

STUDENT FEEDBACK FORM ON CURRICULUM

Name of Student *

Deepak Kumar

Faculty of *

Medical

Dental

Department *

MBBS

MD

MS

BDS

MDS

M.Sc

Ph.D

Year of Study *

- I
- II
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- IV

Extraordinary – 5, Very Good-4, Good-3, Average-2, Poor-1

Curriculum is structured and comprehensive and the objectives are fulfilled *

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Any Suggestions for improvement

NA

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STUDENT FEEDBACK FORM ON CURRICULUM

Name of Student *

Kanishk Singh

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STUDENT FEEDBACK FORM ON CURRICULUM

Name of Student *

Avnita kumari

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Meenu Bhati

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Vaishnavi Pandey

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RAJYAWARDHAN

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Nafisha ali khan

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Shailj yadav

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STUDENT FEEDBACK FORM ON CURRICULUM

Name of Student *

Satyendra Singh Yadav

Faculty of *

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Abhay Raj

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Himanshu Rajan

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Vrinda Shiwach

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Simran jaiswal

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SHEPHALI SUMAN

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Ashish Rajput

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Shubhangi Chauhan

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Sundaram gupta

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gauri arora

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Lab / Clinics enhanced understanding of concept and enable relate to theory & practice *

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Rate how challenging was the syllabus offered by the course *

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Name of Student *

Shivam Agrawal

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Year of Study *

- I
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Any Suggestions for improvement

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Sneha Gupta

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Year of Study *

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Extraordinary – 5, Very Good-4, Good-3, Average-2, Poor-1

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Swena Goel

Faculty of *

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Year of Study *

- I
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Extraordinary – 5, Very Good-4, Good-3, Average-2, Poor-1

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Aryan yadav

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Devyani Bisen

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Sayantika sarkar

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Ankita

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Awtansh Pandey

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Dr Suman Singha

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Name of Student *

Abhishek Singh Somavnshi

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Name of Student *

Bhavya Agarwal

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M.Sc

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Neelmani

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Any Suggestions for improvement

Must work on clinical and practical knowledge

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Manvendra gupta

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Truphina Sutnga

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Anjali soni

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Any Suggestions for improvement

Could've been better environment and better infrastructure and more of practical based learning rather than just lectures and writing files.

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Sneha Kumari

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Lab / Clinics enhanced understanding of concept and enable relate to theory & practice *

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Any Suggestions for improvement

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STUDENT FEEDBACK FORM ON CURRICULUM

Name of Student *

Sumit Yadav

Faculty of *

Medical

Dental

Department *

MBBS

MD

MS

BDS

MDS

M.Sc

Ph.D

Year of Study *

- I
- II
- III
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Extraordinary – 5, Very Good-4, Good-3, Average-2, Poor-1

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Sudeshna Mandal

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Name of Student *

Nikkita gupta

Faculty of *

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Name of Student *

Nikhil Chaudhary

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Samridhi Mishra

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STUDENT FEEDBACK FORM ON CURRICULUM

Name of Student *

Dr. Dirgh shah

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STUDENT FEEDBACK FORM ON CURRICULUM

Name of Student *

Dr.mansi sharma

Faculty of *

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STUDENT FEEDBACK FORM ON CURRICULUM

Name of Student *

Kritika prasad

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Department *

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STUDENT FEEDBACK FORM ON CURRICULUM

Name of Student *

Ravi Gupta

Faculty of *

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Department *

MBBS

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Any Suggestions for improvement

No improvement possible

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