

MGM SCHOOL OF PHYSIOTHERAPY, AURANGABAD

External Examiner's Feedback Form

1. Name & Address of External Examiner:- Dr. Varoon. C. Jaiswal.
2. Name of Subject:- Cardiovascular and Respiratory Physiotherapy
3. Date of Examination: 06/03/2020
4. No. of Student appeared in Practical Exam:- 3
5. Availability of separate lab for the subject (Yes/No):- _____
6. Regular Lab Assistant appointed (Yes/No):- _____

Sr. No.	Rating (Put Tick As per your Observation)	Excellent	Good	Fair	Poor
1	Laboratory Infrastructural Facility & Cleanliness /Ward/OPD:	✓			
2	Instruments/Equipments	✓			
3	Cooperation of Principal/Head/Internal Examiner	✓			
4	Overall View for Students Performance	✓			
4.1	Knowledge Level (Study Level)		✓		
4.2	Skill Level (Performance Level)			✓	
4.3	Literature Survey(For PG only)			✓	
4.4	Student's Attitude		✓		
5	Hospitality	✓			

Any Innovative Technique/Idea Observed related to Subject:-

elaborate the OSCE check list more
compreheny should be evaluated or checked
with OSCE stations

Signature of External Examiner

Contact No.

8999926162



MGM SCHOOL OF PHYSIOTHERAPY, AURANGABAD

External Examiner's Feedback Form

1. Name & Address of External Examiner:- Dr. Surendra Wani
2. Name of Subject:- Clinical biomechanics/Ex. Physio
3. Date of Examination: 5-3-2020
4. No. of Student appeared in Practical Exam:- 03
5. Availability of separate lab for the subject (Yes/No):- Y
6. Regular Lab Assistant appointed (Yes/No):- Y

Sr. No.	Rating (Put Tick As per your Observation)	Excellent	Good	Fair	Poor
1	Laboratory Infrastructural Facility & Cleanliness /Ward/OPD:		✓		
2	Instruments/Equipments		✓		
3	Cooperation of Principal/Head/Internal Examiner	✓			
4	Overall View for Students Performance		✓		
4.1	Knowledge Level (Study Level)		✓		
4.2	Skill Level (Performance Level)			✓	
4.3	Literature Survey(For PG only)			✓	
4.4	Student's Attitude		✓		
5	Hospitality		✓		

Any Innovative Technique/Idea Observed related to Subject:-

Training session for PE student for appearing for OSPE.

Signature of External Examiner
Contact No.

For JS



MGM SCHOOL OF PHYSIOTHERAPY, AURANGABAD

External Examiner's Feedback Form

1. Name & Address of External Examiner:- Dr. Nitin S. Nilchade
MAEER's Physiotherapy College, Talegaon (D)
2. Name of Subject:- Community Physiotherapy
3. Date of Examination: 20/12/19
4. No. of Student appeared in Practical Exam:- 17
5. Availability of separate lab for the subject (Yes/No):- Yes
6. Regular Lab Assistant appointed (Yes/No):- _____

Sr. No.	Rating (Put Tick As per your Observation)	Excellent	Good	Fair	Poor
1	Laboratory Infrastructural Facility & Cleanliness /Ward/OPD:	✓			
2	Instruments/Equipments	✓			
3	Cooperation of Principal/Head/Internal Examiner	✓			
4	Overall View for Students Performance		✓		
4.1	Knowledge Level (Study Level)		✓		
4.2	Skill Level (Performance Level)			✓	
4.3	Literature Survey(For PG only)				
4.4	Student's Attitude		✓		
5	Hospitality	✓			

Any Innovative Technique/Idea Observed related to Subject:-

Signature of External Examiner

Contact No. 9890541906

Fos
JB
Principal
MGM School of Physiotherapy



MGM SCHOOL OF PHYSIOTHERAPY, AURANGABAD

External Examiner's Feedback Form

1. Name & Address of External Examiner:- Dr. Sayed Zubair
2. Name of Subject:- Fundamentals of electrotherapy
3. Date of Examination: 19-12-19
4. No. of Student appeared in Practical Exam:- 23
5. Availability of separate lab for the subject (Yes/No):- Yes
6. Regular Lab Assistant appointed (Yes/No):- Yes

Sr. No.	Rating (Put Tick As per your Observation)	Excellent	Good	Fair	Poor
1	Laboratory Infrastructural Facility & Cleanliness /Ward/OPD:	✓			
2	Instruments/Equipments	✓			
3	Cooperation of Principal/Head/Internal Examiner	✓			
4	Overall View for Students Performance				✓
4.1	Knowledge Level (Study Level)			✓	
4.2	Skill Level (Performance Level)				✓
4.3	Literature Survey(For PG only)				
4.4	Student's Attitude			✓	
5	Hospitality	✓			

Any Innovative Technique/Idea Observed related to Subject:-

Suggestions:- All the students came for exam without necessary assessment kit. Kindly in



Signature of External Examiner

Contact No. 9036500388

MGM SCHOOL OF PHYSIOTHERAPY, AURANGABAD

External Examiner's Feedback Form


1. Name & Address of External Examiner:- Dr. Syed Zubair Ahmed
Maudud College of physiotherapy and Research Center, Bandra
2. Name of Subject:- Fundamentals of KL and KT
3. Date of Examination: 18-12-19
4. No. of Student appeared in Practical Exam:- 14 (fourteen)
5. Availability of separate lab for the subject (Yes/No):- Yes
6. Regular Lab Assistant appointed (Yes/No):- Yes

Sr. No.	Rating (Put Tick As per your Observation)	Excellent	Good	Fair	Poor
1	Laboratory Infrastructural Facility & Cleanliness /Ward/OPD:	✓			
2	Instruments/Equipments	✓			
3	Cooperation of Principal/Head/Internal Examiner	✓			
4	Overall View for Students Performance			✓	
4.1	Knowledge Level (Study Level)			✓	
4.2	Skill Level (Performance Level)			✓	
4.3	Literature Survey(For PG only)				
4.4	Student's Attitude	✓			
5	Hospitality	✓			

Any Innovative Technique/Idea Observed related to Subject:-

F00
73




 Signature of External Examiner
 Contact No. 9036500388

Principal
 MGM School of Physiotherapy
 Aurangabad

Professionals feedback on Examination (Jan - 2020)

Date

MM DD YYYY

02 / 10 / 2020

Name of examination

2nd Year

Course

MBBS

Subject

Type of examiner

External

Internal

Untitled Section

Date

MM DD YYYY

/ /

Name of examination

Course

Subject

Type of examiner

External

Internal

Curriculum Design and Development

Theory Syllabus: Any addition Required?

Yes

No

If any addition required, topics to be added

Theory Syllabus: Any Deletion Required?

Yes

No

If any deletion required, topics to be deleted

Any changes in Must/Desirable/Nice to know-topics:

Practical Syllabus: Any changes required?

Yes

No

Practical Syllabus: If yes to previous question, give the topics to be added

Practical Syllabus: If yes to previous question, give the topics to be deleted.

Feedback on present curriculum

Give your opinion on present curriculum

- Appropriate
- Needs improvement

Any suggestions for present curriculum improvement

Examination Conduction (Remarks/Suggestions)

i) Students overall performance in practicals

- Excellent
- Very Good
- Good
- Fair
- Poor

ii) Students overall performance in Viva

- Excellent
- Very Good
- Good
- Fair
- Poor

iii) Students overall performance in CAP (Theory)

- Excellent
- Very Good
- Good
- Fair
- Poor

Any Suggestions on Logistic arrangement for Examiner?

Adequate arrangement done by staff of Pharmacology Dept

Any Suggestions on Examination arrangement for Student?

Any Suggestions on any other matter?

Examination System (Remarks/Suggestions)

i) Remarks/Suggestions on Internal Assessment system

.....

ii) Remarks/Suggestions on University Examination-Theory/CAP system

.....

iii) Remarks/Suggestions on University Examination-Practical/Viva

.....

Personal Information

Name

Dr. Pramila Yadav

.....

Designation

Professor

.....

Institute

Dr. D Y Patil Medical college, Nerul, Navi Mumbai

.....

Any other suggestion

Need to go paper less. Get in Goggle From

.....

This content is neither created nor endorsed by Google.



Professionals feedback on Examination (Jan - 2020)

Date

MM DD YYYY

02 / 01 / 2020

Name of examination

2nd year

Course

Medicine

Subject

Pharmacology

Type of examiner

External

Internal

Untitled Section

Date

MM DD YYYY

/ /

Name of examination

Course

Subject

Type of examiner

External

Internal

Curriculum Design and Development

Theory Syllabus: Any addition Required?

Yes

No

If any addition required, topics to be added

Theory Syllabus: Any Deletion Required?

Yes

No

If any deletion required, topics to be deleted

Any changes in Must/Desirable/Nice to know-topics:

Practical Syllabus: Any changes required?

Yes

No

Practical Syllabus: If yes to previous question, give the topics to be added

Practical Syllabus: If yes to previous question, give the topics to be deleted.

Feedback on present curriculum

Give your opinion on present curriculum

- Appropriate
- Needs improvement

Any suggestions for present curriculum improvement

Examination Conduction (Remarks/Suggestions)

i) Students overall performance in practicals

- Excellent
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ii) Students overall performance in Viva

- Excellent
- Very Good
- Good
- Fair
- Poor

iii) Students overall performance in CAP (Theory)

- Excellent
- Very Good
- Good
- Fair
- Poor

Any Suggestions on Logistic arrangement for Examiner?

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Any Suggestions on Examination arrangement for Student?

.....

Any Suggestions on any other matter?

.....

Examination System (Remarks/Suggestions)

i) Remarks/Suggestions on Internal Assessment system

.....

ii) Remarks/Suggestions on University Examination-Theory/CAP system

.....

iii) Remarks/Suggestions on University Examination-Practical/Viva

.....

Personal Information

Name

Dr. S Shahani

.....

Designation

Professor & HOD

.....

Institute

MGM Medical College, Kamothe, Navi Mumbai

.....

Any other suggestion

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This content is neither created nor endorsed by Google.



Professionals feedback on Examination (Jan - 2020)

Date

MM DD YYYY

02 / 01 / 2020

Name of examination

2nd year

Course

Medicine

Subject

Pharmacology

Type of examiner

External

Internal

Untitled Section

Date

MM DD YYYY

/ /

Name of examination

Course

Subject

Type of examiner

External

Internal

Curriculum Design and Development

Theory Syllabus: Any addition Required?

Yes

No

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- Fair
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Any Suggestions on Logistic arrangement for Examiner?

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Any Suggestions on Examination arrangement for Student?

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Any Suggestions on any other matter?

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Examination System (Remarks/Suggestions)

i) Remarks/Suggestions on Internal Assessment system

.....

ii) Remarks/Suggestions on University Examination-Theory/CAP system

Very good

.....

iii) Remarks/Suggestions on University Examination-Practical/Viva

Very good

.....

Personal Information

Name

Dr. Prakash Narayan Khandelwal

.....

Designation

Professor

.....

Institute

MGM Medical College, Kamothe, Navi Mumbai

.....

Any other suggestion

.....

This content is neither created nor endorsed by Google.



Professionals feedback on Examination (Jan - 2020)

Date

MM DD YYYY

02 / 01 / 2020

Name of examination

2nd year

Course

Medicine

Subject

Pharmacology

Type of examiner

External

Internal

Untitled Section

Date

MM DD YYYY

/ /

Name of examination

Course

Subject

Type of examiner

External

Internal

Curriculum Design and Development

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- Very Good
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- Fair
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Any Suggestions on Logistic arrangement for Examiner?

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Any Suggestions on Examination arrangement for Student?

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Any Suggestions on any other matter?

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Examination System (Remarks/Suggestions)

i) Remarks/Suggestions on Internal Assessment system

.....

ii) Remarks/Suggestions on University Examination-Theory/CAP system

Very good

.....

iii) Remarks/Suggestions on University Examination-Practical/Viva

Very good

.....

Personal Information

Name

Dr. Prakash Narayan Khandelwal

.....

Designation

Professor

.....

Institute

MGM Medical College, Kamothe, Navi Mumbai

.....

Any other suggestion

.....

This content is neither created nor endorsed by Google.



Professionals feedback on Examination (Jan - 2020)

Date

MM DD YYYY

02 / 01 / 2020

Name of examination

2nd year

Course

MBBS

Subject

Pharmacology

Type of examiner

External

Internal

Untitled Section

Date

MM DD YYYY

/ /

Name of examination

Course

Subject

Type of examiner

External

Internal

Curriculum Design and Development

Theory Syllabus: Any addition Required?

Yes

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If any addition required, topics to be added

Theory Syllabus: Any Deletion Required?

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If any deletion required, topics to be deleted

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- Poor

Any Suggestions on Logistic arrangement for Examiner?

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Any Suggestions on Examination arrangement for Student?

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Any Suggestions on any other matter?

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Examination System (Remarks/Suggestions)

i) Remarks/Suggestions on Internal Assessment system

Its robust

ii) Remarks/Suggestions on University Examination-Theory/CAP system

Good

iii) Remarks/Suggestions on University Examination-Practical/Viva

Personal Information

Name

Dr. Ipseeta Ray

Designation

Professor

Institute

MGM Medical College, Kamothe, Navi Mumbai

Any other suggestion

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MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s of 3 UGC Act, 1956)
Accredited by NAAC with 'A' Grade

External Examiner's Feedback Form Year 2019

Name	Dr. Bindhu Sarfare (PT)
Designation	Associate Professor
Department	Physiotherapy
E-mail Id	drbindu.sarfare@gmail.com
Complete Address with pin code	Sector 24, Plot 126, Nigadi Police Station, Poddhukaran, Wagle, Pune 411044

As part of the university's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the University examination by answering the questions below

Question	Excellent	Good	Average	Poor	Comments
Were the instructions for the examination appropriate for you to fulfill your role as an external examiner?		✓			
Was the venue and environment suitable for such an examination?	✓				
Was the timing of the examination appropriate?	✓				
Were the arrangement for food and refreshments proper?	✓				
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the examination?	✓				
Did the Chair manage the examination in accordance with university procedures? Was the examination conducted in a manner that did not disadvantage the student?	✓				
Did examination progress satisfactorily?	✓				
Did you enjoy the examination experience?	✓				
Would be willing to be an external examiner again at some time in the future?	✓				
Did any unusual events occur which could have disadvantaged the student?		YES / NO			
Any other specific Observations / Suggestions pertaining to Examination activity		-			

Thank you for completing this form.

(Submit Duly Filled & Signed form along with Mark-sheet in sealed cover)

Date 18/12/19

Bayan
External Examiner's signature



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai - 410209

EXAMINER FEEDBACK FORM

Name of the Examiner / Internal	:	Dr. Bindu Sayane
Contact Number	:	98500 38842
Designation	:	Associate Professor
Name of Institution	:	MAEER'S Physiotherapy College, Talegaon Pune
Academic year	:	∴ 7 yrs.
Date	:	

Please give us your impression about the following (please ✓ whichever is applicable)

Sr. No.	Area	Very Good	Good	Satisfactory	Unsatisfactory
THEORY EXAMINATION					
1	Syllabus coverage		✓		
2	Student performance		✓	✓	
3	Understanding ICF		✓		
4	Rationale of management		✓		
PRACTICAL EXAMINATION					
1	Hands-on skills		✓		
2	Assessment skills		✓		
3	Communication skills with patients		✓		
4	Ethical concerns		✓		
5	Rationale of management		✓		
6	Awareness of updates/ guidelines of management		✓		

Any other remark? —

Name of the examiner:

Dr. Bindu Sayane

Signature:

Bayan



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s of 3 UGC Act, 1956)
Accredited by NAAC with 'A' Grade

External Examiner's Feedback Form Year 2019-20

Name	Dr Varoon C Jaiswal
Designation	Professor
Department	Cardiovascular & Respiratory Physiotherapy
E-mail Id	vaaronjaiswal@yahoo.com
Complete Address with pin code	5/8 Prabli Nagar Pune.

As part of the university's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the University examination by answering the questions below

Question	Excellent	Good	Average	Poor	Comments
Were the instructions for the examination appropriate for you to fulfill your role as an external examiner?	<input checked="" type="checkbox"/>				
Was the venue and environment suitable for such an examination?	<input checked="" type="checkbox"/>				
Was the timing of the examination appropriate?	<input checked="" type="checkbox"/>				
Were the arrangement for food and refreshments proper?	<input checked="" type="checkbox"/>				
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the examination?	<input checked="" type="checkbox"/>				
Did the Chair manage the examination in accordance with university procedures?	<input checked="" type="checkbox"/>				
Was the examination conducted in a manner that did not disadvantage the student?	<input checked="" type="checkbox"/>				
Did examination progress satisfactorily?	<input checked="" type="checkbox"/>				
Did you enjoy the examination experience?	<input checked="" type="checkbox"/>				
Would be willing to be an external examiner again at some time in the future?	<input checked="" type="checkbox"/>				
Did any unusual events occur which could have disadvantaged the student?	YES <input type="radio"/> NO <input checked="" type="radio"/>				
Any other specific Observations /Suggestions pertaining to Examination activity	NIL →				

Thank you for completing this form.

(Submit Duly Filled & Signed form along with Mark-sheet in sealed cover)

Date

18/12/19

External Examiner's signature



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai - 410209

EXAMINER FEEDBACK FORM

Name of the Examiner / Internet	:	Dr Varoon C Jaiswal.
Contact Number	:	8999926162
Designation	:	Professor.
Name of Institution	:	MAEER'S PHYSIOTHERAPY COLLEGE
Academic year	:	2019-20
Date	:	18/12/2019

Please give us your impression about the following (please ✓ whichever is applicable)

Sr. No.	Area	Very Good	Good	Satisfactory	Unsatisfactory
THEORY EXAMINATION					
1	Syllabus coverage	✓			
2	Student performance		✓		
3	Understanding ICF		✓		
4	Rationale of management		✓		
PRACTICAL EXAMINATION					
1	Hands-on skills			✓	
2	Assessment skills		✓		
3	Communication skills with patients			✓	
4	Ethical concerns		✓		
5	Rationale of management		✓		
6	Awareness of updates/ guidelines of management	✓			

Any other remark?

Name of the examiner:

Dr V. C Jaiswal

Signature:

Jaiswal

IO
BP7 Neuro P7



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s of 3 UGC Act, 1956)
Accredited by NAAC with 'A' Grade

External Examiner's Feedback Form Year

Name	Pritya Chitre
Designation	Asso. Prof.
Department	NeuroPhysiotherapy
E-mail Id	prityasatpute@gmail.com
Complete Address with pin code	9-303, Capriccio, No 183, Wakad - Chinchwad Rd, Wakad, Pune - 57

As part of the university's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the University examination by answering the questions below

Question	Excellent	Good	Average	Poor	Comments
Were the instructions for the examination appropriate for you to fulfill your role as an external examiner?	✓				
Was the venue and environment suitable for such an examination?	✓				
Was the timing of the examination appropriate?	✓				
Were the arrangement for food and refreshments proper?	✓				
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the examination?	✓				
Did the Chair manage the examination in accordance with university procedures?	✓				
Was the examination conducted in a manner that did not disadvantage the student?	✓				
Did examination progress satisfactorily?	✓				
Did you enjoy the examination experience?	✓				
Would be willing to be an external examiner again at some time in the future?	✓				
Did any unusual events occur which could have disadvantaged the student?	YES / NO				
Any other specific Observations /Suggestions pertaining to Examination activity					

Thank you for completing this form.

(Submit Duly Filled & Signed form along with Mark-sheet in sealed cover)

Date: 12/12/19

Pritya Chitre
12/12/19
External Examiner's signature



MGM INSTITUTE OF HEALTH SCIENCES
(Deemed University u/s 3 of UGC Act, 1956)
Grade 'A' Accredited by NAAC
MGM SCHOOL OF PHYSIOTHERAPY
Sector-1, Kamqthe, Navi Mumbai – 410209

EXAMINER FEEDBACK FORM

Name of the Examiner / Internal	:	Dr. Priya Chitre (P.T)
Contact Number	:	7774030369
Designation	:	ASST. Prof.
Name of Institution	:	MAREER'S Physiotherapy College, Talegaon (S)
Academic year-	:	2019-20
Date	:	17/12/19


Please give us your impression about the following (please ✓ whichever is applicable)

Sr. No.	Area	Very Good	Good	Satisfactory	Unsatisfactory
THEORY EXAMINATION					
1	Syllabus coverage			✓	
2	Student performance			✓	
3	Understanding ICF		✓		
4	Rationale of management		✓		
PRACTICAL EXAMINATION					
1	Hands-on skills		✓		
2	Assessment skills			✓	
3	Communication skills with patients	✓			
4	Ethical concerns		✓		
5	Rationale of management			✓	
6	Awareness of updates/ guidelines of management			✓	

Any other remark?

Name of the examiner:

Dr. Priya Chitre


Signature: 17/12/19



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University as of UGC Act 1956)
Accredited by NAAC with 'A' Grade

External Examiner's Feedback Form Year 2019

Name	Dr. VIRENDRA MESHARAM (PT)
Designation	PROFESSOR
Department	cardiovascular & respiratory PT
E-mail Id	dr.virendra@gnaii.com
Complete Address with pin code	LSFPEF college of physiotherapy, nigdi Pune- 44

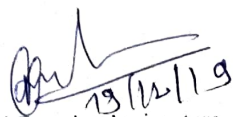
As part of the university's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the University examination by answering the questions below

Question	Excellent	Good	Average	Poor	Comments
Were the instructions for the examination appropriate for you to fulfill your role as an external examiner?		✓			
Was the venue and environment suitable for such an examination?		✓			
Was the timing of the examination appropriate?		✓			
Were the arrangement for food and refreshments proper?		✓			
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the examination?		✓			
Did the Chair manage the examination in accordance with university procedures?		✓			
Was the examination conducted in a manner that did not disadvantage the student?		✓			
Did examination progress satisfactorily?		✓			
Did you enjoy the examination experience?		✓			
Would be willing to be an external examiner again at some time in the future?	✓				
Did any unusual events occur which could have disadvantaged the student?	YES / NO				
Any other specific Observations /Suggestions pertaining to Examination activity					

Thank you for completing this form.

(Submit Duly Filled & Signed form along with Mark-sheet in sealed cover)

Date 19/12/19


19/12/19
External Examiner's signature
Dr. Virendra Mesharam



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai - 410209

EXAMINER FEEDBACK FORM


Name of the Examiner / Internal	:	Dr. VIRENDRA MESHARAM (PT)
Contact Number	:	9766935138
Designation	:	Professor
Name of Institution	:	LSFPEF COP, Nigdi Pune
Academic year	:	2018-2019
Date	:	19/12/2019

Please give us your impression about the following (please ✓ whichever is applicable)

Sr. No.	Area	Very Good	Good	Satisfactory	Unsatisfactory
THEORY EXAMINATION					
1	Syllabus coverage		✓	✓	
2	Student performance			✓	
3	Understanding ICF	NA			
4	Rationale of management	NA			
PRACTICAL EXAMINATION					
1	Hands-on skills			✓	
2	Assessment skills			✓	
3	Communication skills with patients	NA			
4	Ethical concerns	NA			
5	Rationale of management	NA			
6	Awareness of updates/ guidelines of management	NA			

Any other remark?

Dr. Virendra K. Mesharam
Name of the examiner:


Signature: 19/12/19



MGM INSTITUTE OF HEALTH SCIENCES

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External Examiner's Feedback Form Year _____

Name	Dr. Soumik Basu
Designation	Associate Professor
Department	Physiotherapy
E-mail Id	physiosoumik@gmail.com
Complete Address with pin code	Dr. D. T. PadiL College of Physiotherapy, Pune.

As part of the university's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the University examination by answering the questions below

Question	Excellent	Good	Average	Poor	Comments
Were the instructions for the examination appropriate for you to fulfill your role as an external examiner?	✓				
Was the venue and environment suitable for such an examination?	✓	✓			
Was the timing of the examination appropriate?	✓				
Were the arrangement for food and refreshments proper?	✓				
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the examination?	✓				
Did the Chair manage the examination in accordance with university procedures?	✓				
Was the examination conducted in a manner that did not disadvantage the student?	✓				
Did examination progress satisfactorily?	✓				
Did you enjoy the examination experience?	✓	✓			
Would be willing to be an external examiner again at some time in the future?	✓				Sure.
Did any unusual events occur which could have disadvantaged the student?	YES / NO ✓				
Any other specific Observations / Suggestions pertaining to Examination activity	NA				

Thank you for completing this form.

(Submit Duly Filled & Signed form along with Mark-sheet in sealed cover)

Date 20/12/2019

External Examiner's signature



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Grade 'A' Accredited by NAAC

MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai - 410209

EXAMINER FEEDBACK FORM

Name of the Examiner / Internal	:	Dr. Soumik Baner
Contact Number	:	9762165015
Designation	:	Associate Professor
Name of Institution	:	Dr. D. T. Patil College of Physiotherapy, Pune
Academic year	:	2019
Date	:	20/12/2019

Please give us your impression about the following (please ✓ whichever is applicable)

Sr. No.	Area	Very Good	Good	Satisfactory	Unsatisfactory
THEORY EXAMINATION					
1	Syllabus coverage	✓		✓	
2	Student performance			✓	
3	Understanding ICF			✓	
4	Rationale of management		✓		
PRACTICAL EXAMINATION					
1	Hands-on skills		✓		
2	Assessment skills		✓		
3	Communication skills with patients			✓	
4	Ethical concerns			✓	
5	Rationale of management		✓		
6	Awareness of updates/ guidelines of management			✓	

Any other remark?

Dr. Soumik Baner
Name of the examiner:

Signature:



MGM INSTITUTE OF HEALTH SCIENCES

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External Examiner's Feedback Form Year 2019

Name	Dr. Bindhu Sarfare (PT)
Designation	Associate Professor
Department	Physiotherapy
E-mail Id	drbindu.sarfare@gmail.com
Complete Address with pin code	Sector 24, Plot 126, Nigadi Police Station, Poddhukaran, Wagle, Pune 411044

As part of the university's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the University examination by answering the questions below

Question	Excellent	Good	Average	Poor	Comments
Were the instructions for the examination appropriate for you to fulfill your role as an external examiner?		✓			
Was the venue and environment suitable for such an examination?	✓				
Was the timing of the examination appropriate?	✓				
Were the arrangement for food and refreshments proper?	✓				
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the examination?	✓				
Did the Chair manage the examination in accordance with university procedures? Was the examination conducted in a manner that did not disadvantage the student?	✓				
Did examination progress satisfactorily?	✓				
Did you enjoy the examination experience?	✓				
Would be willing to be an external examiner again at some time in the future?	✓				
Did any unusual events occur which could have disadvantaged the student?		YES / NO			
Any other specific Observations / Suggestions pertaining to Examination activity		-			

Thank you for completing this form.

(Submit Duly Filled & Signed form along with Mark-sheet in sealed cover)

Date 18/12/19

Bayan
External Examiner's signature



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MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai - 410209

EXAMINER FEEDBACK FORM

Name of the Examiner / Internal	:	Dr. Bindu Sayane
Contact Number	:	98500 38842
Designation	:	Associate Professor
Name of Institution	:	MAEER'S Physiotherapy College, Talegaon Pune
Academic year	:	∴ 7 yrs.
Date	:	

Please give us your impression about the following (please ✓ whichever is applicable)

Sr. No.	Area	Very Good	Good	Satisfactory	Unsatisfactory
THEORY EXAMINATION					
1	Syllabus coverage		✓		
2	Student performance		✓	✓	
3	Understanding ICF		✓		
4	Rationale of management		✓		
PRACTICAL EXAMINATION					
1	Hands-on skills		✓		
2	Assessment skills		✓		
3	Communication skills with patients		✓		
4	Ethical concerns		✓		
5	Rationale of management		✓		
6	Awareness of updates/ guidelines of management		✓		

Any other remark? —

Name of the examiner:

Dr. Bindu Sayane

Signature:

Bayan



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External Examiner's Feedback Form Year 2019-20

Name	Dr Varoon C Jaiswal
Designation	Professor
Department	Cardiovascular & Respiratory Physiotherapy
E-mail Id	vaaronjaiswal@yahoo.com
Complete Address with pin code	5/8 Prabli Nagar Pune.

As part of the university's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the University examination by answering the questions below

Question	Excellent	Good	Average	Poor	Comments
Were the instructions for the examination appropriate for you to fulfill your role as an external examiner?	<input checked="" type="checkbox"/>				
Was the venue and environment suitable for such an examination?	<input checked="" type="checkbox"/>				
Was the timing of the examination appropriate?	<input checked="" type="checkbox"/>				
Were the arrangement for food and refreshments proper?	<input checked="" type="checkbox"/>				
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the examination?	<input checked="" type="checkbox"/>				
Did the Chair manage the examination in accordance with university procedures?	<input checked="" type="checkbox"/>				
Was the examination conducted in a manner that did not disadvantage the student?	<input checked="" type="checkbox"/>				
Did examination progress satisfactorily?	<input checked="" type="checkbox"/>				
Did you enjoy the examination experience?	<input checked="" type="checkbox"/>				
Would be willing to be an external examiner again at some time in the future?	<input checked="" type="checkbox"/>				
Did any unusual events occur which could have disadvantaged the student?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
Any other specific Observations /Suggestions pertaining to Examination activity	NIL →				

Thank you for completing this form.

(Submit Duly Filled & Signed form along with Mark-sheet in sealed cover)

Date

18/12/19

External Examiner's signature



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MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai - 410209

EXAMINER FEEDBACK FORM

Name of the Examiner / Internet	:	Dr Varoon c Jaiswal.
Contact Number	:	8999926162
Designation	:	Professor.
Name of Institution	:	MAEER'S PHYSIOTHERAPY COLLEGE
Academic year	:	2019-20
Date	:	18/12/2019

Please give us your impression about the following (please ✓ whichever is applicable)

Sr. No.	Area	Very Good	Good	Satisfactory	Unsatisfactory
THEORY EXAMINATION					
1	Syllabus coverage	✓			
2	Student performance		✓		
3	Understanding ICF		✓		
4	Rationale of management		✓		
PRACTICAL EXAMINATION					
1	Hands-on skills			✓	
2	Assessment skills		✓		
3	Communication skills with patients			✓	
4	Ethical concerns		✓		
5	Rationale of management		✓		
6	Awareness of updates/ guidelines of management	✓			

Any other remark?

Name of the examiner:

Dr V. c Jaiswal

Signature:

Jaiswal

IO
BP7 Neuro P7



MGM INSTITUTE OF HEALTH SCIENCES

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External Examiner's Feedback Form Year

Name	Pritya Chitre
Designation	Asso. Prof.
Department	NeuroPhysiotherapy
E-mail Id	prityasatpute@gmail.com
Complete Address with pin code	9-303, Capriccio, No 183, Wakad - Chinchwad Rd, Wakad, Pune - 57

As part of the university's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the University examination by answering the questions below

Question	Excellent	Good	Average	Poor	Comments
Were the instructions for the examination appropriate for you to fulfill your role as an external examiner?	✓				
Was the venue and environment suitable for such an examination?	✓				
Was the timing of the examination appropriate?	✓				
Were the arrangement for food and refreshments proper?	✓				
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the examination?	✓				
Did the Chair manage the examination in accordance with university procedures?	✓				
Was the examination conducted in a manner that did not disadvantage the student?	✓				
Did examination progress satisfactorily?	✓				
Did you enjoy the examination experience?	✓				
Would be willing to be an external examiner again at some time in the future?	✓				
Did any unusual events occur which could have disadvantaged the student?	YES / NO				
Any other specific Observations /Suggestions pertaining to Examination activity					

Thank you for completing this form.

(Submit Duly Filled & Signed form along with Mark-sheet in sealed cover)

Date: 12/12/19

Pritya Chitre
12/12/19
External Examiner's signature



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Sector-1, Kamqthe, Navi Mumbai – 410209

EXAMINER FEEDBACK FORM

Name of the Examiner / Internal	:	Dr. Priya Chitre (P.T)
Contact Number	:	7774030369
Designation	:	ASST. Prof.
Name of Institution	:	MAREER'S Physiotherapy College, Talegaon (S)
Academic year-	:	2019-20
Date	:	17/12/19


Please give us your impression about the following (please ✓ whichever is applicable)

Sr. No.	Area	Very Good	Good	Satisfactory	Unsatisfactory
THEORY EXAMINATION					
1	Syllabus coverage			✓	
2	Student performance			✓	
3	Understanding ICF		✓		
4	Rationale of management		✓		
PRACTICAL EXAMINATION					
1	Hands-on skills		✓		
2	Assessment skills			✓	
3	Communication skills with patients	✓			
4	Ethical concerns		✓		
5	Rationale of management			✓	
6	Awareness of updates/ guidelines of management			✓	

Any other remark?

Name of the examiner:

Dr. Priya Chitre


Signature: 17/12/19



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External Examiner's Feedback Form Year 2019

Name	Dr. VIRENDRA MESHARAM (PT)
Designation	PROFESSOR
Department	cardiovascular & respiratory PT
E-mail Id	dr.virendra@gnaii.com
Complete Address with pin code	LSFPEF college of physiotherapy, nigdi Pune- 44

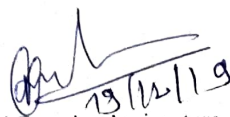
As part of the university's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the University examination by answering the questions below

Question	Excellent	Good	Average	Poor	Comments
Were the instructions for the examination appropriate for you to fulfill your role as an external examiner?		✓			
Was the venue and environment suitable for such an examination?		✓			
Was the timing of the examination appropriate?		✓			
Were the arrangement for food and refreshments proper?		✓			
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the examination?		✓			
Did the Chair manage the examination in accordance with university procedures?		✓			
Was the examination conducted in a manner that did not disadvantage the student?		✓			
Did examination progress satisfactorily?		✓			
Did you enjoy the examination experience?		✓			
Would be willing to be an external examiner again at some time in the future?	✓				
Did any unusual events occur which could have disadvantaged the student?	YES / NO				
Any other specific Observations /Suggestions pertaining to Examination activity					

Thank you for completing this form.

(Submit Duly Filled & Signed form along with Mark-sheet in sealed cover)

Date 19/12/19


19/12/19
External Examiner's signature
Dr. Virendra Mesharam



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Sector-1, Kamothe, Navi Mumbai - 410209

EXAMINER FEEDBACK FORM


Name of the Examiner / Internal	:	Dr. VIRENDRA MESHARAM (PT)
Contact Number	:	9766935138
Designation	:	Professor
Name of Institution	:	LSFPEF COP, Nigdi Pune
Academic year	:	2018-2019
Date	:	19/12/2019

Please give us your impression about the following (please ✓ whichever is applicable)

Sr. No.	Area	Very Good	Good	Satisfactory	Unsatisfactory
THEORY EXAMINATION					
1	Syllabus coverage		✓	✓	
2	Student performance			✓	
3	Understanding ICF	NA			
4	Rationale of management	NA			
PRACTICAL EXAMINATION					
1	Hands-on skills			✓	
2	Assessment skills			✓	
3	Communication skills with patients	NA			
4	Ethical concerns	NA			
5	Rationale of management	NA			
6	Awareness of updates/ guidelines of management	NA			

Any other remark?

Dr. Virendra K. Mesharam
Name of the examiner:


Signature: 19/12/19



MGM INSTITUTE OF HEALTH SCIENCES

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External Examiner's Feedback Form Year _____

Name	Dr. Soumik Basu
Designation	Associate Professor
Department	Physiotherapy
E-mail Id	physiosoumik@gmail.com
Complete Address with pin code	Dr. D. T. PadiL College of Physiotherapy, Pune.

As part of the university's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the University examination by answering the questions below

Question	Excellent	Good	Average	Poor	Comments
Were the instructions for the examination appropriate for you to fulfill your role as an external examiner?	✓				
Was the venue and environment suitable for such an examination?	✓	✓			
Was the timing of the examination appropriate?	✓				
Were the arrangement for food and refreshments proper?	✓				
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the examination?	✓				
Did the Chair manage the examination in accordance with university procedures?	✓				
Was the examination conducted in a manner that did not disadvantage the student?	✓				
Did examination progress satisfactorily?	✓				
Did you enjoy the examination experience?	✓	✓			
Would be willing to be an external examiner again at some time in the future?	✓				Sure.
Did any unusual events occur which could have disadvantaged the student?	YES / NO ✓				
Any other specific Observations / Suggestions pertaining to Examination activity	NA				

Thank you for completing this form.

(Submit Duly Filled & Signed form along with Mark-sheet in sealed cover)

Date 20/12/2019

External Examiner's signature



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Sector-1, Kamothe, Navi Mumbai - 410209

EXAMINER FEEDBACK FORM

Name of the Examiner / Internal	:	Dr. Soumik Baner
Contact Number	:	9762165015
Designation	:	Associate Professor
Name of Institution	:	Dr. D. T. Patil College of Physiotherapy, Pune
Academic year	:	2019
Date	:	20/12/2019

Please give us your impression about the following (please ✓ whichever is applicable)

Sr. No.	Area	Very Good	Good	Satisfactory	Unsatisfactory
THEORY EXAMINATION					
1	Syllabus coverage	✓		✓	
2	Student performance			✓	
3	Understanding ICF			✓	
4	Rationale of management		✓		
PRACTICAL EXAMINATION					
1	Hands-on skills		✓		
2	Assessment skills		✓		
3	Communication skills with patients			✓	
4	Ethical concerns			✓	
5	Rationale of management		✓		
6	Awareness of updates/ guidelines of management			✓	

Any other remark?

Dr. Soumik Baner
Name of the examiner:

Signature: