STUDENTS FEEDBACK FORM

**Academic year………………… Semester…………….. Date of Feedback…………………………..**

**Course ……………………………… Session ……………….. Name of Faculty Member**\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Sl.No.** | **Description** | **Subject Name** |
| **Course Contents** | |  |
| 1 | Has the Teacher covered entire Syllabus as prescribed by MCI ?  (Yes/No) |  |
| 2 | Has the Teacher covered relevant topics beyond Syllabus (Yes/ No) |  |
| 3 | Effectiveness of Teacher in terms of |  |
| i | Course content |  |
| ii | Communication skills |  |
| iii | Use of teaching aids |  |
| iv | Question Answer session Interaction |  |
| v | Practical Demonstration |  |
| vi | Hands on Training |  |
| 4 | Infrastructure Facilities |  |
| i | Practical Laboratory |  |
| Ii | Lecture Theatre/Seminar Room |  |
| Iii | IMS Library |  |
| Iv | Departmental Library |  |
| 5 | Clinical |  |
| i | Wards |  |
| ii | OT’s |  |
| Iii | ICU’s |  |
| 6 | Hostel Availability (Yes/No) |  |
| 7 | Play Ground |  |
| 8 | Any Other |  |

Name and Signature of the student with Course (year)