

## **STUDENTS FEEDBACK ON CURRICULUM**

Name of the student	:						
(Optional)							
Faculty	:	Medicii	ne /	Dent	al	(tio	ck)
Department	:						
Course of study	:	MBBS /	MD/MS	S / BDS / M	DS / M.Sc	./ Ph.D.(tio	ck)
Year of study	:						
	cale: 1 -	- 5 with !					
Feedback on			Subject 1	Subject 2	Subject 3	Subject 4	Subject 5
Fulfilment of Objectives							
Coverage of Fundamental conc	epts						
Depth of Coverage of syllabi							
Relevance with Practical / Lab v	work						
Applicability in life situations							
Overall rating of the curriculum	า						
/ Suggestions for improvement							
	(Optional) Faculty Department Course of study Year of study  Rating So  Feedback on  Fulfilment of Objectives  Coverage of Fundamental cond Depth of Coverage of syllabi Relevance with Practical / Laby Applicability in life situations  Overall rating of the curriculum  Suggestions for improvement	(Optional)  Faculty :  Department :  Course of study :  Year of study :  Rating Scale: 1 -  Feedback on  Fulfilment of Objectives  Coverage of Fundamental concepts  Depth of Coverage of syllabi  Relevance with Practical / Lab work  Applicability in life situations  Overall rating of the curriculum	(Optional)  Faculty : Medicinol Department :	(Optional)  Faculty : Medicine / Department :	(Optional)  Faculty : Medicine / Dent Department :	(Optional)  Faculty : Medicine / Dental  Department :	(Optional)  Faculty : Medicine / Dental (tick) Department :

## **STUDENTS FEEDBACK**

1.	Name of the student	:				(Optional)	
2.	Faculty	:	Medicine	/	Dental	(tick)	
3.	Department	:					
4.	Course of study	:	MBBS / MD	/ MS /	BDS / MDS / M.S	c./ Ph.D.(tick)	
5.	Year of study	:					
	<u>Rat</u>	ing Scale: 1	. – 5 with 5 bei	ing Extra	aordinar <u>y</u>		
SN		Fe	edback			Rating	
1	Teacher covered the entir	e subject					
2	Teacher discussed the top	oic in detail					
3	Teacher has deep subject knowledge						
4	Teacher communicated clearly the concept						
5	Teacher inspired me by his subject knowledge						
6 7	Punctuality of the teacher	ſ					
	Engaged the full duration	of the class	5				
8	Teacher came with full preparation						
9	Teacher gave practical illu	ıstration					
10	Teacher encouraged student participation						
11	Teacher used modern teaching aids						
12	Teacher encouraged and valued disagreement						
13	Teacher gave real life situ	ations					
14	Teacher was friendly and helpful						
15	Teacher conducted assessment process as scheduled						
16	Teacher conducted quiz, seminars, assignments, presentations						
17	Teacher is fair enough and unbiased						
18	Overall rating of the teach	ner					
An	y Suggestions on Library y Suggestions on Institution						
An	y Suggestions on Co-curricu	ar and extr	acurricular act	tivities	:		
An	y Suggestions on Sports faci	lities :					
An	y other suggestions	:					



## **STUDENTS EXIT SURVEY**

1.	Alumn	i Nam	ne		:				•••••		
2.	Faculty	/			:	Medicine	/	Dental	(tic	ck)	
3.	Department :										
4.	Degree obtained :				MBBS / MD / MS / BDS / MDS / M.Sc./ Ph.D.(tick)						
5.	Year of	f pass	sing		:						
6.	Curren	t Des	ignatio	on	:						
7.	Official	l Add	ress		:						
8.	Mobile	num	bers		:						
9.	E-mail ID :			:							
10.						Campus placement / Self effort					
		•		_		5 with 5 beir	ng Extra	ordinary			
		SN				nion on			Rating		
		1	Camp	ous environme					Rating		
		2	-	ty of faculty							
		3	Teacl	ning standards	of the I	nstitution					
	4 Quality of Laboratory traini				ng offered						
		5		of ICT by Facult	•						
		6		ment efforts o		•					
7 How would you rate your In					e your li	nstitution?					
Any Suggestions on 1) Library:											
				2) Canteen:							
				3) Infrastruct	ure:	•••••					
4) Hospital:											
5) Hostel (if utilized):											
6) Sports Facility:					lity:						
_	other			_							