Supriya Bhalerao*

Residential Address: *Sangoli*

Office Address: *-*

Phone NO.- *7745806278*

E-mail ID: *supriyabhalerao2023@gmail.com*

Current Position: *- Higher education*

Nature of Job:

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?	<input checked="" type="checkbox"/>			
2.	How useful was training provided by the institute in your professional life?		<input checked="" type="checkbox"/>		
3.	What was your level of comfort while working as a member of team in your first job?		<input checked="" type="checkbox"/>		
4.	What is the size of your team?		<input checked="" type="checkbox"/>		
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes	No	<input checked="" type="checkbox"/>	
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes <input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	
7.	Are you involved in any social activity? If yes, please specify.	Yes <input checked="" type="checkbox"/>	No		
8.	Will you be willing to act as link for industry-Institute Interaction?	Yes	No		
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvements in B. Pharm program.	<i>Higher education Guidance</i>			

[Signature]
Signature of Alumni

“Thank you for your valuable feedback”

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scopalumni19@gmail.com



[Signature]
Principal
Siddhant College of Pharmacy
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune -412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM 2022-23

Name of Alumnus: Jadhav Nikita

Residential Address: Dehu.

Office Address:


Phone NO.- 9527459102

E-mail ID: jadhavnikita102@gmail.com

Current Position:

Nature of Job:

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?	✓			
2.	How useful was training provided by the institute in your professional life?	✓	✓		
3.	What was your level of comfort while working as a member of team in your first job?		✓		
4.	What is the size of your team?		✓		
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes ✓		No	
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes		No ✓	
7.	Are you involved in any social activity? If yes, please specify.	Yes ✓		No	
8.	Will you be willing to act as link for industry-Institute Interaction?	Yes ✓		No	
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvements in B. Pharm program.				



Signature of Alumni

“Thank you for your valuable feedback”

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scopalumni19@gmail.com




Principal
Siddhant College of Pharmacy
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune - 412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM 20 21 - 22

Name of Alumnus: Pooja Tanaji Karate.

Residential Address: Sudumbare.

Office Address: -

Phone NO.- 915896943)

E-mail ID: karatepooja255@gmail.com

Current Position: -

Nature of Job: trying higher education.

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?				✓
2.	How useful was training provided by the institute in your professional life?			✓	
3.	What was your level of comfort while working as a member of team in your first job?			✓	
4.	What is the size of your team?				
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes	No	✓	
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes	No	✓	
7.	Are you involved in any social activity? If yes, please specify.	Yes	No		
8.	Will you be willing to act as link for industry-Institute Interaction?	Yes	No		
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvements in B. Pharm program.	everything is good.			

Pooja Karate
Signature of Alumni

"Thank you for your valuable feedback"

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scopalumni19@gmail.com



Principal
Principal
Siddhant College of Pharmacy
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune - 412109
Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM M.Pharm (April 2021-22)

Name of Alumnus:

Bangae Bhagyashri vashista

Residential Address:

wokul nagar narhe pune

Office Address:

Phone NO.-

7447242101

E-mail ID:

bangaebhagyashri2506@gmail.com

Current Position:

Nature of Job:

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?			✓	
2.	How useful was training provided by the institute in your professional life?			✓	
3.	What was your level of comfort while working as a member of team in your first job?		✓		
4.	What is the size of your team?				
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes ✓		No	
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes		No ✓	
7.	Are you involved in any social activity? If yes, please specify.	Yes ✓		No	
8.	Will you be willing to act as link for industry-Institute Interaction?	Yes ✓		No	
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.				Clinical Research
10.	Please give suggestions for improvements in B. Pharm program.				No suggestion

Signature of Alumni

"Thank you for your valuable feedback"

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scopalumni19@gmail.com



Principal
Siddhant College of Pharmacy
Sudumbare, Tal. - Maval,
Dist. - Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune -412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM 2021-22

Name of Alumnus: Rutuja Arun Garade.

Residential Address: Talegaon Dashed.

Office Address: -

Phone NO.- 9075508483

E-mail ID: rutugarade 001 @ gmail. com

Current Position: -

Nature of Job: Trying Higher education.

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?				✓
2.	How useful was training provided by the institute in your professional life?			✓	
3.	What was your level of comfort while working as a member of team in your first job?			✓	
4.	What is the size of your team?				
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes	No	✓	
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes	No	✓	
7.	Are you involved in any social activity? If yes, please specify.	✓	No		
8.	Will you be willing to act as link for industry-Institute Interaction?	✓	No		
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvements in B. Pharm program.	everything is good.			

Signature of Alumnus

"Thank you for your valuable feedback"

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: seopantmani19@gmail.com



Principal
Siddhant College of Pharmacy
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.


SIDDHANT COLLEGE OF PHARMACY

Success Communicated Through Performance
Sudumbro, Pune

ALUMNI SURVEY FORM 2021-22

Name of Alumnus:- Sarika gorakh Gade
Residential Address:- A/p sudumbare, Tal - Maval, Dist pune
Office Address:- -
Phone No.:- 8005770684
E-mail ID:- Sarikagade1998@gmail.com
Current position:- -
Nature of Job: -

Sr. No.	Parameter	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?	✓			
2.	How useful was training provided by the institute in your professional life?	✓			
3.	What was your level of comfort while working as a member of team in your first job?	✓			
4.	What is the size of your team?		✓		
5.	Have you pursued any higher education? If yes, please specify name of course such as M. S. /M.Pharm. /MBA.	Yes	No ✓		
6.	Have you started your own business? If yes, please specify nature of your business.	Yes	No ✓		
7.	Are you involved in any social activity? If yes, please specify.	Yes	No ✓		
8.	Will you be willing to act as a link for industry-institute interaction?	Yes	No ✓		
9.	To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvement in B. Pharm. Program.				



Signature of Alumni

"Thank you for your valuable feedback"

Note: Please send the scanned copy of the filled Alumni survey form to the following email

Email: ALUMNISCOP@scap.edu.in




Principal
Siddhant College of Pharmacy
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune -412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM 2020-21

Name of Alumnus: Yashesh Pradeep Bhakta

Residential Address: Munshar Nagara, Talegaon

Office Address: —

Phone NO.- 80 80 82 37 65

E-mail ID: yasheshbhakta@gmail.com

Current Position: Trying Higher education

Nature of Job: —

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?				✓
2.	How useful was training provided by the institute in your professional life?			✓	
3.	What was your level of comfort while working as a member of team in your first job?			✓	
4.	What is the size of your team?		✓		
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes	No	✓	
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes	No	✓	
7.	Are you involved in any social activity? If yes, please specify.	Yes	No		
8.	Will you be willing to act as link for industry-Institute Interaction?	Yes	No		
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.	—			
10.	Please give suggestions for improvements in B. Pharm program.			—	

Signature of Alumni

“Thank you for your valuable feedback”

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scopalumni19@gmail.com



Principal

Siddhant College of Pharmacy
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune -412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM -2020-21

Name of Alumnus: Vaibhav Vitthal Charhan

Residential Address: A.S. Zibdimala, Chakan, Dist - 410501

Office Address: -

Phone NO.- 8229835901

E-mail ID: vaibhavcharhan08@gmail.com

Current Position: -

Nature of Job: Trying higher education

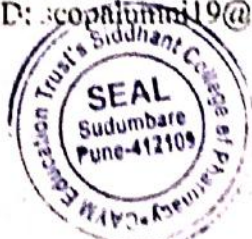
Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?				✓
2.	How useful was training provided by the institute in your professional life?			✓	
3.	What was your level of comfort while working as a member of team in your first job?			✓	
4.	What is the size of your team?		✓		
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes		No ✓	
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes		No ✓	
7.	Are you involved in any social activity? If yes, please specify.	Yes ✓		No	
8.	Will you be willing to act as link for industry-Institute Interaction?	Yes ✓		No	
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.	-			
10.	Please give suggestions for improvements in B. Pharm program.	No need of suggestions everything is good Dhish			

Signature of Alumnus

"Thank you for your valuable feedback"

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scop@ymail.in / 19@gmail.com



Principal
Siddhant College of Pharmacy
Sudumbare, Tal.-Maval,
Dist. Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon -Chakan Road, Tal: Maval, Dist: Pune -412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM - 2020-21

Name of Alumnus: Shubhangi Mahajan

Residential Address: Chakan

Office Address:

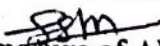
Phone NO.- 9112274249

E-mail ID: shubhangimahajan109@gmail.com

Current Position: Fresher

Nature of Job:

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?	✓			
2.	How useful was training provided by the institute in your professional life?	✓			
3.	What was your level of comfort while working as a member of team in your first job?	✓			
4.	What is the size of your team?	✓			
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes ✓	No		
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes	No ✓		
7.	Are you involved in any social activity? If yes, please specify.	Yes ✓	No		
8.	Will you be willing to act as link for industry-Institute Interaction?	Yes	No ✓		
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.	—			
10.	Please give suggestions for improvements in B. Pharm program.	—			



Signature of Alumni

“Thank you for your valuable feedback”

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scopalumni19@gmail.com




Principal
Siddhant College of Pharmacy,
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune -412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM - 2020-21

Name of Alumnus: Nishigandha shivaji Kumbhar

Residential Address: Vishal Garden, Chakan

Office Address:

Phone NO.- 989089 6915

E-mail ID: shivajikumbhar98@gmail.com

Current Position: Students

Nature of Job: Good

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?	✓			
2.	How useful was training provided by the institute in your professional life?	✓			
3.	What was your level of comfort while working as a member of team in your first job?		✓		
4.	What is the size of your team?	✓			
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes ✓		No	
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes		No ✓	
7.	Are you involved in any social activity? If yes, please specify.	Yes ✓		No	
8.	Will you be willing to act as link for industry-Institute Interaction?	Yes		No ✓	
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.	-			
10.	Please give suggestions for improvements in B. Pharm program.	-			

Nisha
Signature of Alumni

“Thank you for your valuable feedback”

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scopalumni19@gmail.com



Nisha
Principal
Siddhant College of Pharmacy,
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.

SIDDHANT COLLEGE OF PHARMACY
 Success Communicated Through Performance
 Sudumbre, Pune

ALUMNI SURVEY FORM 2019-20

Name of Alumnus:- *Sheetal. Balasahib. Kashid*

Residential Address:- *At. post Barlomi, Tal. madha Dist. solapur*

Office Address:-

Phone No.:- *7057169729*

E-mail ID:- *sheetalkashid29@gmail.com*

Current position:-

Nature of Job:-

Sr. No.	Parameter	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?		<input checked="" type="checkbox"/>		
2.	How useful was training provided by the institute in your professional life?			<input checked="" type="checkbox"/>	
3.	What was your level of comfort while working as a member of team in your first job?			<input checked="" type="checkbox"/>	
4.	What is the size of your team?			<input checked="" type="checkbox"/>	
5.	Have you pursued any higher education? If yes, please specify name of course such as M. S. /M.Pharm /MBA.	Yes <input checked="" type="checkbox"/>	No		
6.	Have you started your own business? If yes, please specify nature of your business.	Yes	No <input checked="" type="checkbox"/>		
7.	Are you involved in any social activity? If yes, please specify.	Yes <input checked="" type="checkbox"/>	No		
8.	Will you be willing to act as a link for industry-institute interaction?	Yes <input checked="" type="checkbox"/>	No		
9.	To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvement in B. Pharm. Program.				

Kashid
 Signature of Alumnus



SH
Principal
 Siddhant College of Pharmacy,
 Sudumbre, Tal. -Maval,
 Dist. -Pune 412109.

SIDDHANT COLLEGE OF PHARMACY

Success Communicated Through Performance
Sudumbre, Pune

ALUMNI SURVEY FORM 2019-20

Name of Alumnus:- **Gade Gayatri Suresh**
 Residential Address:- **At post kurkundi, Askhad BKH Tal-Khad, dist - pun**
 Office Address:- **Ambethan chowk, chakan**
 Phone No.:- **9322102042**
 E-mail ID:- **gayatrigadeo@gmail.com**
 Current position:-
 Nature of Job:- **medical (counter)**

Sr. No.	Parameter	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?			✓	
2.	How useful was training provided by the institute in your professional life?		✓		
3.	What was your level of comfort while working as a member of team in your first job?		✓		
4.	What is the size of your team?			✓	
5.	Have you pursued any higher education? If yes, please specify name of course such as M. S. /M.Pharm. /MBA.	Yes	No ✓		
6.	Have you started your own business? If yes, please specify nature of your business.	Yes	No ✓		
7.	Are you involved in any social activity? If yes, please specify.	Yes	No ✓		
8.	Will you be willing to act as a link for industry-institute interaction?	Yes ✓	No		
9.	To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program.		—		
10.	Please give suggestions for improvement in B. Pharm. Program.		—		

Gayatri
Signature of Alumnus



Siddhant College of Pharmacy
Sudumbre, Pune-412109
Dist. Pune-412109.

SIDDHANT COLLEGE OF PHARMACY

Success Communicated Through Performance
Sudumbre, Pune

ALUMNI SURVEY FORM - 2019-20

Name of Alumnus:- Pradnya datta kalekare.

Residential Address:- Little earth, Masulkar city, building no C-19

Office Address:- Flat no. 201, near Symbiosis college, kiwale
mamundi, Pincode - 412101.

Phone No.:- 9767581742

E-mail ID:- panuk196@gmail.com.

Current position:- Safety drug Analyst (Covance Pvt Ltd)

Nature of Job: -

Sr. No.	Parameter	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?		✓		
2.	How useful was training provided by the institute in your professional life?		✓		
3.	What was your level of comfort while working as a member of team in your first job?	✓			
4.	What is the size of your team?		✓		
5.	Have you pursued any higher education? If yes, please specify name of course such as M. S. /M.Pharm. /MBA.	Yes	No ✓		
6.	Have you started your own business? If yes, please specify nature of your business.	Yes	No ✓		
7.	Are you involved in any social activity? If yes, please specify.	Yes	No ✓		
8.	Will you be willing to act as a link for industry-institute interaction?	Yes ✓	No		
9.	To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvement in B. Pharm. Program.				

Raksh

Signature of Alumnus

Raksh
Principal

Siddhant College of Pharmacy,
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.

"Thank you for your valuable feedback"

Note: Please send the scanned copy of the filled Alumni survey form to

Email: ALUMNISCOPE@gmail.com



SIDDHANT COLLEGE OF PHARMACY

Success Communicated Through Performance
Sudumbare, Pune

ALUMNI SURVEY FORM -2018-19

Name of Alumnus:- Gade sanket kailas.

Residential Address:- A1/post-sudumbare, tal.-Maval.

Office Address:-


Phone No.:- 7350984798

E-mail ID:- sanketgade18@gmail.com

Current position:- junior pharmacist.

Nature of Job:-

Sl. No.	Parameter	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?		✓		
2.	How useful was training provided by the institute in your professional life?		✓		
3.	What was your level of comfort while working as a member of team in your first job?		✓		
4.	What is the size of your team?		✓		
5.	Have you pursued any higher education? If yes, please specify name of course such as M. S. /M.Pharm. /MBA.	Yes ✓	No		
6.	Have you started your own business? If yes, please specify nature of your business.	Yes ✓	No		
7.	Are you involved in any social activity? If yes, please specify.	Yes ✓	No		
8.	Will you be willing to act as a link for industry-institute interaction?	Yes ✓	No		
9.	To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvement in B. Pharm. Program.				



Signature of Alumnus

"Thank you for your valuable feedback"

Note. Please send the scanned copy of the filled Alumni survey form to the following email.

Email: ALUMNIS@SiddhantCollegeofPharmacy.com




Principal
Siddhant College of Pharmacy
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.

SIDDHANT COLLEGE OF PHARMACY

Success Communicated Through Performance
Sudumbre, Pune

ALUMNI SURVEY FORM - 2018-19

Name of Alumnus:- *Yrushi Viver Dhasmapunika r*

Residential Address:- *Sea wood estate, MRI complex, sec. 26, sea wood, Navi Mumbai, 400706*

Office Address:-

Phone No.:- *9820628477*

E-mail ID:- *yrushi.dhasmapunika r@gmail.com*

Current position:- *jr. pharmacist*

Nature of Job:-

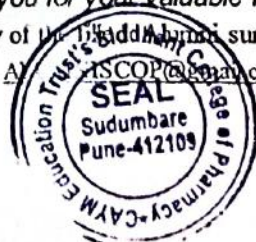
Sr. No.	Parameter	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?			✓	
2.	How useful was training provided by the institute in your professional life?			✓	
3.	What was your level of comfort while working as a member of team in your first job?			✓	
4.	What is the size of your team?		✓		
5.	Have you pursued any higher education? If yes, please specify name of course such as M. S. /M.Pharm. /MBA.	Yes	No ✓		
6.	Have you started your own business? If yes, please specify nature of your business.	Yes	No ✓		
7.	Are you involved in any social activity? If yes, please specify.	Yes	No ✓		
8.	Will you be willing to act as a link for industry-institute interaction?	Yes	No ✓		
9.	To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvement in B. Pharm. Program.				

Yrushi
Signature of Alumni

"Thank you for your valuable feedback"

Note: Please send the scanned copy of the Siddhant Alumni survey form to the following email

Email: ALUMNISCOP@scop.edu.com



Yrushi
Principal
Siddhant College of Pharmacy,
Sudumbare. Tal.-Maval,
Dist.-Pune 412109.

SIDDHANT COLLEGE OF PHARMACY

Success Communicated Through Performance
Sudumbre, Pune

ALUMNI SURVEY FORM - 2018-19

Name of Alumnus:- Sangeeta Dahibhate.
Residential Address:- Swarnnagar Talegaon Pune.
Office Address:- Chinchwad. Bramhcharanya hospital.
Phone No.:- 7350044195
E-mail ID:- Sangita77d@gmail.com.
Current position:- AS hospital pharmacist.
Nature of Job:- training.

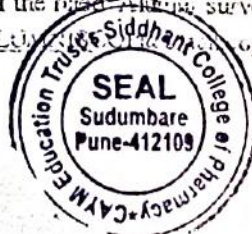
Sl. No.	Parameter	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?				
2.	How useful was training provided by the institute in your professional life?	✓			
3.	What was your level of comfort while working as a member of team in your first job?				
4.	What is the size of your team?				
5.	Have you pursued any higher education? If yes, please specify name of course such as M. S. /M.Pharm /MBA.	Yes ✓	No		
6.	Have you started your own business? If yes, please specify nature of your business.	Yes	No ✓		
7.	Are you involved in any social activity? If yes, please specify.	Yes	No		
8.	Will you be willing to act as a link for industry-institute interaction?	Yes	No		
9.	To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvement in B. Pharm. Program.				

Signature of Alumni

"Thank you for your valuable feedback"

Note: Please send the scanned copy of the filled alumni survey form to the following email.

email: ALUMNI@SIDDHANTCOLLEGE.PHARMACY.COM



Principal
Siddhant College of Pharmacy,
Sudumbare. Tal.-Maval,
Dist.-Pune 412109.

SIDDHANT COLLEGE OF PHARMACY

Success Communicated Through Performance
Sudumbre, Pune

ALUMNI SURVEY FORM - 2018-19

Name of Alumnus:- *Deshmukh Shvuti Malojirao*

Residential Address:- *Alp Chakan, Tal-Khed, Dist-Pune.*

Office Address:-

Phone No.:- *8888055767*

E-mail ID:- *deshmukhshvuti967@gmail.com*

Current position:-

Nature of Job:-

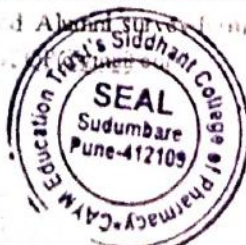
Sr. No.	Parameter	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?		✓		
2.	How useful was training provided by the institute in your professional life?	✓	✓		
3.	What was your level of comfort while working as a member of team in your first job?		✓		
4.	What is the size of your team?		✓		
5.	Have you pursued any higher education? If yes, please specify name of course such as M. S. /M.Pharm. /MBA.	Yes	No		
6.	Have you started your own business? If yes, please specify nature of your business.	Yes	No		
7.	Are you involved in any social activity? If yes, please specify.	Yes	No		
8.	Will you be willing to act as a link for industry-institute interaction?	Yes	No		
9.	To meet the current job requirements, please specify the tools/technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvement in B. Pharm. Program.				

[Signature]
Signature of Alumni

"Thank you for your valuable feedback"

Note: Please send the scanned copy of the filled Alumni Survey Form to the following

Email: *Alumni@scop.edu*



[Signature]
Principal
Siddhant College of Pharmacy
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune - 412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM 2022-23

Name of Alumnus: Rushikesh Hegarkar

Residential Address: Hajpur

Office Address:

Phone NO.-

E-mail ID:

Current Position:

Nature of Job:

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?	<input checked="" type="checkbox"/>			
2.	How useful was training provided by the institute in your professional life?		<input checked="" type="checkbox"/>		
3.	What was your level of comfort while working as a member of team in your first job?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
4.	What is the size of your team?				
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes <input checked="" type="checkbox"/>	No		
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes	No <input checked="" type="checkbox"/>		
7.	Are you involved in any social activity? If yes, please specify.	Yes	No <input checked="" type="checkbox"/>		
8.	Will you be willing to act as link for industry-Institute Interaction?	Yes <input checked="" type="checkbox"/>	No		
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvements in B. Pharm program.				<u>provide GPAT session</u>

Rushikesh
Signature of Alumni

“Thank you for your valuable feedback”

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scopalumni@rediffmail.com



AJ
Principal
Siddhant College of Pharmacy,
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.



CAYM Education Trusts

Siddhant College of Pharmacy

A/P Sudumbare, Talegaon - Chakan Road, Tal: Maval, Dist: Pune - 412109

Phone: 02114-661947, Email: siddhantcollegeofpharmacy@yahoo.in, Website: www.siddhantcop.in

ALUMNI SURVEY FORM - 2022-23

Name of Alumnus: *Supriya Bhalerao*

Residential Address: *Sangoli*

Office Address: *-*

Phone NO.- *7745806278*

E-mail ID: *supriyabhalerao2020@gmail.com*

Current Position: *- Higher education*

Nature of Job:

Sr. No.	Parameters	Excellent	Very Good	Good	Average
1.	What was your level of comfort in the initial months of your first employment?	<input checked="" type="checkbox"/>			
2.	How useful was training provided by the institute in your professional life?		<input checked="" type="checkbox"/>		
3.	What was your level of comfort while working as a member of team in your first job?		<input checked="" type="checkbox"/>		
4.	What is the size of your team?		<input checked="" type="checkbox"/>		
5.	Have you pursued any higher education? If yes, please specify name of course such as M.S. / M. Pharm/ MBA.	Yes	No	<input checked="" type="checkbox"/>	
6.	Have you started your own business? If yes, Please specify nature of your business.	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>		
7.	Are you involved in any social activity? If yes, please specify.	Yes <input checked="" type="checkbox"/>	No		
8.	Will you be willing to act as link for industry-Institute Interaction?	Yes	No		
9.	To meet the current job requirements, please specify the tools/ technologies you used other than what you have learnt during the program.				
10.	Please give suggestions for improvements in B. Pharm program.	<i>Higher education Guidance</i>			

[Signature]
Signature of Alumni

“Thank you for your valuable feedback”

Note: Please send the scanned copy of the Alumni survey form to the following Email

Email ID: scopaluma19@gmail.com



[Signature]
Principal
Siddhant College of Pharmacy
Sudumbare, Tal.-Maval,
Dist.-Pune 412109.