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)