

MGM Medical College Navi Mumbai



MGM MC NM - Alumni Feedback Form

Questions Responses 15 Settings

15 responses



Accepting responses

Summary

Question

Individual

< 1 of 15 >



Responses cannot be edited

Alumni Feedback

Name of Institute : MGM Medical College & Hospital

Campus : Kamothe , Navi Mumbai

Date :

* Required

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.
Kindly mail your recent passport size photo to this email id

Personal Information


Co-ordinator
IQAC

MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.


Member
IQAC

MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.


Dean.

M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 410209

Name *

DR SAMIR PACHPUTE

Age in years *

43

Gender *

Female

Male

Prefer not to say

Other: _____

Degree/Qualification *

MD PhD

Alumnus of Institute *

MGM Medical College, Navi Mumbai ▼

Member
IOAO
MGM Medical College & Hospital
1, 2nd Floor - Navi Mumbai - 411 008

Co-ordinator
IOAO
MGM Medical College & Hospital
1, 2nd Floor - Navi Mumbai - 411 008

Year of Passing out from MGMIHS *

2010

Current status *

In service

Details of the current status *

ASSOCIATE PROFESSOR

Email id *

drsamirpachpute@gmail.com

Contact number *

9594937755

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

[Handwritten signature]

Member
IOAC

MGM Medical College & Hospital
Kollam - 686 014

[Handwritten signature]

Co-ordinator
IOAC

MGM Medical College & Hospital
Kollam - 686 014

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory


Co-ordinator
IQAC
MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.


Member
IQAC
MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.


Dean.
M.G.M Medical College & Hospital
Kamothe, Navi Mumbai - 410209



MGM MC NM - Faculty Feedback

Questions Responses 79 Settings

79 responses



Accepting responses

Summary

Question

Individual

< 8 of 79 >



Responses cannot be edited

Faculty Feedback

Name of Institute : MGM MEDICAL COLLEGE & HOSPITAL
Campus :KAMOTHE, NAVI MUMBAI
Date :

* Required

Name


naheed abidi

Age in years *

68 years


Co-ordinator
IQAC

MGM Medical College & Hospital
Kamothé, Navi Mumbai - 410 209.


Member
IQAC

MGM Medical College & Hospital
Kamothé, Navi Mumbai - 410 209.


Dean.

M.G.M. Medical College & Hospital
Kamothé, Navi Mumbai - 410209

Gender *

Female

Male

Prefer not to say

Other: _____

Designation *

professor and HOD

Institute with Campus *

MGM MEDICAL COLLEGE & HOSPITAL, KAMOTHE , NAVI MUMBAI ▼

Name of the Department

ophthalmology

Email id

naheed100@yahoo.com

Contact number

9594981644

Member
IOAI

MGM Medical College & Hospital
Kamotha, Navi Mumbai - 410 209

Co-ordinator
IOAI

MGM Medical College & Hospital
Kamotha, Navi Mumbai - 410 209

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Personal interest is considered for Teaching portions allotment *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative) *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Flexibility to balance family and work life is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

Better canteen and food arrangements can be made



Submitted 11/9/21, 5:07 PM

**Co-ordinator
IQAC**

**MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.**

**Member
IQAC**

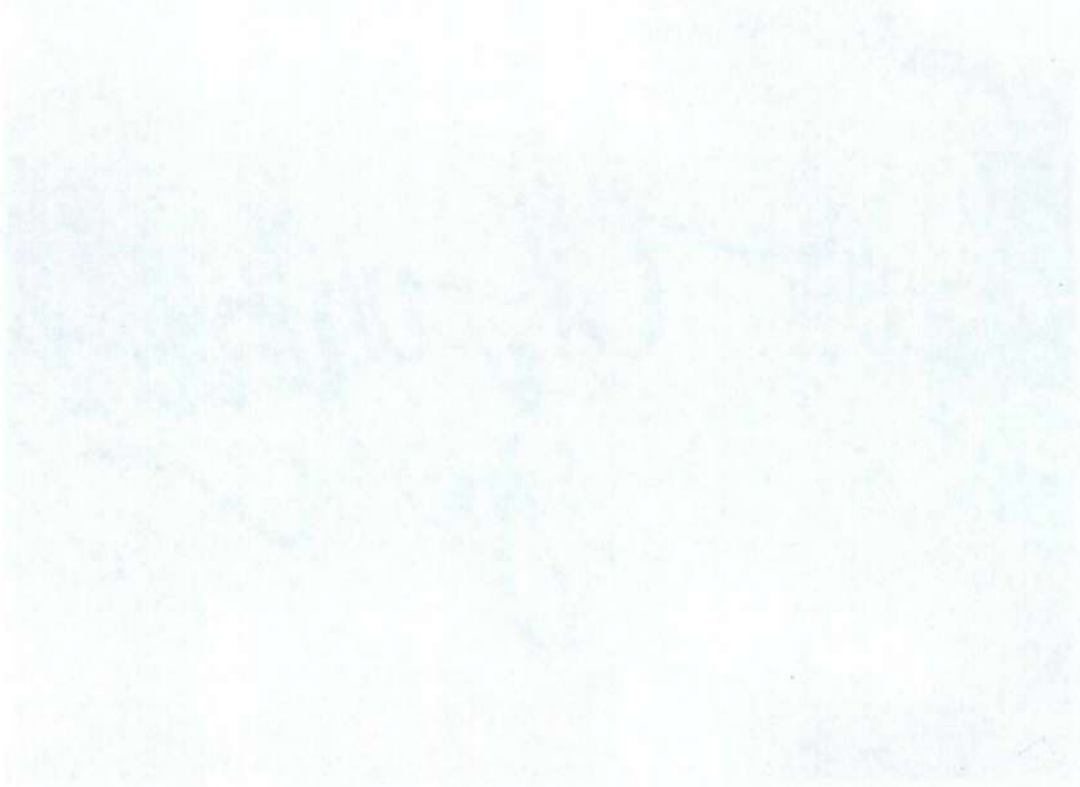
**MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.**

Dean.

**M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 410209**

1. The first part of the document is a letterhead.

2. The second part of the document is a body text.



1950
OAOI
MGM MCM
MGM MCM
Karnal, New Mumbai - 410 288

1950
OAOI
MGM MCM
MGM MCM
Karnal, New Mumbai - 410 288



Med. college Parent Feedback

Questions **Responses** 47 Settings

47 responses



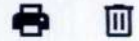
Accepting responses

Summary

Question

Individual

< 1 of 47 >



Responses cannot be edited

Parent Feedback

Name of Institute :
Campus :
Date :

* Required

Name

Maheshkumar Kumavat

Age in years *

41

Co-ordinator
IQAC

MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.

Member
IQAC

MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.

Dean.

M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 410209

Gender *

Female

Male

Prefer not to say

Other: _____

Qualification *

Pharmacist

Email id *

maheshshobha22@gmail.com

Contact number *

9323102387

Information about your ward

Name *

Komal Kuavat

Member
IOAC

MGM Medical College & Hospital
Kannur, Kerala - 690 009

Co-ordinator
IOAC

MGM Medical College & Hospital
Kannur, Kerala - 690 009

Institute with Campus *

MGM Medical College, Navi Mumbai

Undergraduate / Postgraduate *

Undergraduate

Postgraduate

Name of the Program *

MBBS

Professional year

- I sem
- II sem
- III sem
- IV sem
- V sem
- VI sem
- VII sem
- VIII sem
- IX sem
- 1st year
- 2nd year
- 3rd year
- 4th year
- Internship

Dear Parent,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of our Institute.

Please give your feedback on the following attributes using 4 point scale as shown below – Very good – VG (1), Good – G (2), Satisfactory – S (3), Unsatisfactory – US (4)

I. General feedback

1. Admission Process *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Helpfulness of faculty (as experienced by you and your ward) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Communication with office staff *

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Academic feedback

4. Teaching-learning environment as experienced by your ward *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Soft skills development (Communication, ethics, attitude, teamwork etc) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Improvement in your ward with respect to MGMIHS Graduate attributes *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Examination system adopted by Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Evaluation and Feedback mechanism of Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Student counseling & Guidance *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Academic discipline (Following time line as per provided time table) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. Infrastructure and Facilities

11. Classrooms & laboratories *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Library Facility *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Computing and Internet facility *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Canteen facility *

- Very good
- Good
- Satisfactory
- Unsatisfactory

15. Hostel & Mess facility (if applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

16. Transport facility (For field visits etc) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

IV. For Student welfare

17. Sports & Extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

18. Discipline standards of the institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

19. Support system provided by Institute (Mentoring, Anti-ragging cell, Grievance cell) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

20. Placement guidance & opportunities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

21. Overall rating *

- Very good
- Good
- Satisfactory
- Unsatisfactory

Any suggestions *

no _____



Submitted 11/9/21, 11:16 AM

**Co-ordinator
IQAC**

MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.

**Member
IQAC**

MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.

Dean.

M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 410209



MGM MC NM Professional Feedback - Examiner

Questions Responses 47 Settings

47 responses



Accepting responses

Summary

Question

Individual

< 30 of 47 >



Responses cannot be edited

Professional Feedback - Examiner

Name of Institute : MGM Medical College & Hospital

Campus : Kamothe, Navi Mumbai

Date :

* Required

Request letter

Respected Examiner

You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary. Convenor is requested to provide copy of curriculum for reference.

Personal Information


Co-ordinator
IOAC

MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.


Member
IOAC
MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.


Dean.

M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 410209

Name *

Dr.Kanchan Vijay Joshi

Age in years *

44

Gender *

Female

Male

Prefer not to say

Other: _____

Designation *

Additional Professor

Department *

Microbiology

Name of Institute *

Lokmanya Tilak Medical College

Member
IACI
Jalgaon
SAC
SAC

Co-ordinator

Intelligent
808

Email id *

kanchanharishwanjari@gmail.com

Contact number *

9833647240

Curriculum Design & Development

Theory Syllabus

How will you rate the theory Syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

Time period is less

Curriculum Design & Development

Practical Syllabus

How will you rate the practical syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

Nothing

University Practical pattern

How was the topic wise mark distribution? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate topic wise choice of practical assessment method? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? *

No

Examination Conduction

Rate students' performance in practicals. *

- Very Good
- Good
- Satisfactory
- Non - satisfactory

Logistic arrangements for Examiners *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination arrangements for students *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination System (Remarks/ Suggestions)

How will you rate our Internal Assessment system ? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Theory Paper pattern & CAP System? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Practicals & viva conduction? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any comments or suggestions? *

Theory paper too easy...as compare to MUHS

Member
IAOI
MGM Medical College & Hospital
Kamdhari, Warananagar - 410 208

Co-ordinator
IAOI
MGM Medical College & Hospital
Kamdhari, Warananagar - 410 208



Submitted 1/14/22, 12:57 PM

**Co-ordinator
IQAC**

**MGM Medical College & Hospital
Kamothé, Navi Mumbai - 410 209.**

**Member
IQAC**

**MGM Medical College & Hospital
Kamothé, Navi Mumbai - 410 209.**

Dean.

**M.G.M. Medical College & Hospital
Kamothé, Navi Mumbai - 410209**



MGM MC NM Student feedback - Academic I - Curriculum

Questions Responses 212 Settings

212 responses



Accepting responses

Summary

Question

Individual

< 7 of 212 >



Responses cannot be edited

Student feedback - Academic I - Curriculum

Name of Institute : MGM Medical College

Campus : NAVI MUMBAI

Date :

* Required

Personal Information

Name

Age in years *

19

**Co-ordinator
IQAC**

**Member
IQAC**

**MGM Medical College & Hospital
Kamothe, navi Mumbai - 410 209.**

Dean.

**M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 410209**

**MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.**

Gender *

- Female
- Male
- Prefer not to say
- Other: _____

Undergraduate / Postgraduate / PhD / Fellowship *

- Undergraduate
- Postgraduate

Name of Program *

Mbbs

Name of Institute with campus *

MGM Medical College, Navi Mumbai

Professional year *

2nd year

Member
IOAC

MGM Medical College & Hospital
Kamane, Navi Mumbai - 410 202

Co-ordinator
IOAC

MGM Medical College & Hospital
Kamane, Navi Mumbai - 410 202

Email id

Contact number

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

1. Extent of coverage of course *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Depth of Course content *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical,Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

Member
IOAC
MGM Medical College & Hospital
Kamath, New Mumbai - 410 209

Co-ordinator
IOAC
Medical College & Hospital
Kamath, New Mumbai - 410 209



Submitted 1/6/22, 3:44 PM

**Co-ordinator
IQAC**
MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.

**Member
IQAC**
MGM Medical College & Hospital
Kamothe, Navi Mumbai - 410 209.

Dean.
M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 410209

MGM School of Physiotherapy,
Navi Mumbai.

Alumni Feedback form

Name of Institute : MGM School Of Physiotherapy

Campus : Navi Mumbai

Date : 11.05.2021

Email *

rachelnagarkar1995@gmail.com

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.
Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Dr Rachel Nagarkar

Contact number *

9657911285

Age in years *

25

Gender *

Female

Male

Prefer not to say

Other: _____

Degree/Qualification *

MPT (neuro)

Alumnus of Institute *

Yes

No

MGM School of Physiotherapy,
Navi Mumbai



Year of Passing out from MGMIHS *

2020



Current status *

In service

Details of the current status *

Consultant at Jupiter Hospital, Thane

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
- Guidance to students
- Mentoring
- In Research
- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other
- Not applicable

14. Suggestions about how to improve our Program for better outcomes



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Alumni Feedback form

Name of Institute : MGM School Of Physiotherapy

Campus : Navi Mumbai

Date : 11.05.2021

Email *

veda_hadawale@yahoo.co.in

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.
Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Veda Hadawale

Contact number *

7506485911

Age in years *

24

Gender *

Female

Male

Prefer not to say

Other: _____

Degree/Qualification *

MPT

Alumnus of Institute *

Yes

No

MGM School of Physiotherapy,
Navi Mumbai

Year of Passing out from MGMIHS *

2019



Current status *

Higher education ▼

Details of the current status *

Master of Neurology Physiotherapy

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
- Guidance to students
- Mentoring
- In Research
- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other
- Not applicable

14. Suggestions about how to improve our Program for better outcomes



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Alumni Feedback form

Name of Institute : MGM School Of Physiotherapy

Campus : Navi Mumbai

Date : 11.05.2021

Email *

nehapadia@mgmsopnm.edu.in

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.

Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Neha

Contact number *

8097382839

Age in years *

25

Gender *

Female

Male

Prefer not to say

Other: _____

Degree/Qualification *

BPT

Alumnus of Institute *

Yes

No

MGM School of Physiotherapy,
Navi Mumbai

Year of Passing out from MGMIHS *

2018



Current status *

Higher education ▼

Details of the current status *

MPT NEUROPHYSIOTHERAPY

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
- Guidance to students
- Mentoring
- In Research
- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other
- Not applicable

14. Suggestions about how to improve our Program for better outcomes



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Alumni Feedback form

Name of Institute : MGM School Of Physiotherapy

Campus : Navi Mumbai

Date : 11.05.2021

Email *

dusejasakshi@yahoo.in

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.

Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Sakshi

Contact number *

8169685843

Age in years *

23

Gender *

Female

Male

Prefer not to say

Other: _____

Degree/Qualification *

BPT

Alumnus of Institute *

Yes

No

MGM School of Physiotherapy,
Navi Mumbai



Year of Passing out from MGMIHS *

2020



Current status *

Self-employed ▼

Details of the current status *

Freelancing

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
- Guidance to students
- Mentoring
- In Research
- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other
- Not applicable

14. Suggestions about how to improve our Program for better outcomes

Programme should be more practical oriented. Theory based evaluation and teaching should be minimal. The curriculum needs to be updated. Basic amenities such as water and clean washroom should be provided. Timetable should be more engaging so that the students are not sitting idle for half the day.



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Alumni Feedback form

Name of Institute : MGM School Of Physiotherapy

Campus : Navi Mumbai

Date : 11.05.2021

Email *

khushii.bora@gmail.com

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.

Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Khushboo Bora

Contact number *

9869531471

Age in years *

26

Gender *

Female

Male

Prefer not to say

Other: _____

Degree/Qualification *

BPT

Alumnus of Institute *

Yes

No

MGM School of Physiotherapy,
Navi Mumbai



Year of Passing out from MGMIHS *

2020



Current status *

Higher education ▼

Details of the current status *

Pursuing MSc Sports Medicine from United Kingdom

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
- Guidance to students
- Mentoring
- In Research
- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other
- Not applicable

14. Suggestions about how to improve our Program for better outcomes



This form was created inside of MGM Institute of Health Sciences.

Google Forms



MGM INSTITUTE OF HEALTH SCIENCES

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

Grade 'A' Accredited by NAAC

MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai - 410209

Employer's Feedback form

MGM School of Physiotherapy, Navi Mumbai requests the Employers to give feedback about our graduate / Post graduate students working with you.

1. Employing Institute:- Positive Physiotherapy Clinic
2. Employee's Name:- Dr. CSK Amberkar
 - Designation Consultant Sports Physio
 - Period of Working July 2019 - Nov 2020
 - Year 2019, 2020
 - Type of work Clinical

(Clinical / Teaching / Administration / Research / Any other)

3. Feedback Evaluation (Tick Mark in appropriate box)

Employer to kindly rate the curriculum and syllabus of the program/ course on the following attributes using 4 point scale as shown below: Performance assessment

4.0	3.0	2.0	1.0	0
A	B	C	D	
↓	↓	↓	↓	
Very Good	Good	Satisfactory	Unsatisfactory	

Sr No	Feedback on Parameters related to Curricula/Syllabi	Very Good	Good	Satisfactory	Unsatisfactory
1	Knowledge base of the candidate			✓	
2	Practical hands on skills		✓		



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Sector-1, Kamothe, Navi Mumbai - 410209

3	Work, Competency, & efficiency		✓		
4	Communication skills- with patients/ relatives of patients		✓		
5	Presentation skills			✓	
6	Clinical reasoning			✓	
7	Goal setting ability		✓		
8	Ability to practice evidence based research		✓		
9	Documentation			✓	
10	Overall evaluation		✓		

Any Feedback to our institute for Training / Skill development / Improvement in any aspect of
Human Resource development:

Thank you for providing the feedback!

Sign & Date:

Y.S. 03/12/2020

Employer's Name:

Dr Yuvraj Singh

Designation:

Head Physio

Dr Yuvraj Singh (PT)

Master of Physiotherapy

IAP Reg no: L 18919

MOTPT: 2010/06/PT/000993

E-mail: mgmschoolofphysiotherapy@gmail.com

Sec-1 Kamothe, Navi Mumbai 410 209



MGM INSTITUTE OF HEALTH SCIENCES

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

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrars@mgsuhs.com ; Website : www.mgsuhs.com

Employer Feedback

Dear Employer,

This is to bring to your kind notice that Shreeya chinchwalkar a past student from our Physiotherapy Department / Institute under MGMHIS, Navi Mumbai, is working presently working with your organization. 15/10/20 - 20/5/21.

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form, which is voluntary. It will help us to improve the Institute further and give you better employees in future.



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Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Employer Feedback

Regarding Employer

Name of the organization :	Physiotherapy - Rehabilitation Clinic and Physical Fitness Centre	
Name of the employer:	Dr. Mrs. S.V. Ekbote	
Age: 40	Gender: F	
Designation of Employer:	Owner of the clinic	
Contact number:	9892699200	
Email id:	sandhyaekbote9@gmail.com	

Regarding Candidate

Name of the Candidate:	Shruya Chinchwalkar	
Age: 23	Gender: F	
Degree / Qualification of the candidate:	BPT	
Date of joining your Organization:	15/10/20 - 20/5/21	
Job description of candidate at your organization:	Assistant Physiotherapist	



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Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mghmuhs.com ; Website : www.mghmuhs.com

Please rate the candidate on the following attributes using 4 point scale as shown below -
Very good - VG (1), Good - G (2), Satisfactory - S (3), Unsatisfactory - US (4)

Sr. no.	Parameter	VG (1)	G (2)	S (3)	US (4)
1	Knowledge base		✓		
2	Practical hands on skills			✓	
3	Communication skills		✓		
4	Working as part of team			✓	
5	Planning and organization skills			✓	
6	Readiness to learn and innovate		✓	✓	
7	Accountability				✓
8	Optimum use of organizational resources			✓	
9	Leadership quality			✓	
10	Contributes to organizational goals			✓	
11	Participation in research endeavors				✓
12	Maintains appropriate workplace relationships		✓		
13	Effective time management skills			✓	
14	Rating of overall satisfaction with competency of our candidate		✓		
15	Suggestions about how to improve our program for better outcomes				
	To improve on clinical reasoning.				

Signature of the Employer:

S. V. Ekhot

Dr. (Mrs) S. V. Ekhot

B.Sc. (P.T.) MMAP 1896

D-25, Guru Nanak Faculty,

Kopar, KAMTHE (E) Ph. 2570256



MGM INSTITUTE OF HEALTH SCIENCES

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MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai - 410209

Employer's Feedback form

MGM School of Physiotherapy, Navi Mumbai requests the Employers to give feedback about our graduate / Post graduate students working with you.

- Employing Institute:- JALOK HOSPITAL & RESEARCH CENTER
- Employee's Name:- DR. DEEPAK TANDEL
 - Designation PHYSIOTHERAPIST
 - Period of Working 2 1/2 YEARS
 - Year 2018
 - Type of work CLINICAL
(Clinical / Teaching / Administration / Research / Any other)

3. Feedback Evaluation (Tick Mark in appropriate box)

Employer to kindly rate the curriculum and syllabus of the program/ course on the following attributes using 4 point scale as shown below: Performance assessment

4.0	3.0	2.0	1.0	0
<u>A</u>	B	C	D	
↓	↓	↓	↓	
Very Good	Good	Satisfactory	Unsatisfactory	

Sr No	Feedback on Parameters related to Curricula/Syllabi	Very Good	Good	Satisfactory	Unsatisfactory
1	Knowledge base of the candidate	✓			
2	Practical hands on skills	✓			



MGM INSTITUTE OF HEALTH SCIENCES

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MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai - 410209

3	Work, Competency, & efficiency	✓			
4	Communication skills- with patients/ relatives of patients	✓			
5	Presentation skills		✓		
6	Clinical reasoning	✓			
7	Goal setting ability	✓			
8	Ability to practice evidence based research	✓			
9	Documentation		✓		
10	Overall evaluation	✓			

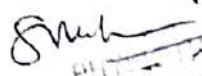
Any Feedback to our institute for Training / Skill development / Improvement in any aspect of Human Resource development:

Training on importance of legal aspect of documentation.

Certificate course in M.S. Office to be made mandatory for PG's.

Thank you for providing the feedback!

Sign & Date:


PHYSIOTHERAPY DEPT.
JALOK HOSPITAL
05/DEC/2020
410209

Employer's Name:

DR. SHREYA KATHARAN

Designation:

HOD - PHYSIOTHERAPY

PHYSIOTHERAPY DEPT.
JALOK HOSPITAL
410209



MGM INSTITUTE OF HEALTH SCIENCES

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

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MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai - 410209

Employer's Feedback form

MGM School of Physiotherapy, Navi Mumbai requests the Employers to give feedback about our graduate / Post graduate students working with you.

1. Employing Institute:- PRAKRUTI SPORTS SCIENCE & PHYSIOTHERAPY CLINIC PVT. LTD.

2. Employee's Name:- SHAMIKA TIQDI

• Designation PHYSIOTHERAPIST

• Period of Working 2018-2019 (12 MONTHS)

• Year 2018-2019

• Type of work CLINICAL

(Clinical / Teaching / Administration / Research / Any other)

3. Feedback Evaluation (Tick Mark in appropriate box)

Employer to kindly rate the curriculum and syllabus of the program/ course on the following attributes using 4 point scale as shown below: Performance assessment

4.0 3.0 2.0 1.0 0

A	B	C	D
---	---	---	---

↓ ↓ ↓ ↓
Very Good Good Satisfactory Unsatisfactory

Sr No	Feedback on Parameters related to Curricula/Syllabi	Very Good	Good	Satisfactory	Unsatisfactory
1	Knowledge base of the candidate			✓	
2	Practical hands on skills			✓	



MGM INSTITUTE OF HEALTH SCIENCES

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MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai – 410209

3	Work, Competency, & efficiency				✓
4	Communication skills- with patients/ relatives of patients			✓	
5	Presentation skills				✓
6	Clinical reasoning				✓
7	Goal setting ability			✓	
8	Ability to practice evidence based research				✓
9	Documentation			✓	
10	Overall evaluation			✓	

Any Feedback to our institute for Training / Skill development / Improvement in any aspect of Human Resource development:

Thank you for providing the feedback!

Dr. Harshada
B.P.T., PGDR (Kendriya Medicine)
Reg. No.: 1898-L

Sign & Date:

Harshada
4/12/2020

Employer's Name: DR HARSHADA
RAJADRYAKSHA

Designation: DIRECTOR & PREMIER
CONSULTANT





MGM INSTITUTE OF HEALTH SCIENCES

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Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Employer Feedback

Dear Employer,

This is to bring to your kind notice that Rutali Thakur, a past student from our _____ Department / Institute under MGMIHS, Navi Mumbai, is working presently working with your organization. 11/24 - 30/6/24

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form, which is voluntary. It will help us to improve the Institute further and give you better employees in future.



MGM INSTITUTE OF HEALTH SCIENCES

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

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Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Employer Feedback Regarding Employer

Name of the organization :	Physiotherapy - Rehabilitation clinic and Physical fitness centre		
Name of the employer:	Dr. Mrs. S.V. Ekbote.		
Age:	70	Gender:	F
Designation of Employer:	owner of the clinic		
Contact number:	9892099200		
Email id:	sandhyaekbote9@gmail.com		

Regarding Candidate

Name of the Candidate:	Rutali Thakur		
Age:	23	Gender:	F
Degree / Qualification of the candidate:	BPT		
Date of joining your Organization:	1/1/21 - 30/6/21		
Job description of candidate at your organization:	Assistant Physiotherapy		



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Please rate the candidate on the following attributes using 4 point scale as shown below –
Very good – VG (1), Good – G (2), Satisfactory – S (3), Unsatisfactory – US (4)

Sr. no.	Parameter	VG (1)	G (2)	S (3)	US (4)
1	Knowledge base		✓		
2	Practical hands on skills			✓	
3	Communication skills		✓		
4	Working as part of team		✓		
5	Planning and organization skills		✓		
6	Readiness to learn and innovate			✓	
7	Accountability		✓		
8	Optimum use of organizational resources		✓		
9	Leadership quality			✓	
10	Contributes to organizational goals		✓		
11	Participation in research endeavors				✓
12	Maintains appropriate workplace relationships		✓		
13	Effective time management skills		✓		
14	Rating of overall satisfaction with competency of our candidate		✓		
15	Suggestions about how to improve our program for better outcomes				
	Needs more clinical exposure.				

Signature of the Employer:

S. V. Elkhote

Dr. (Mrs) S. V. Elkhote
B.Sc. (P.T.) M.Phil. 2014
D-85, Guru Nanak Society
Kopar, THANE (E) Pin: 201 301 53



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E-mail : registran@mgmuhs.com ; Website : www.mgmuhs.com

Date: 26.12.2020

Faculty feedback form

Name: (Optional)	Dr. Payal Muskudkar (PT)		
Age:	35	Gender:	F
Designation:	Assistant Professor		
Name of the Institute with campus:	MGM IHS		
Name of the Department:	MGM SOP, NM		
Email id:	pmuskudkar@gm.mgmsopnm.edu.in		
Contact number:	9208516700		

Dear Teacher

We request your voluntary feedback regarding various activities of our Institute . The information provided by you will be kept confidential and will be used only for quality improvement of the institution.

Instruction: For each item indicate your level of agreement by choosing the appropriate option with the following statements
SA- strongly agree, A- agree, N – Neutral, D- disagree, SD- strongly disagree

S.No	Item	SA	A	N	D	SD
ACADEMIC						
1	Curriculum, teaching and Learning					
1	Structure of curriculum is logically organized		✓			
2	Objectives are clearly defined	✓				
3	Course content is need based	✓				
4	Assessment is very well correlated with syllabus and teaching learning methods		✓			
5	Internal assessment is very well structured	✓				
6	Freedom to adopt newer strategies of teaching is provided	✓				
7	Teacher's choice of topics is taken into consideration while allotting portion in Time table	✓				
8	Work assignment is allotted equally		✓			
9	Regular feedback and suggestions are taken for curricular changes			✓		
NON ACADEMIC						



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E-mail : registrar@mguhs.com ; Website : www.mguhs.com

Date: 24.12.2020

Faculty feedback form

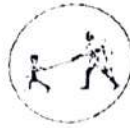
Name: (Optional)	Dr. Rubraj Shete (PT)		
Age :	31	Gender:	M
Designation :	Assistant Professor		
Name of the Institute with campus :	MGM IHS, NM.		
Name of the Department :	Physiotherapy		
Email id:	rubraj.53@gmail.com		
Contact number:	9870841008		

Dear Teacher

We request your voluntary feedback regarding various activities of our Institute . The information provided by you will be kept confidential and will be used only for quality improvement of the institution.

Instruction: For each item indicate your level of agreement by choosing the appropriate option with the following statements
SA- strongly agree, A- agree ,N – Neutral , D- disagree , SD- strongly disagree

S.No	Item	SA	A	N	D	SD
ACADEMIC						
1	Curriculum, teaching and Learning					
1	Structure of curriculum is logically organized	✓				
2	Objectives are clearly defined		✓			
3	Course content is need based		✓			
4	Assessment is very well correlated with syllabus and teaching learning methods	✓				
5	Internal assessment is very well structured	✓				
6	Freedom to adopt newer strategies of teaching is provided		✓			
7	Teacher's choice of topics is taken into consideration while allotting portion in Time table		✓			
8	Work assignment is allotted equally					
9	Regular feedback and suggestions are taken for curricular changes		✓		✓	
NON ACADEMIC						



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E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Date: 28.12.2020

Faculty feedback form

Name: (Optional) <u>Dr. Hiranmayee Bagwe (PT)</u>
Age: <u>28 yrs</u> Gender: <u>female</u>
Designation: <u>Assistant Professor</u>
Name of the Institute with campus: <u>MGM School of Physiotherapy, Navi Mumbai</u>
Name of the Department: <u>Physiotherapy</u>
Email id: <u>hbagwe@mgmsopnm.edu.in</u>
Contact number: <u>9699969313</u>

Dear Teacher

We request your voluntary feedback regarding various activities of our Institute . The information provided by you will be kept confidential and will be used only for quality improvement of the institution.

Instruction: For each item indicate your level of agreement by choosing the appropriate option with the following statements
SA- strongly agree, A- agree ,N – Neutral , D- disagree , SD- strongly disagree

S.No	Item	SA	A	N	D	SD
ACADEMIC						
1	Curriculum, teaching and Learning					
1	Structure of curriculum is logically organized		✓			
2	Objectives are clearly defined		✓			
3	Course content is need based	✓				
4	Assessment is very well correlated with syllabus and teaching learning methods		✓			
5	Internal assessment is very well structured	✓				
6	Freedom to adopt newer strategies of teaching is provided	✓				
7	Teacher's choice of topics is taken into consideration while allotting portion in Time table		✓			
8	Work assignment is allotted equally			✓		
9	Regular feedback and suggestions are taken for curricular changes		✓			
NON ACADEMIC						



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E-mail : registrar@mgsuhs.com ; Website : www.mgsuhs.com

Date: 29.12.2020

Faculty feedback form

Name: (Optional)	Dr Amrita Ghosh (PT)		
Age:	35 yrs.	Gender:	Female
Designation:	Associate Professor		
Name of the Institute with campus:	MGM School of Physiotherapy, NM		
Name of the Department:	Physiotherapy		
Email id:	aghash@mgsuhsopm.edu.in		
Contact number:	9916273631		

Dear Teacher

We request your voluntary feedback regarding various activities of our Institute . The information provided by you will be kept confidential and will be used only for quality improvement of the institution.

Instruction: For each item indicate your level of agreement by choosing the appropriate option with the following statements

SA- strongly agree, A- agree, N – Neutral, D- disagree, SD- strongly disagree

S.No	Item	SA	A	N	D	SD
ACADEMIC						
1	Curriculum, teaching and Learning					
1	Structure of curriculum is logically organized		✓			
2	Objectives are clearly defined		✓			
3	Course content is need based		✓			
4	Assessment is very well correlated with syllabus and teaching learning methods		✓			
5	Internal assessment is very well structured		✓			
6	Freedom to adopt newer strategies of teaching is provided		✓			
7	Teacher's choice of topics is taken into consideration while allotting portion in Time table		✓			
8	Work assignment is allotted equally		✓			
9	Regular feedback and suggestions are taken for curricular changes		✓			
NON ACADEMIC						



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E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Date: 28.12.2020

Faculty feedback form

Name: (Optional)	Dr. Rucha Pradhan	
Age:	32 yrs	Gender: F
Designation:	Assistant Professor	
Name of the Institute with campus:	MGM School of Physiotherapy NM	
Name of the Department:	Musculoskeletal Physiotherapy	
Email id:	rpradhan@mgmsoptnm.edu.in	
Contact number:	9819841479	

Dear Teacher

We request your voluntary feedback regarding various activities of our Institute . The information provided by you will be kept confidential and will be used only for quality improvement of the institution.

Instruction: For each item indicate your level of agreement by choosing the appropriate option with the following statements

SA- strongly agree, A- agree ,N – Neutral , D- disagree , SD- strongly disagree

S.No	Item	SA	A	N	D	SD
ACADEMIC						
1	Curriculum, teaching and Learning					
1	Structure of curriculum is logically organized	✓				
2	Objectives are clearly defined	✓				
3	Course content is need based	✓				
4	Assessment is very well correlated with syllabus and teaching learning methods	✓				
5	Internal assessment is very well structured	✓				
6	Freedom to adopt newer strategies of teaching is provided	✓				
7	Teacher's choice of topics is taken into consideration while allotting portion in Time table	✓				
8	Work assignment is allotted equally	✓				
9	Regular feedback and suggestions are taken for curricular changes	✓				
NON ACADEMIC						



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Human Physiology I

28.06.2021 -
01.07.2021

External Examiner's Feedback Form Year 2021

Name	DR PRAMOD J PALEKAR (PT)
Designation	ASSOCIATE PROFESSOR.
Department	PHYSIOTHERAPY.
E-mail Id	pramodj.palekar@gmail.com
Complete Address with pin code	Dr. D.Y. Patil College of Physiotherapy, Tukarum Nagar, Pimpri. 411018

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	Well coordinated by the Subject Experts, organised and conducted by Internal Examiners & Management.				

Thank you for completing this form.

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

Date: 01 July, 2021

External Examiner's signature



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External Examiner's Feedback Form Year 2021

Name	Dr. Khyati Kothary (PT)
Designation	Professor
Department	Physiotherapy
E-mail Id	khyati@somaiya.edu
Complete Address with pin code	K.S. Somaiya College of Physiotherapy, Mumbai 400022


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	None				

Thank you for completing this form.

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

Date 07.12.21


External Examiner's signature

MGM INSTITUTE OF HEALTH SCIENCES

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External Examiner's Feedback Form Year _____

Name	Summaiya Zareen Shaikh
Designation	Associate Prof
Department	D. V. Patel School of Physiotherapy, Nain Mumbai
E-mail Id	dr.summaiya zareen@gmail.com
Complete Address with pin code	63/6, Shatataharaka, Akashganga complex, Thane (W) - 400601

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: 10/12/2021


 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 Keertika Raijs
Contact Number	:	9870116838
Designation	:	Associate Professor
Name of Institution	:	TMV'S Lokmanya medical col.
Academic year	:	2020-2021
Date	:	30/6/2021

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 Keertika Raijs
Name of the examiner:

Keertika
Signature:



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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. Y. Patil College of Physiotherapy, Pimpri, 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?	✓				Exam went well & timely
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	It was a nice experience.				—

Thank you for completing this form.

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

Date: 30/06/2021


External Examiner's signature



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E-mail : registran@mgmhuhs.com ; Website : www.mgmhuhs.com

Student Feedback on curriculum

Name: <i>Rutuja Butak</i>
Age: <i>23</i> Gender: <i>F</i>
UG / PG: <i>PG</i> Name of Course: <i>MPT</i>
Name of Institute with campus: <i>MGM school of physiotherapy, Kamothe</i>
Professional year: <i>MPT-I (Sem-I)</i>
Email ID: <i>rutujabutak567@gmail.com</i>
Contact number: <i>8805836473</i>

Stakeholder to rate the curriculum and syllabus of the program / course on the following attributes using 4 point scale. We appreciate your voluntary participation in this feedback process.

Sr. no	Feedback on Parameters related to Curricula/Syllabus	Very Good (4)	Good (3)	Satis-factory (2)	Unsatis-factory (1)
1	Extent of coverage of course	✓			
2	Depth of Course content	✓			
3	Applicability /relevance of curriculum in real life situations	✓			
4	Learning Values (in terms of Attitude, Ethics, Broadening perspectives)	✓			
5	Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research)	✓			
6	Adequacy of available practical facilities in terms of curriculum	✓			
7	Adequacy of available clinical facilities in terms of curriculum	✓			
8	Relevance and adequacy of available Library books and resource material in terms of curriculum	✓			
9	How will you rate your University theory exam paper content with respect to curriculum coverage	✓			

10	How will you rate your University practical exam content and conduct with respect to curriculum coverage	✓			
11	Opinion about content and conduct of various internal examinations	✓			
12	Rate the feedback system related to your performance in internal examinations	✓			
13	Opinion on extracurricular activities	✓			
14	Suggestions about curriculum improvement for better outcomes				

Student signature : *Deviya*



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E-mail : registrar@mgmuh.com ; Website : www.mgmuh.com

Student Feedback on curriculum

Name:	Jahnvi Shah.		
Age :	23 years	Gender :	Female.
UG / PG :	PG	Name of Course :	Masters of Physiotherapy
Name of Institute with campus :	MGM school of Physiotherapy, Kamothe.		
Professional year:	MPT 1 (Sem 1)		
Email ID :	jahnvishah225@gmail.com.		
Contact number:	8369929065.		

Stakeholder to rate the curriculum and syllabus of the program / course on the following attributes using 4 point scale. We appreciate your voluntary participation in this feedback process.

Sr. no	Feedback on Parameters related to Curricula/Syllabus	Very Good (4)	Good (3)	Satis-factory (2)	Unsatis-factory (1)
1	Extent of coverage of course	✓			
2	Depth of Course content	✓			
3	Applicability /relevance of curriculum in real life situations	✓			
4	Learning Values (in terms of Attitude, Ethics, Broadening perspectives)	✓			
5	Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research)	✓			
6	Adequacy of available practical facilities in terms of curriculum	✓			
7	Adequacy of available clinical facilities in terms of curriculum	✓			
8	Relevance and adequacy of available Library books and resource material in terms of curriculum	✓			
9	How will you rate your University theory exam paper content with respect to curriculum coverage	✓			

10	How will you rate your University practical exam content and conduct with respect to curriculum coverage	✓			
11	Opinion about content and conduct of various internal examinations	✓			
12	Rate the feedback system related to your performance in internal examinations	✓			
13	Opinion on extracurricular activities	✓			
14	Suggestions about curriculum improvement for better outcomes				

Student signature : J. T. Shah



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E-mail : registrar@mgmuhhs.com ; Website : www.mgmuhhs.com

Student Feedback on curriculum

Name:	Devi Nagini Pilli		
Age:	23 yrs	Gender:	Female
UG/PG:	PG	Name of Course:	MPT
Name of Institute with campus:	MGM School of Physiotherapy (Kamothe)		
Professional year:	MPT - 1 sem - 1		
Email ID:	devipilli@gmail.com		
Contact number:	7250171964		

Stakeholder to rate the curriculum and syllabus of the program / course on the following attributes using 4 point scale. We appreciate your voluntary participation in this feedback process.

Sr. no	Feedback on Parameters related to Curricula/Syllabus	Very Good (4)	Good (3)	Satisfactory (2)	Unsatisfactory (1)
1	Extent of coverage of course	✓			
2	Depth of Course content	✓			
3	Applicability /relevance of curriculum in real life situations	✓			
4	Learning Values (in terms of Attitude, Ethics, Broadening perspectives)	✓			
5	Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research)	✓			
6	Adequacy of available practical facilities in terms of curriculum	✓			
7	Adequacy of available clinical facilities in terms of curriculum	✓			
8	Relevance and adequacy of available Library books and resource material in terms of curriculum		✓		
9	How will you rate your University theory exam paper content with respect to curriculum coverage	✓			

10	How will you rate your University practical exam content and conduct with respect to curriculum coverage	/			
11	Opinion about content and conduct of various internal examinations	/			
12	Rate the feedback system related to your performance in internal examinations	/			
13	Opinion on extracurricular activities	/			
14	Suggestions about curriculum improvement for better outcomes				
	None				

Student signature : Devi Pili
 Devi Nagini Pili



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E-mail : registrara@mgmuhs.com ; Website : www.mgmuhs.com

Student Feedback on curriculum

Name:	Divya Thakur		
Age:	24	Gender:	F
UG / PG:	PG - 1	Name of Course:	MPT
Name of Institute with campus:	MGM School of Physiotherapy		
Professional year:	1 st Year MPT (Sem I)		
Email ID:	divdash32@gmail.com		
Contact number:	9850316963		

Stakeholder to rate the curriculum and syllabus of the program / course on the following attributes using 4 point scale. We appreciate your voluntary participation in this feedback process.

Sr. no	Feedback on Parameters related to Curricula/Syllabus	Very Good (4)	Good (3)	Satis-factory (2)	Unsatis-factory (1)
1	Extent of coverage of course		✓		
2	Depth of Course content	✓			
3	Applicability /relevance of curriculum in real life situations		✓		
4	Learning Values (in terms of Attitude, Ethics, Broadening perspectives)	✓			
5	Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research)		✓		
6	Adequacy of available practical facilities in terms of curriculum	✓			
7	Adequacy of available clinical facilities in terms of curriculum	✓			
8	Relevance and adequacy of available Library books and resource material in terms of curriculum	✓			
9	How will you rate your University theory exam paper content with respect to curriculum coverage	✓			

10	How will you rate your University practical exam content and conduct with respect to curriculum coverage	✓			
11	Opinion about content and conduct of various internal examinations	✓			
12	Rate the feedback system related to your performance in internal examinations	✓			
13	Opinion on extracurricular activities	✓			
14	Suggestions about curriculum improvement for better outcomes				
	—				

Student signature : Divya 



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E-mail : registrar@mngmuhs.com ; Website : www.mgmuhs.com

Student Feedback on curriculum

Name: <i>Shraddha Shakapnor</i>	
Age : <i>23 yrs</i>	Gender : <i>Female</i>
UG / PG : <i>PG</i>	Name of Course : <i>Master of Physiotherapy</i>
Name of Institute with campus : <i>School of Physiotherapy, Navi Mumbai</i>	
Professional year: <i>MPT-1 (Sem-1)</i>	
Email ID : <i>shraddhashakapnor30@gmail.com</i>	
Contact number: <i>8452024668</i>	

Stakeholder to rate the curriculum and syllabus of the program / course on the following attributes using 4 point scale. We appreciate your voluntary participation in this feedback process.

Sr. no	Feedback on Parameters related to Curricula/Syllabus	Very Good (4)	Good (3)	Satisfactory (2)	Unsatisfactory (1)
1	Extent of coverage of course	✓			
2	Depth of Course content	✓			
3	Applicability /relevance of curriculum in real life situations	✓			
4	Learning Values (in terms of Attitude, Ethics, Broadening perspectives)	✓			
5	Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research)	✓			
6	Adequacy of available practical facilities in terms of curriculum	✓			
7	Adequacy of available clinical facilities in terms of curriculum	✓			
8	Relevance and adequacy of available Library books and resource material in terms of curriculum	✓			
9	How will you rate your University theory exam paper content with respect to curriculum coverage	✓			

10	How will you rate your University practical exam content and conduct with respect to curriculum coverage	✓			
11	Opinion about content and conduct of various internal examinations	✓			
12	Rate the feedback system related to your performance in internal examinations	✓			
13	Opinion on extracurricular activities	✓			
14	Suggestions about curriculum improvement for better outcomes				

Student signature :  _____

MGM School of Physiotherapy,
Aurangabad.

Alumni Feedback

Name of Institute : MGM School of Physiotherapy

Campus : Aurangabad

Date : 1/07/2021

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.
Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Shruti Soni


Age in years *

21

Gender *

- Female
- Male
- Prefer not to say
- Other:




Principal
MGM School of Physiotherapy
Aurangabad





Degree/Qualification *

Student

Alumnus of Institute *

MGM School of Physiotherapy, Aurangabad ▼

Year of Passing out from MGMIHS *

2020 ▼

Current status *

Higher education ▼

Details of the current status *

Final year

Email id *

shrutisoni1999@gmail.com



Contact number *

7738812233

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback


1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory




Principal
MGM School of Physiotherapy
Aurangabad



3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory



6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4 where; 1- Unsatisfactory, 2- Satisfactory, 3- Good, 4- Very Good

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory




Principal
School of Physiotherapy
Aurangabad





7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

**II. Non Academic Feedback****8. Infrastructure and facilities**

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory




Principal
MGM School of Physiotherapy
Aurangabad



8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory



9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory




Principal
MGM School of Physiotherapy
Aurangabad



12. Do you feel proud to be associated with your institute as Alumnus *

Yes

No

13. Are you willing to contribute for the development of the institute *

Yes

No

May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

Employment

Guidance to students

Mentoring

In Research

In Extension Activity

Infrastructure development

Scholarships/ Medals

Guest Lectures

Part of Committees

Other



14. Suggestions about how to improve our Program for better outcomes *

Improve management of working

Please upload your passport photo *

.IMG_20210726_...



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[Handwritten Signature]

Principal
MGM School of Physiotherapy
Aurangabad



Alumni Feedback

Name of Institute : MGM School of Physiotherapy
Campus : Aurangabad
Date : 1/07/2021

Request letter

Dear Alumnus,
We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.
Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Nawaj Pathan

Age in years *

32

Gender *

- Female
 Male
 Prefer not to say
 Other:



[Handwritten Signature]
Principal

MGM School of Physiotherapy
Aurangabad



[Handwritten Signature]

Degree/Qualification *

MPT Neurophysiotherapy

Alumnus of Institute *

MGM School of Physiotherapy, Aurangabad ▼

Year of Passing out from MGMIHS *

2015 ▼

Current status *

In service ▼

Details of the current status *

Associate Professor

Email id *

nawaj12@gmail.com



Contact number *

8482933552

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Signature]
Principal
School of Physiotherapy
Aurangabad



[Signature]

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory



6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4 where; 1- Unsatisfactory, 2- Satisfactory, 3- Good, 4- Very Good

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory



Saur
Principal
MCM School of Physiotherapy
Aurangabad



RS

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback



8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



[Handwritten Signature]

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory



9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory



12. Do you feel proud to be associated with your institute as Alumnus *

Yes

No

13. Are you willing to contribute for the development of the institute *

Yes

No

May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

Employment

Guidance to students

Mentoring

In Research

In Extension Activity

Infrastructure development

Scholarships/ Medals

Guest Lectures

Part of Committees

Other



A handwritten signature in blue ink, appearing to be "Santosh".

Principal
MGM School of Physiotherapy
Aurangabad

14. Suggestions about how to improve our Program for better outcomes *

None

Please upload your passport photo *

Nawaj - Nawaj P...



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[Handwritten signature]
Principal
MGM School of Physiotherapy
Aurangabad



Alumni Feedback

Name of Institute : MGM School of Physiotherapy

Campus : Aurangabad

Date : 1/07/2021

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.
Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Sneha Thomas

Age in years *

28 years

Gender *

- Female
- Male
- Prefer not to say
- Other:




Principal
MGM School of Physiotherapy
Aurangabad



Degree/Qualification *

MPT

Alumnus of Institute *

MGM School of Physiotherapy, Aurangabad ▼

Year of Passing out from MGMIHS *

2018 ▼

Current status *

In service ▼

Details of the current status *

Working as Physiotherapist in Sunshine

Email id *

snehast92@gmail.com



Contact number *

7020058383

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory



6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4 where; 1- Unsatisfactory, 2- Satisfactory, 3- Good, 4- Very Good

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory



II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten signature]
Principal
School of Physiotherapy



8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory



9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



[Handwritten Signature]

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
 No

13. Are you willing to contribute for the development of the institute *

- Yes
 No
 May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
 Guidance to students
 Mentoring
 In Research
 In Extension Activity
 Infrastructure development
 Scholarships/ Medals
 Guest Lectures
 Part of Committees
 Other


Principal
MGM School of Physiotherapy
Aurangabad



14. Suggestions about how to improve our Program for better outcomes *

Take feedbacks from present students about their requirements and concerns.

Please upload your passport photo *

01 - Sneha Thom...



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Sand
Principal
MGM School of Physiotherapy
Aurangabad



Alumni Feedback

Name of Institute : MGM School of Physiotherapy

Campus : Aurangabad

Date : 1/07/2021

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.
Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Sampada Kamlakar

Age in years *

25

Gender *

- Female
- Male
- Prefer not to say
- Other:



Sampada Kamlakar
Principal
MGM School of Physiotherapy
Aurangabad



SB

Degree/Qualification *

MPT

Alumnus of Institute *

MGM School of Physiotherapy, Aurangabad ▼

Year of Passing out from MGMIHS *

2020 ▼

Current status *

Higher education ▼

Details of the current status *

MPT 1

Email id *

kamlakarsampada@gmail.com



Contact number *

8412952936

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback


1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory




Principal
MGM School of Physiotherapy
Aurangabad





3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory



6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4 where; 1- Unsatisfactory, 2- Satisfactory, 3- Good, 4- Very Good

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten Signature]
Principal
MOM School of Physiotherapy
Aurangabad



[Handwritten Signature]

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory



II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory


8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory




Principal
MGM School of Physiotherapy
Aurangabad



8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory



9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



[Handwritten Signature]

12. Do you feel proud to be associated with your institute as Alumnus *

Yes

No

13. Are you willing to contribute for the development of the institute *

Yes

No

May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

Employment

Guidance to students

Mentoring

In Research

In Extension Activity

Infrastructure development

Scholarships/ Medals

Guest Lectures

Part of Committees

Other



14. Suggestions about how to improve our Program for better outcomes *

More opportunities to undergraduate students for handling the patients should be given

Please upload your passport photo *

Screenshot_202...



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[Signature]
Principal
MGM School of Physiotherapy
Aurangabad





Alumni Feedback

Name of Institute : MGM School of Physiotherapy

Campus : Aurangabad

Date : 1/07/2021

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.

Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Prachi Prabhakar Mhaske

Age in years *

23

Gender *

- Female
- Male
- Prefer not to say
- Other:



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



Degree/Qualification *

BPT

Alumnus of Institute *

MGM School of Physiotherapy, Aurangabad ▼

Year of Passing out from MGMIHS *

2019 ▼

Current status *

Higher education ▼

Details of the current status *

MPT 1 year

Email id *

prachimsk@gmail.com



Contact number *

8698988882

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback


1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory




Principal
MGM School of Physiotherapy
Aurangabad



3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory



6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4 where; 1- Unsatisfactory, 2- Satisfactory, 3- Good, 4- Very Good


7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory




Principal
MGM School of Physiotherapy
Aurangabad





7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory



II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

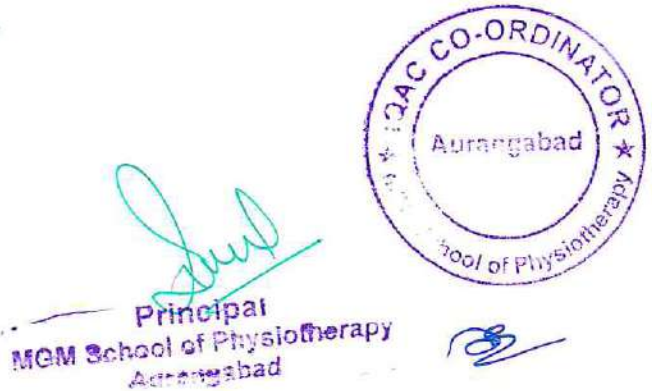
- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory



8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

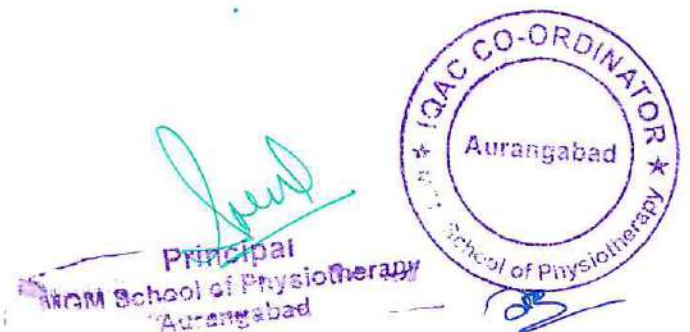
10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory



12. Do you feel proud to be associated with your institute as Alumnus *

Yes

No

13. Are you willing to contribute for the development of the institute *

Yes

No

May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

Employment

Guidance to students

Mentoring

In Research

In Extension Activity

Infrastructure development

Scholarships/ Medals

Guest Lectures

Part of Committees

Other



14. Suggestions about how to improve our Program for better outcomes *

Addition and practice of new advanced techniques for hands on which will be useful in clinical practice

Please upload your passport photo *

📎 passport photo P...



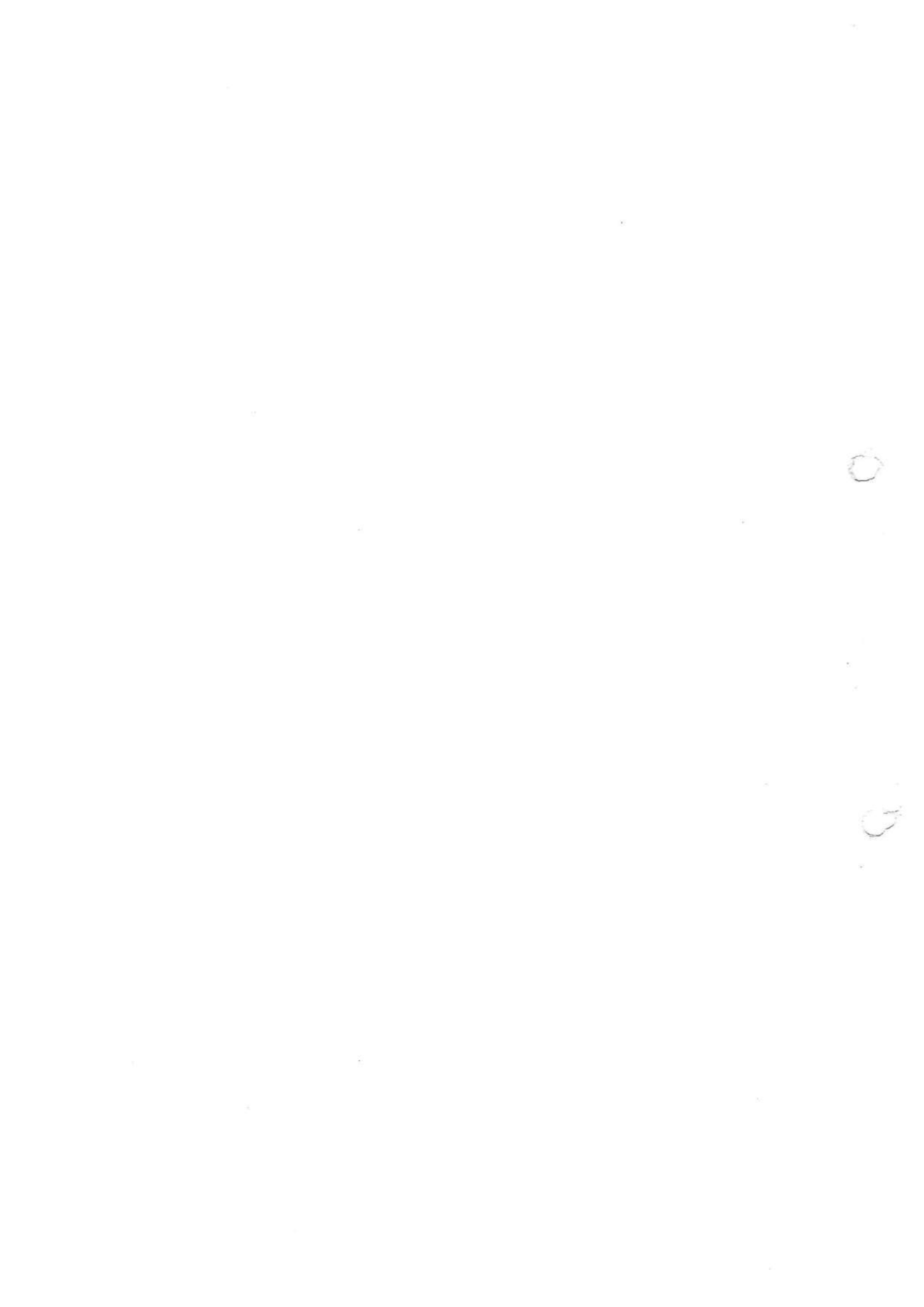
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Google Forms



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad





Employer feedback

Name of Institute : MGM School of Physiotherapy

Campus : Aurangabad

Date : 1/07/2021

Request letter

Dear Employer,

This is to bring to your kind notice that _____, a past student from our _____ Department / MGM School of Physiotherapy, Constituent unit of MGMIHS, Navi Mumbai, is working presently working with your organization.

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form, which is voluntary. It will help us to improve the Institute further and give you better employees in future.

Personal Information of Employer

Name of organization *

MGMIHS

Name of employer *

Ankita Yelikar

Age in years *

24




Principal
MGM School of Physiotherapy
- Aurangabad



Gender *

- Female
- Male
- Prefer not to say
- Other:

Designation *

Mpt 1st

Contact number *

7038514764

Contact mail ID *

ankitayelikar5@gmail.com

Personal Information of Candidate

Name *

Ankita Yelikar

Age in years *

24



Gender *

- Female
- Male
- Prefer not to say
- Other:

Degree / Qualification of the candidate *

Mpt 1

Date of joining your Organization *

MM DD YYYY

07 / 27 / 2021

Job description of candidate at your organization *

Student

Feedback Form about Candidate

Please give your valuable feedback on the following attributes of Candidate using 4 point scale as shown below



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



1. Knowledge base *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Practical hands on skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Communication Skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory



4. Working as part of team *

- Very good
- Good
- Satisfactory
- Unsatisfactory


5. Planning and organizing skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Readiness to learn and innovate *

- Very good
- Good
- Satisfactory
- Unsatisfactory




Principal
MGM School of Physiotherapy
Aurangabad



7. Accountability *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Optimum use of organizational resources *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Leadership quality *

- Very good
- Good
- Satisfactory
- Unsatisfactory



10. Contributes to organizational goals *

- Very good
- Good
- Satisfactory
- Unsatisfactory

11. Participation in research endeavors *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Maintains appropriate work place relationships *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten signature]
Principal
MGM School of Physiotherapy
Aurangabad



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13. Effective time management skills *

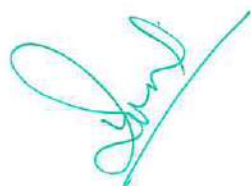
- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Rating of overall satisfaction with competency of our candidate *

- Very good
- Good
- Satisfactory
- Unsatisfactory

15. Suggestions about how to improve our Program for better outcomes *

No



Principal
MGM School of Physiotherapy
Aurangabad





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[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



Employer feedback

Name of Institute : MGM School of Physiotherapy

Campus : Aurangabad

Date : 1/07/2021

Request letter

Dear Employer,

This is to bring to your kind notice that _____, a past student from our _____ Department / MGM School of Physiotherapy, Constituent unit of MGMIHS, Navi Mumbai, is working presently working with your organization.

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form, which is voluntary. It will help us to improve the Institute further and give you better employees in future.

Personal Information of Employer

Name of organization *

MGM school of physiotherapy Aurangabad


Name of employer *

Kshitija Ghadge

Age in years *

22




Principal
MGM School of Physiotherapy
Aurangabad





Gender *

- Female
- Male
- Prefer not to say
- Other:

Designation *

Intern

Contact number *

9769636336

Contact mail ID *

kshitijamalhari111@gmail.com

Personal Information of Candidate

Name *

Kshitija Ghadge

Age in years *

22



Gender *

- Female
- Male
- Prefer not to say
- Other:

Degree / Qualification of the candidate *

Bpth

Date of joining your Organization *

MM DD YYYY


09 / 08 / 2017

Job description of candidate at your organization *

Feedback Form about Candidate

Please give your valuable feedback on the following attributes of Candidate using 4 point scale as shown below




Principal
MGM School of Physiotherapy
Aurangabad





1. Knowledge base *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Practical hands on skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Communication Skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory



4. Working as part of team *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Planning and organizing skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Readiness to learn and innovate *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten signature]
Principal
MGM School of Physiotherapy
Aurangabad



7. Accountability *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Optimum use of organizational resources *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Leadership quality *

- Very good
- Good
- Satisfactory
- Unsatisfactory



10. Contributes to organizational goals *

- Very good
- Good
- Satisfactory
- Unsatisfactory


11. Participation in research endeavors *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Maintains appropriate work place relationships *

- Very good
- Good
- Satisfactory
- Unsatisfactory




Principal
MGM School of Physiotherapy
Aurangabad



13. Effective time management skills *


- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Rating of overall satisfaction with competency of our candidate *

- Very good
- Good
- Satisfactory
- Unsatisfactory

15. Suggestions about how to improve our Program for better outcomes *

No suggestions.


Principal
MGM School of Physiotherapy
Aurangabad






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Principal
MCM School of Physiotherapy
Aurangabad



Employer feedback

Name of Institute : MGM School of Physiotherapy

Campus : Aurangabad

Date : 1/07/2021

Request letter

Dear Employer,

This is to bring to your kind notice that _____, a past student from our _____ Department / MGM School of Physiotherapy, Constituent unit of MGMIHS, Navi Mumbai, is working presently working with your organization.

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form, which is voluntary. It will help us to improve the Institute further and give you better employees in future.

Personal Information of Employer

Name of organization *

MGM School Of Physiotherapy

Name of employer *

Rohan Uttamrao Thombare

Age in years *

24



[Signature]
Principal
MGM School of Physiotherapy
Aurangabad



[Signature]

Gender *

- Female
- Male
- Prefer not to say
- Other:

Designation *

Physiotherapist

Contact number *

8055550476

Contact mail ID *

rohanthombare6391@gmail.com

Personal Information of Candidate

Name *

Rohan Uttamrao Thombare



Age in years *

24

Gender *

- Female
- Male
- Prefer not to say
- Other:

Degree / Qualification of the candidate *

BPT

Date of joining your Organization *

MM DD YYYY
09 / 20 / 2016


Job description of candidate at your organization *

Physiotherapist

Feedback Form about Candidate

Please give your valuable feedback on the following attributes of Candidate using 4 point scale as shown below




Principal
MGM School of Physiotherapy
Aurangabad



1. Knowledge base *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Practical hands on skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Communication Skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory



4. Working as part of team *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Planning and organizing skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Readiness to learn and innovate *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten signature]
Principal
MCM School of Physiotherapy
Aurangabad



[Handwritten signature]

7. Accountability *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Optimum use of organizational resources *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Leadership quality *

- Very good
- Good
- Satisfactory
- Unsatisfactory



10. Contributes to organizational goals *

- Very good
- Good
- Satisfactory
- Unsatisfactory

11. Participation in research endeavors *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Maintains appropriate work place relationships *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



13. Effective time management skills *


- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Rating of overall satisfaction with competency of our candidate *

- Very good
- Good
- Satisfactory
- Unsatisfactory

15. Suggestions about how to improve our Program for better outcomes *

Nothing


Principal
MGM School of Physiotherapy
Aurangabad





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A handwritten signature in green ink, appearing to be "Smt.", written in a cursive style.

Principal
MGM School of Physiotherapy
Aurangabad



Employer feedback

Name of Institute : MGM School of Physiotherapy

Campus : Aurangabad

Date : 1/07/2021

Request letter

Dear Employer,

This is to bring to your kind notice that _____, a past student from our _____ Department / MGM School of Physiotherapy, Constituent unit of MGMIHS, Navi Mumbai, is working presently working with your organization.

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form, which is voluntary. It will help us to improve the Institute further and give you better employees in future.

Personal Information of Employer

Name of organization *

MGM Institute of Physiotherapy


Name of employer *

SarathBabu

Age in years *

32




Principal
MGM School of Physiotherapy
Aurangabad



Gender *

Female

Male

Prefer not to say

Other:

Designation *

Professor

Contact number *

9049624166

Contact mail ID *

sharathcrisp@gmail.com

Personal Information of Candidate

Name *

Payal dhawale



Age in years *

29

Gender *

- Female
- Male
- Prefer not to say
- Other:

Degree / Qualification of the candidate *

MPT

Date of joining your Organization *

MM DD YYYY

08 / 01 / 2018


Job description of candidate at your organization *

Asst professor

Feedback Form about Candidate

Please give your valuable feedback on the following attributes of Candidate using 4 point scale as shown below




Principal
MGM School of Physiotherapy
Aurangabad



1. Knowledge base *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Practical hands on skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Communication Skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory



4. Working as part of team *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Planning and organizing skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Readiness to learn and innovate *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten signature]
Principal
MGM School of Physiotherapy
Aurangabad



7. Accountability *

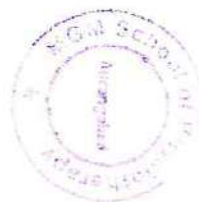
- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Optimum use of organizational resources *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Leadership quality *

- Very good
- Good
- Satisfactory
- Unsatisfactory



10. Contributes to organizational goals *

- Very good
- Good
- Satisfactory
- Unsatisfactory

11. Participation in research endeavors *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Maintains appropriate work place relationships *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten signature]
Principal
MGM School of Physiotherapy
Aurangabad

[Handwritten signature]



13. Effective time management skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Rating of overall satisfaction with competency of our candidate *

- Very good
- Good
- Satisfactory
- Unsatisfactory

15. Suggestions about how to improve our Program for better outcomes *

Nil



Principal
MGM School of Physiotherapy
Aurangabad



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Principal
MGM School of Physiotherapy
Aurangabad



Employer feedback

Name of Institute : MGM School of Physiotherapy

Campus : Aurangabad

Date : 1/07/2021

Request letter

Dear Employer,

This is to bring to your kind notice that _____, a past student from our _____ Department / MGM School of Physiotherapy, Constituent unit of MGMIHS, Navi Mumbai, is working presently working with your organization.

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form, which is voluntary. It will help us to improve the Institute further and give you better employees in future.

Personal Information of Employer

Name of organization *

Umang Physio centre

Name of employer *

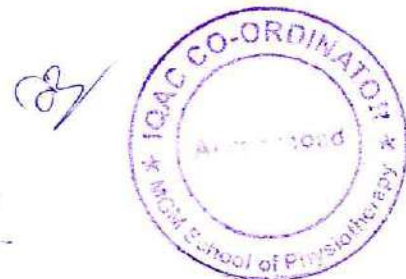
Dr. Uma Bhansali

Age in years *

40



Uma Bhansali
Principal
MGM School of Physiotherapy
Aurangabad



Gender *

Female

Male

Prefer not to say

Other: _____

Designation *

BPT

Contact number *

9922127298

Contact mail ID *

aartimunot99@gmail.com

Personal Information of Candidate

Name *

Dr. Aarti Prakash Munot



Age in years *

22

Gender *

- Female
- Male
- Prefer not to say
- Other:

Degree / Qualification of the candidate *

BPT

Date of joining your Organization *

MM DD YYYY

12 / 13 / 2021

Job description of candidate at your organization *

Junior Therapist

Feedback Form about Candidate

Please give your valuable feedback on the following attributes of Candidate using 4 point scale as shown below



[Handwritten Signature]
Principal
MSGM School of Physiotherapy
Aurangabad



1. Knowledge base *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Practical hands on skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Communication Skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory



4. Working as part of team *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Planning and organizing skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Readiness to learn and innovate *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten Signature]
Principal
NISM School of Physiotherapy
Aurangabad

[Handwritten mark]



7. Accountability *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Optimum use of organizational resources *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Leadership quality *

- Very good
- Good
- Satisfactory
- Unsatisfactory



10. Contributes to organizational goals *

- Very good
- Good
- Satisfactory
- Unsatisfactory

11. Participation in research endeavors *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Maintains appropriate work place relationships *

- Very good
- Good
- Satisfactory
- Unsatisfactory



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



13. Effective time management skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Rating of overall satisfaction with competency of our candidate *

- Very good
- Good
- Satisfactory
- Unsatisfactory

15. Suggestions about how to improve our Program for better outcomes *

No suggestions

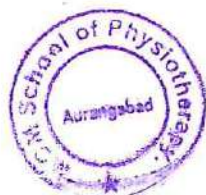



Principal
MGM School of Physiotherapy
Aurangabad

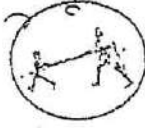


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Principal
School of Physiotherapy
Aurangabad



MGM INSTITUTE OF HEALTH SCIENCES

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

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmnuhs.com ; Website : www.mgmnuhs.com

Date: 28/08/24

Professional's feedback form

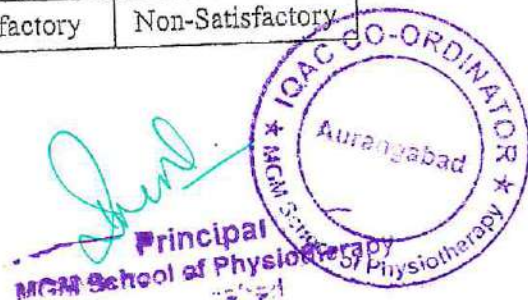
Examiner

Respected Examiner

- You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary.
- Convenor is requested to provide copy of curriculum for reference.

Name:	Dr. MILIND KAHLE		
Age:	36	Gender:	Male
Designation :	Associate Professor		
Name of Institute:	Datta Meghe College of physiotherapy		
Email id:	milind.sportsphysio@gmail.com		
Contact number:	8698715695		

Curriculum Design & Development ✓				
Rate the theory Syllabus	Very Good	Good	Satisfactory	Non-Satisfactory
Any suggestions? - Specify	-> Practice Session for students. for modality application			
Rate the practical Syllabus	Very Good ✓	Good	Satisfactory	Non-Satisfactory

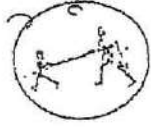


Any suggestions? - Specify				
University Practical pattern				
How was the topic wise mark distribution?	Very Good ✓	Good	Satisfactory	Non-Satisfactory
How will you rate topic wise choice of practical assessment method?	Very Good	Good ✓	Satisfactory	Non-Satisfactory
Any suggestions?				
Practical Exam conduction				
Students overall Performance ✓				
	Very Good	Good	Satisfactory	Non-Satisfactory
Practical			✓	
Viva			✓	
CAP (Theory)			✓	
Logistic arrangements for Examiners ✓				
Very Good	Good	Satisfactory	Non-satisfactory	
Examination arrangements for students				
Very Good ✓	Good	Satisfactory	Non-satisfactory	
Examination System (Remarks/ Suggestions)				
How will you rate our Internal Assessment system ?	Very Good ✓	Good	Satisfactory	Non-Satisfactory
How will you rate our University Examination – Theory Paper pattern & CAP System?	Very Good ✓	Good	Satisfactory	Non-Satisfactory
How will you rate our University Examination – Practicals & viva conduction	Very Good ✓	Good	Satisfactory	Non-Satisfactory
Any comments or suggestions?				

[Handwritten Signature]
28/04/2021



Principal
MGMS School of Physiotherapy
Aurangabad



MGM INSTITUTE OF HEALTH SCIENCES

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

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Date: 27/08/2021

Professional's feedback form

Examiner

Respected Examiner

- You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary.
- Convenor is requested to provide copy of curriculum for reference.

Name:	Dr. Sachin Chaudhary		
Age:	39	Gender:	Male
Designation:	Principal cum Professor		
Name of Institute:	Datta Meghe College of Physiotherapy Nagpur		
Email id:	drsachin1982@gmail.com		
Contact number:	9960898805		

Curriculum Design & Development				
Rate the theory Syllabus	Very Good	Good	Satisfactory	Non-Satisfactory
Any suggestions? - Specify	Syllabus to be updated according to standard upgradation.			
Rate the practical Syllabus	Very Good	Good	Satisfactory	Non-Satisfactory

1

Idam

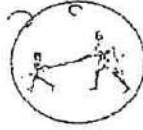


Sachin
Principal
MGM School of Physiotherapy
Aurangabad

Any suggestions? - Specify <i>practical knowledge need to upgrade</i>				
University Practical pattern				
How was the topic wise mark distribution?	Very Good	Good	<input checked="" type="checkbox"/> Satisfactory	Non-Satisfactory
How will you rate topic wise choice of practical assessment method?	Very Good	Good	<input checked="" type="checkbox"/> Satisfactory	Non-Satisfactory
Any suggestions?				
Practical Exam conduction				
Students overall Performance				
	Very Good	Good	Satisfactory	Non-Satisfactory
Practical				<input checked="" type="checkbox"/>
Viva			<input checked="" type="checkbox"/>	
CAP (Theory)			<input checked="" type="checkbox"/>	
Logistic arrangements for Examiners				
Very Good	Good	<input checked="" type="checkbox"/> Satisfactory	Non-satisfactory	
Examination arrangements for students				
Very Good	<input checked="" type="checkbox"/> Good	Satisfactory	Non-satisfactory	
Examination System (Remarks/ Suggestions)				
How will you rate our Internal Assessment system ?	Very Good	<input checked="" type="checkbox"/> Good	Satisfactory	Non-Satisfactory
How will you rate our University Examination – Theory Paper pattern & CAP System?	Very Good	Good	<input checked="" type="checkbox"/> Satisfactory	Non-Satisfactory
How will you rate our University Examination – Practicals & viva conduction	Very Good	Good	<input checked="" type="checkbox"/> Satisfactory	Non-Satisfactory
Any comments or suggestions?				



Principal
MGN School of Physiotherapy
Aurangabad



MGM INSTITUTE OF HEALTH SCIENCES

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

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Date: 24/08/2021

Professional's feedback form

Examiner

Respected Examiner

- You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary.
- Convenor is requested to provide copy of curriculum for reference.

Name:	Dr. Vikrant V. Hatwar.		
Age:	39 yr	Gender:	Male.
Designation :	Associate Professor.		
Name of Institute:	Datta Meghe college of Physiotherapy, Hingna NAGPUR.		
Email id:	hatwarvikrant@gmail.com.		
Contact number:	9822084595.		

SUBJECT :- NEUROPHYSIOTHERAPY (IV BPT)

Curriculum Design & Development				
Rate the theory Syllabus	Very Good	Good	Satisfactory	Non-Satisfactory
✓				
Any suggestions? - Specify - Students should be engaged in More hands on approach in practicals/clinical hours.				
- Br Roll No. Batch → should be written as a laminated card during Exams. Practical.				
Rate the practical Syllabus	Very Good	Good	Satisfactory	Non-Satisfactory
✓				

Assistant Staff was very good. (Sp. Dr. Pooja & Dr. Smith),
 Good Hospitality provided.



[Signature]
 Principal
 MGM School of Physiotherapy
 Aurangabad

Any suggestions? - Specify

Students need more exposure to patient handling & treatment approaches

University Practical pattern

How was the topic wise mark distribution?	Very Good	Good	Satisfactory	Non-Satisfactory
How will you rate topic wise choice of practical assessment method?	Very Good	Good	Satisfactory	Non-Satisfactory

Any suggestions?

Practical Exam conduction

Students overall Performance

	Very Good	Good	Satisfactory	Non-Satisfactory
Practical			✓	
Viva			✓	
CAP (Theory)		✓		

Logistic arrangements for Examiners

✓ Very Good	Good	Satisfactory	Non-satisfactory
-------------	------	--------------	------------------

Examination arrangements for students

Very Good ✓	Good	Satisfactory	Non-satisfactory
-------------	------	--------------	------------------

Examination System (Remarks/ Suggestions)

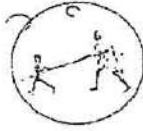
How will you rate our Internal Assessment system ?	Very Good	Good	Satisfactory	Non-Satisfactory
How will you rate our University Examination – Theory Paper pattern & CAP System?	✓ Very Good	Good	Satisfactory	Non-Satisfactory
How will you rate our University Examination – Practicals & viva conduction	✓ Very Good	Good	Satisfactory	Non-Satisfactory

Any comments or suggestions?

It was really a very good experience with a very good staff (teaching) nice Captives campus. But if students are better worthy in credentials I will flourish more.



Principal
MGN School of Physiotherapy
Aurangabad



MGM INSTITUTE OF HEALTH SCIENCES

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

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhhs.com ; Website : www.mgmuhhs.com

Date: 28/6/2021

Professional's feedback form

Examiner

Respected Examiner

- You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary.
- Convenor is requested to provide copy of curriculum for reference.

Name:	Dr BASAVARAJ. P. CHANDU		
Age:	45	Gender:	MALE
Designation:	PRINCIPAL / PROFESSOR		
Name of Institute:	GES SPT Dr MS GOSAVI COPT, NASIK-5		
Email id:	rajgurugc@gmail.com		
Contact number:	8108801220		

SUBJECT :- KINESIOTHERAPY - I (1st SEM BPT CBLS)

Curriculum Design & Development

Rate the theory Syllabus	Very Good	Good	Satisfactory	Non-Satisfactory
--------------------------	-----------	------	--------------	------------------

Any suggestions? - Specify *It becomes difficult for students to answer some questions related to anatomy because of semester system in practical demonstrations.*

Rate the practical Syllabus	Very Good	Good	Satisfactory	Non-Satisfactory
-----------------------------	-----------	------	--------------	------------------



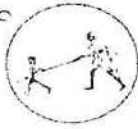
[Signature]
Principal
MGM School of Physiotherapy
Aurangabad

[Signature]
Dr. B. G. Chanchu

Any suggestions? - Specify				
University Practical pattern				
How was the topic wise mark distribution?	Very Good	Good ✓	Satisfactory	Non-Satisfactory
How will you rate topic wise choice of practical assessment method?	Very Good	Good ✓	Satisfactory	Non-Satisfactory
Any suggestions?				
Practical Exam conduction				
Students overall Performance				
	Very Good	Good	Satisfactory	Non-Satisfactory
Practical		✓		
Viva		✓		
CAP (Theory)		✓		
Logistic arrangements for Examiners				
Very Good	Good ✓	Satisfactory	Non-satisfactory	
Examination arrangements for students				
Very Good	Good ✓	Satisfactory	Non-satisfactory	
Examination System (Remarks/ Suggestions)				
How will you rate our Internal Assessment system ?	Very Good	Good ✓	Satisfactory	Non-Satisfactory
How will you rate our University Examination – Theory Paper pattern & CAP System?	Very Good	Good ✓	Satisfactory	Non-Satisfactory
How will you rate our University Examination – Practicals & viva conduction	Very Good	Good ✓	Satisfactory	Non-Satisfactory
Any comments or suggestions?				
Semester system makes it difficult for teachers to ask certain relevant questions that would be taught in 2 nd semester. (next).				



Principal
MGM School of Physiotherapy
Aurangabad



MGM INSTITUTE OF HEALTH SCIENCES

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

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuh.com ; Website : www.mgmuh.com

Date: 17/06/24

Professional's feedback form

Examiner

Respected Examiner

- You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary.
- Convenor is requested to provide copy of curriculum for reference.

Name:	Dr. Syed Zubair Ahmed		
Age :	37	Gender :	Male
Designation :	Associate Professor		
Name of Institute:	Royal college of physiotherapy, Molegaon		
Email id:	zubair-phyto@yahoo.com		
Contact number:	9036500388 / 9925992717		

SUBJECT :- MPT EXAM SEM 1 (NEURO RESEARCH PROTOCOL)

Curriculum Design & Development			
Rate the theory Syllabus	Very Good <input checked="" type="checkbox"/>	Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Non-Satisfactory <input type="checkbox"/>
Any suggestions? - Specify			
Rate the practical Syllabus	Very Good <input checked="" type="checkbox"/>	Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Non-Satisfactory <input type="checkbox"/>



Sand
Principal
MGM School of Physiotherapy
Aurangabad

Any suggestions? - Specify

University Practical pattern

How was the topic wise mark distribution?	Very Good ✓	Good	Satisfactory	Non-Satisfactory
How will you rate topic wise choice of practical assessment method?	Very Good ✓	Good	Satisfactory	Non-Satisfactory

Any suggestions?

Practical Exam conduction

Students overall Performance

	Very Good	Good	Satisfactory	Non-Satisfactory
Practical				
Viva			✓	
CAP (Theory)			✓	

Logistic arrangements for Examiners

Very Good ✓	Good	Satisfactory	Non-satisfactory
-------------	------	--------------	------------------

Examination arrangements for students

Very Good ✓	Good	Satisfactory	Non-satisfactory
-------------	------	--------------	------------------

Examination System (Remarks/ Suggestions)

How will you rate our Internal Assessment system ?	Very Good ✓	Good	Satisfactory	Non-Satisfactory
How will you rate our University Examination – Theory Paper pattern & CAP System?	Very Good ✓	Good	Satisfactory	Non-Satisfactory
How will you rate our University Examination – Practicals & viva conduction	Very Good ✓	Good	Satisfactory	Non-Satisfactory

Any comments or suggestions?

for CAP work, kindly allot a separate day


15/10/24



Student feedback - Academic 2 - Faculty (BPME)

35 responses

[Publish analytics](#)

Personal Information

Name

34 responses

Ashutosh Mishra

Nidhi Vinod patel

Divya pawar

Ritika bagul

Raseeka shinde

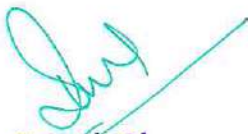
Shaikh Bushra

Shaikh Bushra

Nishika Kaul

Rutuja Pawar




Principal
MGM School of Physiotherapy
Aurangabad



Faculty Feedback

Name of Institute : MGM SCHOOL OF PHYSIOTHERAPY

Campus : AURANGABAD

Date : 01/08/2021

Subject: THERMAL AGENTS

Name

Dr. Kajal D Kadam

Age in years *

26

Gender *

- Female
- Male
- Prefer not to say
- Other:

Designation *

Assistant professor




Principal
MGM School of Physiotherapy
Aurangabad

Institute with Campus *

MGM School of Physiotherapy, Aurangabad ▼

Name of the Department *

Musculoskeletal

Email id

drkajalkadam@gmail.com

Contact number

09356738044

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



A handwritten signature in blue ink.


Principal
MGM School of Physiotherapy
Aurangabad

5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Personal interest is considered for Teaching portions allotment *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

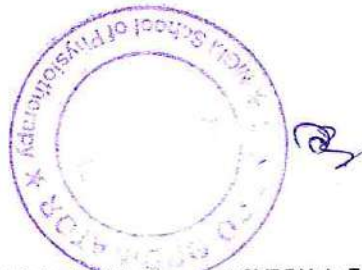
- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library



[Signature]
Principal
MGM School of Physiotherapy
Ahmedabad

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Latest Journals are subscribed *


- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities




Principal
MGM School of Physiotherap
Aurangabad

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



B
[Signature]
Principal
MGM School of Physiotherapy
K. J. Somaiya Institute of Health Sciences

2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree


3. Flexibility to balance family and work life is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree




Principal
MGM School of Physiotherapy
Aurangabad

5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

No



Faculty Feedback

Name of Institute : MGM SCHOOL OF PHYSIOTHERAPY

Campus :AURANGABAD

Date : 01/04/2021

Subject: KINESIOLOGY

Name

Vaibhavi Walimbe

Age in years *

27

Gender *

- Female
- Male
- Prefer not to say
- Other:

Designation *

Assistant Professor




Principal
MGM School of Physiotherapy
Aurangabad

Institute with Campus *

MGM School of Physiotherapy, Aurangabad ▼

Name of the Department *

Musculoskeletal Physiotherapy

Email id

vaibhavi181994@gmail.com

Contact number

08806943181

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

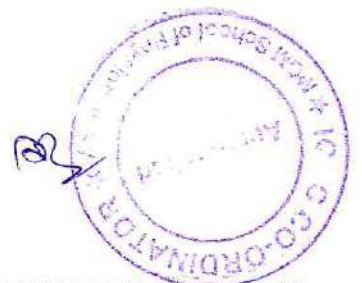
- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Amroha



5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
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- Agree
- Neutral
- Disagree
- Strongly disagree



8. Work assignment is allotted equally *

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- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

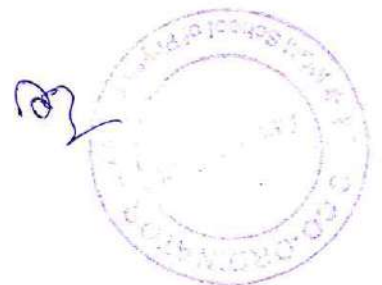
Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library




Principal
MGM School of Physiotherapy
Aurangabad



1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Amravati



1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree


Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree




Principal,
MGM School of Physiotherapy
Aurangabad



2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
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3. Flexibility to balance family and work life is provided *

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- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree




Principal
MGM School of Physiotherapy
Ahmedabad



5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

No suggestions



Faculty Feedback

Name of Institute : MGM SCHOOL OF PHYSIOTHERAPY

Campus : AURANGABAD

Date : 1/04/2021

Subject: FDPS -1

Name

Nawaj Mehtab Pathan

Age in years *

32

Gender *

- Female
- Male
- Prefer not to say
- Other:

Designation *

Associate Professor




Principal
MGM School of Physiotherapy
Aurangabad



Institute with Campus *

MGM School of Physiotherapy, Aurangabad ▼

Name of the Department *

Neurophysiotherapy

Email id

nawaj12@gmail.com

Contact number

8482933552

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree




Principal
MGM School of Physiotherapy
Aurangabad



5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

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- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree


Non - Academic Feedback

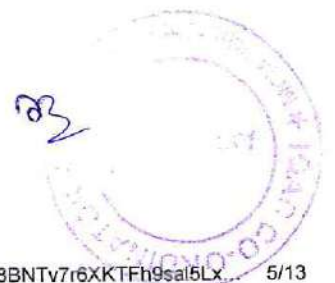
Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library




Principal
MGM School of Physiotherapy
Ahmedabad



1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities



[Handwritten signature]
Principal
MGM School of Physiotherapy
Amravati



1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree


Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree




Principal
MGM School of Physiotherapy
Aurangabad



2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree


3. Flexibility to balance family and work life is provided *

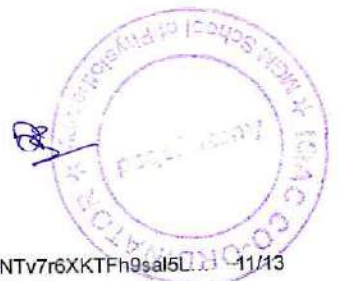
- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree




Principal
MGM School of Physiotherapy
Chennai



5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

None.



Faculty Feedback

Name of Institute : MGM SCHOOL OF PHYSIOTHERAPY

Campus : AURANGABAD

Date : 01/08/2021

Subject: CARDIO-RESPIRATORY PT

Name

Junneshwar Laxman Bidve

Age in years *

32

Gender *

- Female
- Male
- Prefer not to say
- Other:

Designation *

Associate Professor



Junneshwar Bidve
Principal
MGM School of Physiotherapy
Aurangabad



Institute with Campus *

MGM School of Physiotherapy, Aurangabad ▼

Name of the Department *

Cardio

Email id

junneshwar@mgmsop.edu.in

Contact number

08237197885

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
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8. Work assignment is allotted equally *

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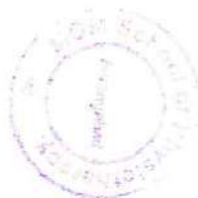
- Strongly agree
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Non - Academic Feedback

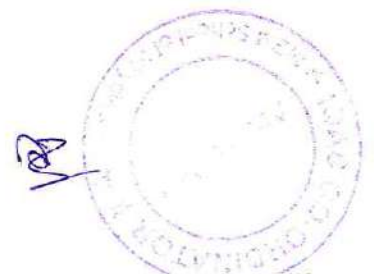
Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library




Principal
MGM School of Psychology
Aurangabad



1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities




Principal
MGM School of Physiotherapy
Aurangabad



1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

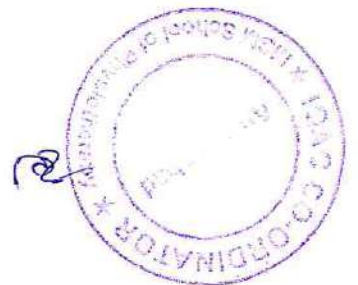
1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
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3. Flexibility to balance family and work life is provided *

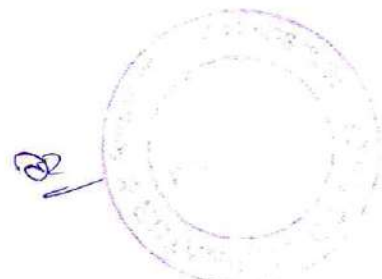
- Strongly agree
- Agree
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- Disagree
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4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

More student centric activities



Faculty Feedback

Name of Institute : MGM School of Physiotherapy

Campus : Aurangabad

Date : 1/08/2021

Subject: MPT in MSK PT(All subjects)

Name

Tajuddin Chitapure

Age in years *

34

Gender *

- Female
- Male
- Prefer not to say
- Other: _____

Designation *

Assistant professor



Tajuddin Chitapure
Principal
MGM School of Physiotherapy
Aurangabad



Institute with Campus *

MGM School of Physiotherapy, Aurangabad ▼

Name of the Department *

Musculoskeletal physiotherapy

Email id

taj.chitapure@mgmsop.edu.in

Contact number

+919699167007

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Ahmedabad



5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Personal interest is considered for Teaching portions allotment *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library



Shari
Principal
MCM School of Physiotherapy
Amnarghad



1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Amroha



1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



[Handwritten Signature]
Principal
MGM School of Physiotherapy
Aurangabad



2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Flexibility to balance family and work life is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



[Signature]
Principal
MGM School of Physiotherapy
Ahmedabad



5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

Nil

MGM School of Biomedical Sciences,
Navi Mumbai.

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Personal Information

Name

Suminisha

Age in years *

20

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate

Postgraduate

Name of Program *

Bsc.operation theatre and anesthesia technology

Name of Institute with campus *

MGM School of Biomedical Sciences, Navi Mumbai

Professional year *

VI sem

Email id

suminishashaikh779@gmail.com

Contact number

8108983811

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Depth of Course content *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

Institute is excellent!, Teachers are helpful caring , system is little bit slower, communication between the college and hospital are less!

Need a college coordinator for otat specially, since facing lots of problems!

Apart from curriculum should arrange iv for students, as an extracurricular activities!



Google Forms

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Personal Information

Name

Monica Movies

Age in years *

21

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate

Postgraduate

Name of Program *

ATOT

Name of Institute with campus *

MGM School of Biomedical Sciences, Navi Mumbai

Professional year *

VI sem

Email id

Contact number

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Depth of Course content *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

We Need our individual coordinator as we don't have any...



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Personal Information

Name

Darshana Karekar

Age in years *

22 years

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate

Postgraduate

Name of Program *

Masters in Molecular Biology

Name of Institute with campus *

MGM School of Biomedical Sciences, Navi Mumbai

Professional year *

2nd year

Email id

darshanakarekar36@gmail.com

Contact number

09167378245

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Depth of Course content *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

1. Increase teaching faculty
 2. Provide students other short term programme within the course
-



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Personal Information

Name

Namrah sayed

Age in years *

22

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate

Postgraduate

Name of Program *

MSc. Clinical Nutrition

Name of Institute with campus *

MGM School of Biomedical Sciences, Navi Mumbai

Professional year *

II sem

Email id

namrah.sayed87@gmail.com

Contact number

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Depth of Course content *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

Can increase the number of faculty.



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Personal Information

Name

Anuja Ghule

Age in years *

20

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate

Postgraduate

Name of Program *

Bsc perfusion technology

Name of Institute with campus *

MGM School of Biomedical Sciences, Navi Mumbai

Professional year *

VI sem

Email id

anujaghule@mgmsbsnm.edu.in

Contact number

9819335610

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Depth of Course content *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

Need to get exposure to more clinical experience



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic 2 - Faculty (For Department)

Name of Institute :

Campus :

Date :

Department :

Personal Information

Name

Feba Benwal

Age in years *

26

Gender *

Female

Male

Prefer not to say

Other: _____

Undergraduate / Postgraduate *

Undergraduate

Postgraduate

Name of Program *

Masters of Public Health

Name of Institute with campus *

MGM School of Physiotherapy, Aurangabad ▼

Professional year *

4th year ▼

Email id

benwalfeba@gmail.com

Contact number

7780630391

Feedback Form

Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.

We appreciate your voluntary participation in this feedback process.

1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Ability to conduct teaching session at ideal pace *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Ability to use different teaching methods *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Ability to provide broader perspective through course material *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Ability to provide information about recent advances *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Ability to integrate content with other courses *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Ability to answer student's queries during and after session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Accessibility of the teacher in and out of the class for academic guidance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Fairness of the teacher during assessment (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Ability of the teacher to provide Feedback about your assessment or performance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic 2 - Faculty (For Department)

Name of Institute :

Campus :

Date :

Department :

Personal Information

Name

Anand Shukla

Age in years *

23

Gender *

Female

Male

Prefer not to say

Other: _____

Undergraduate / Postgraduate *

Undergraduate

Postgraduate

Name of Program *

MSc.Molecular Biology

Name of Institute with campus *

MGM School of Physiotherapy, Aurangabad ▼

Professional year *

2nd year ▼

Email id

anandmlt9853@gmail.com

Contact number

8097558113

Feedback Form

Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.

We appreciate your voluntary participation in this feedback process.

1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Ability to conduct teaching session at ideal pace *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Ability to use different teaching methods *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Ability to provide broader perspective through course material *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Ability to provide information about recent advances *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Ability to integrate content with other courses *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Ability to answer student's queries during and after session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15. Accessibility of the teacher in and out of the class for academic guidance *

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16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course *

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C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Fairness of the teacher during assessment (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
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D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Ability of the teacher to provide Feedback about your assessment or performance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic 2 - Faculty (For Department)

Name of Institute :

Campus :

Date :

Department :

Personal Information

Name

Tanuja Bhakare

Age in years *

21yrs

Gender *

Female

Male

Prefer not to say

Other: _____

Undergraduate / Postgraduate *

Undergraduate

Postgraduate

Name of Program *

Bachelor Optometry

Name of Institute with campus *

MGM School of Physiotherapy, Aurangabad ▼

Professional year *

Internship ▼

Email id

tanujabhakare@mgmsbsnm.edu.in

Contact number

9594462327

Feedback Form

Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.

We appreciate your voluntary participation in this feedback process.

1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
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C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11. Ability to provide broader perspective through course material *

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B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12. Ability to provide information about recent advances *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Ability to integrate content with other courses *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14. Ability to answer student's queries during and after session *

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A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Fairness of the teacher during assessment (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Ability of the teacher to provide Feedback about your assessment or performance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic 2 - Faculty (For Department)

Name of Institute :

Campus :

Date :

Department :

Personal Information

Name

Vishwanath murugesan

Age in years *

22

Gender *

Female

Male

Prefer not to say

Other: _____

Undergraduate / Postgraduate *

Undergraduate

Postgraduate

Name of Program *

Bsc medical dialysis technician

Name of Institute with campus *

MGM School of Physiotherapy, Aurangabad ▼

Professional year *

Internship ▼

Email id

Contact number

7738331595

Feedback Form

Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.

We appreciate your voluntary participation in this feedback process.

1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Ability to conduct teaching session at ideal pace *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Ability to use different teaching methods *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Ability to provide broader perspective through course material *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. Ability to provide information about recent advances *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. Ability to integrate content with other courses *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Ability to answer student's queries during and after session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

15. Accessibility of the teacher in and out of the class for academic guidance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Fairness of the teacher during assessment (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Ability of the teacher to provide Feedback about your assessment or performance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic 2 - Faculty (For Department)

Name of Institute :

Campus :

Date :

Department :

Personal Information

Name

Shweta yadav

Age in years *

2000

Gender *

Female

Male

Prefer not to say

Other: _____

Undergraduate / Postgraduate *

Undergraduate

Postgraduate

Name of Program *

B.sc mlt

Name of Institute with campus *

MGM School of Physiotherapy, Aurangabad ▼

Professional year *

Internship ▼

Email id

Contact number

Feedback Form

Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.

We appreciate your voluntary participation in this feedback process.

1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Ability to conduct teaching session at ideal pace *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. Ability to use different teaching methods *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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11. Ability to provide broader perspective through course material *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12. Ability to provide information about recent advances *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Ability to integrate content with other courses *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14. Ability to answer student's queries during and after session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15. Accessibility of the teacher in and out of the class for academic guidance *

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A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Fairness of the teacher during assessment (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Ability of the teacher to provide Feedback about your assessment or performance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic 2 - Faculty (For Department)

14 responses

[Publish analytics](#)

Personal Information

Name

14 responses

Feba Benwal

Anand Shukla

Priya Shinde

Sanket Dhumal

Amreen Amin Padaya

Pooja Singh

Jasleen Kaur

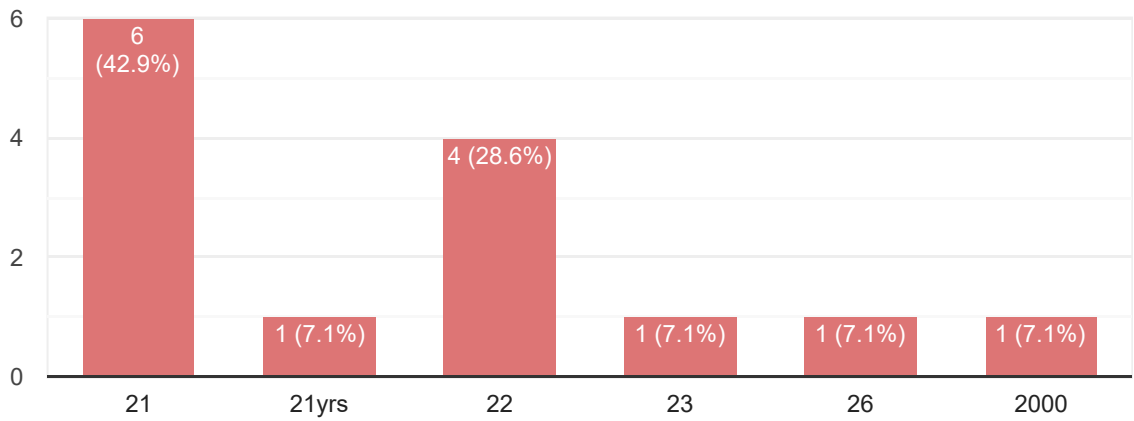
Tanuja Bhakare

Kanchan raj dewangan



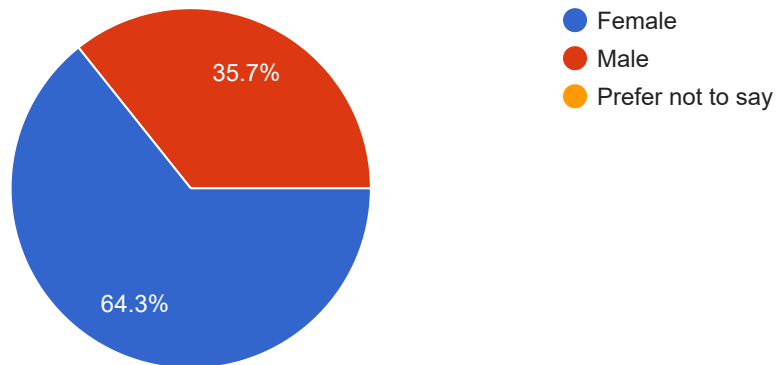
Age in years

14 responses



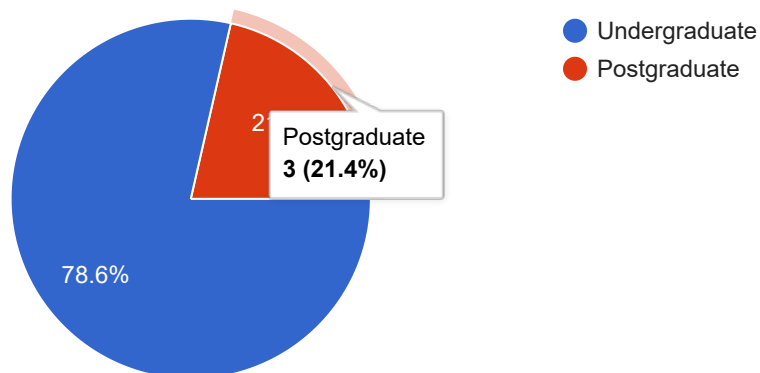
Gender

14 responses



Undergraduate / Postgraduate

14 responses



Name of Program

14 responses

Masters of Public Health

MSc.Molecular Biology

Bsc

Bsc MRIT

Amreen padaya

Medical Biotechnology

BSC Operation theatre & Anaesthesia technology

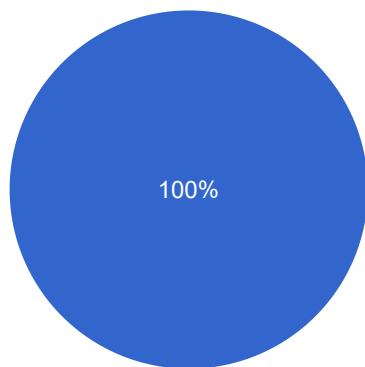
Bachelor Optometry

Feedback



Name of Institute with campus

14 responses

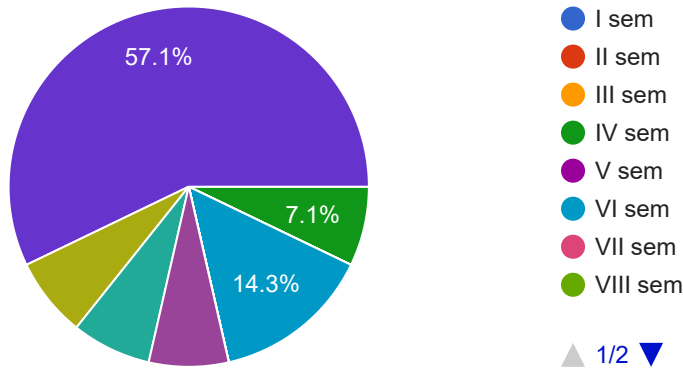


● MGM School of Physiotherapy, Aurangabad



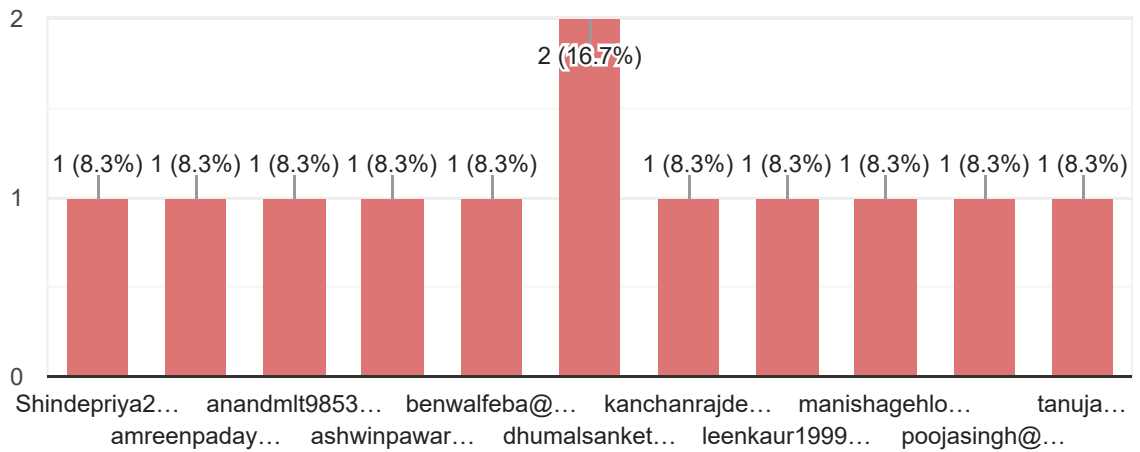
Professional year

14 responses



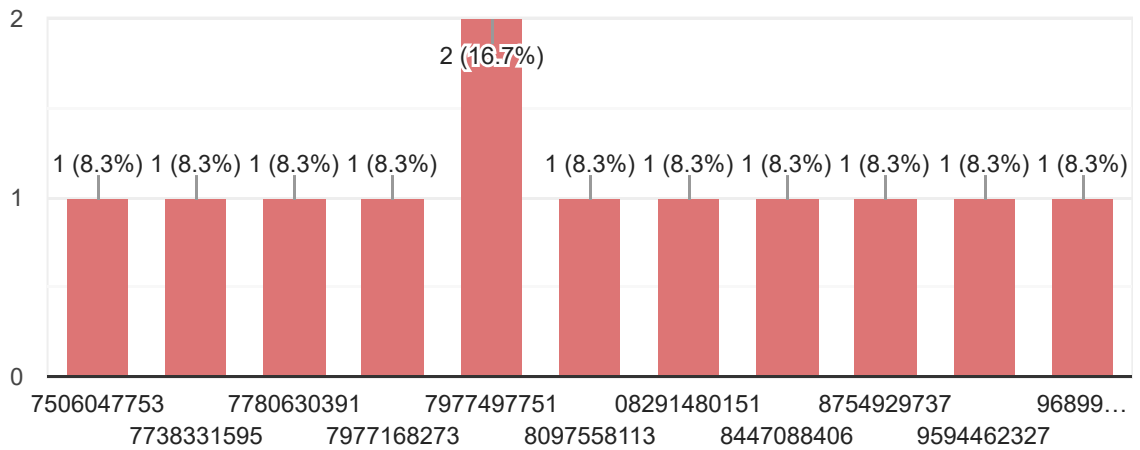
Email id

12 responses



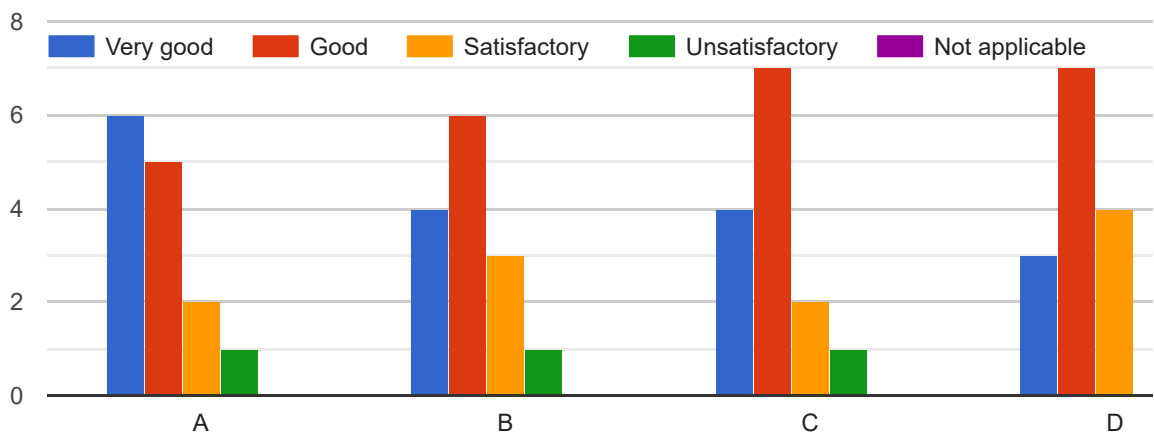
Contact number

12 responses

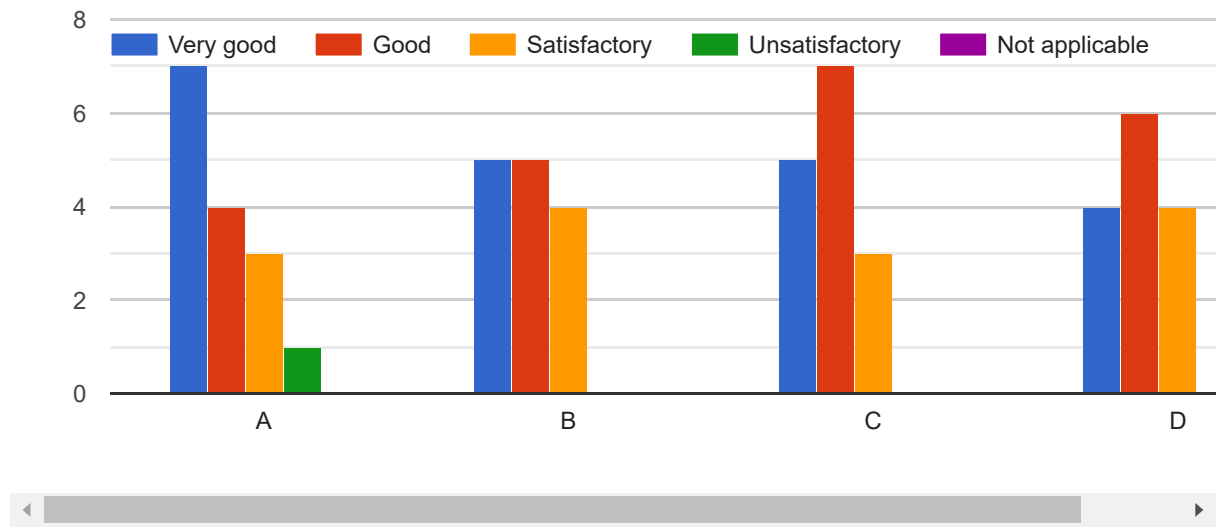


Feedback Form

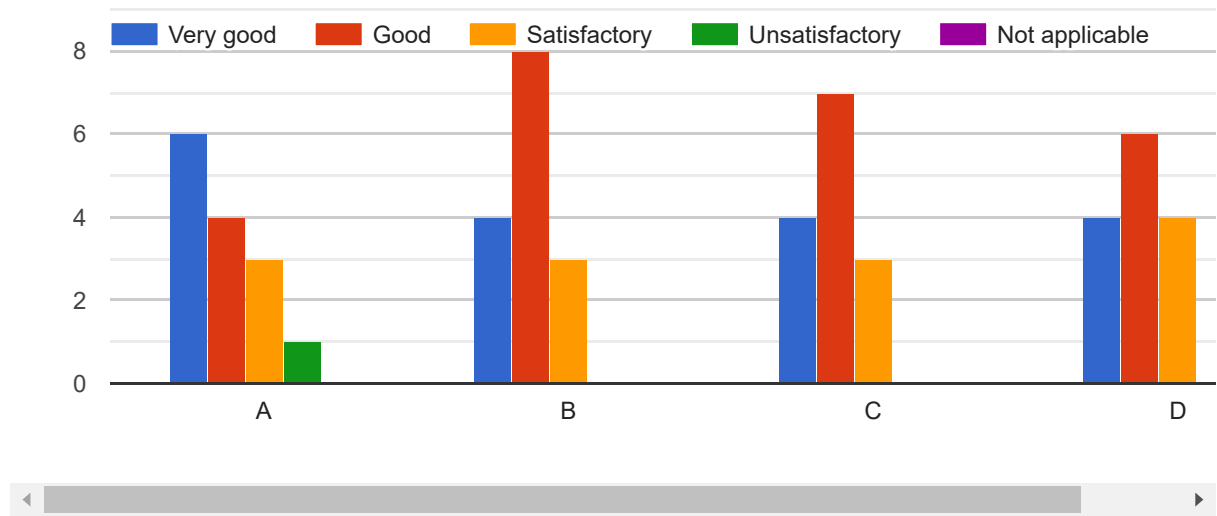
1. Knowledge base of the teacher (as perceived by you)



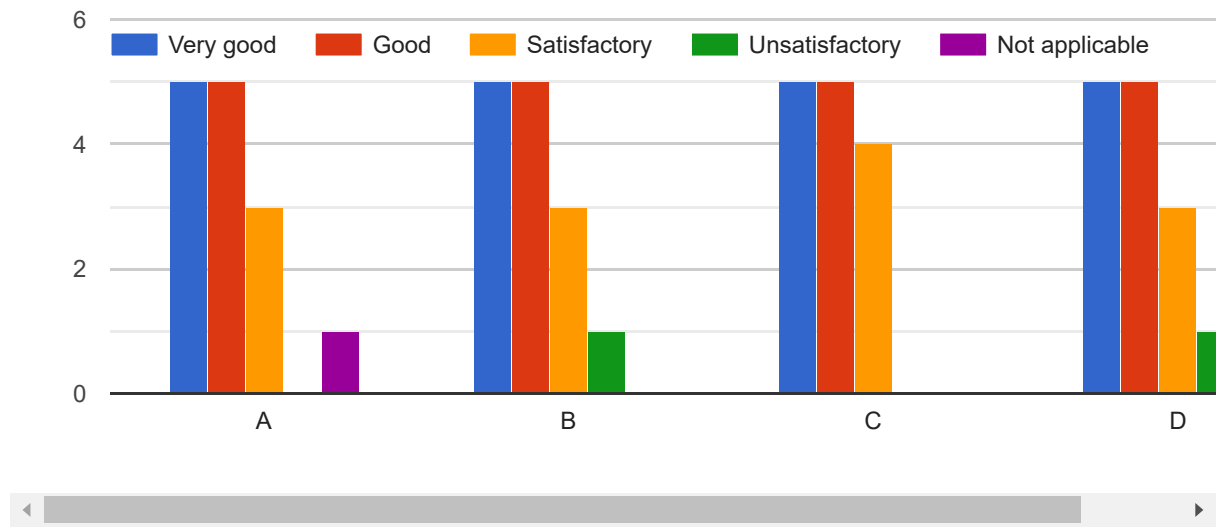
2. Preparation of the teaching session by the teacher (as perceived by you)



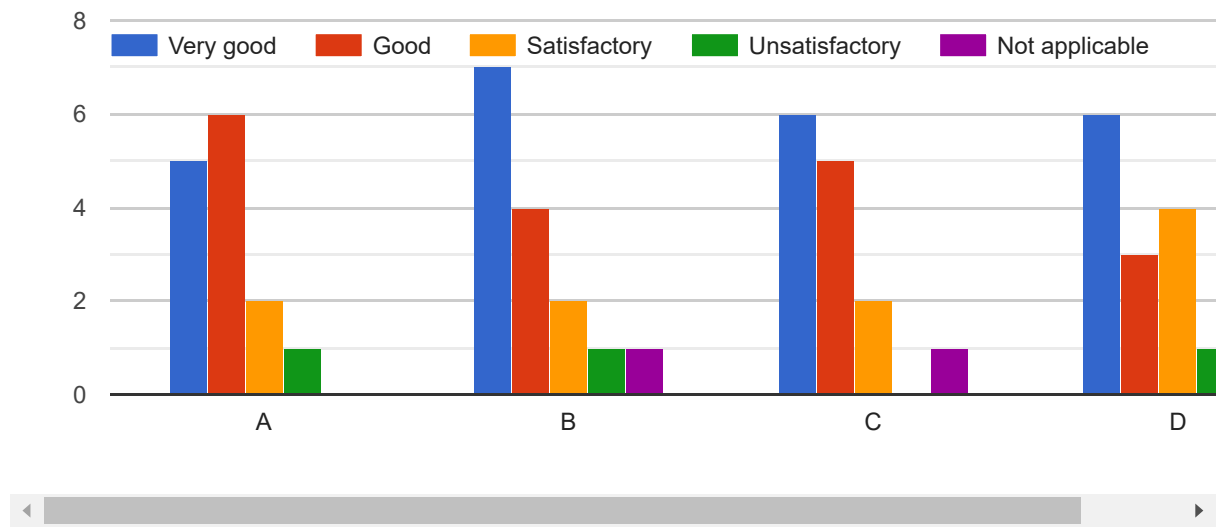
3. Communication skills (Articulation and comprehensibility)



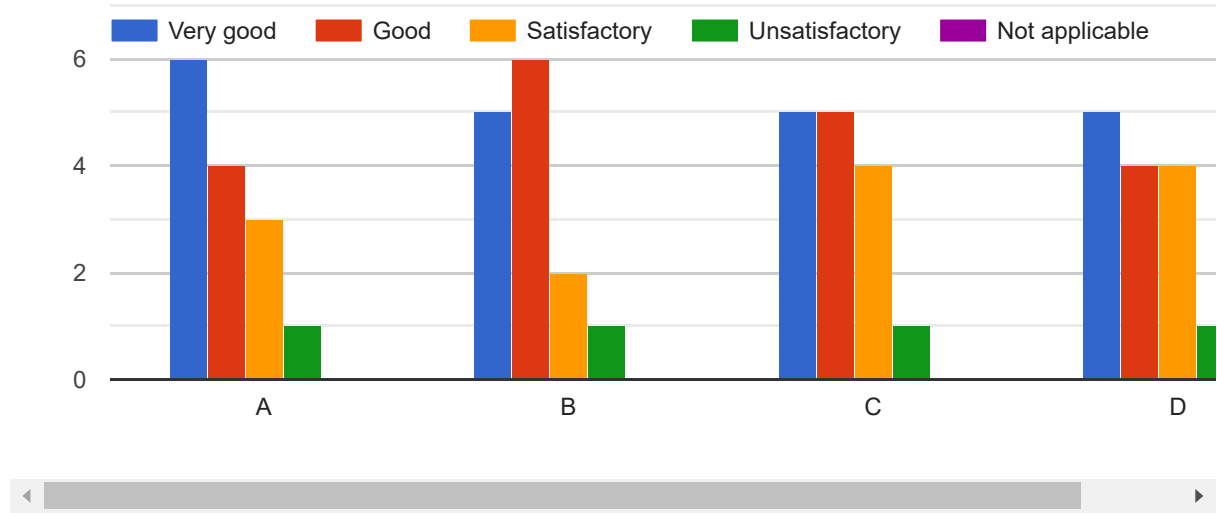
4. Relevance of content of teaching session



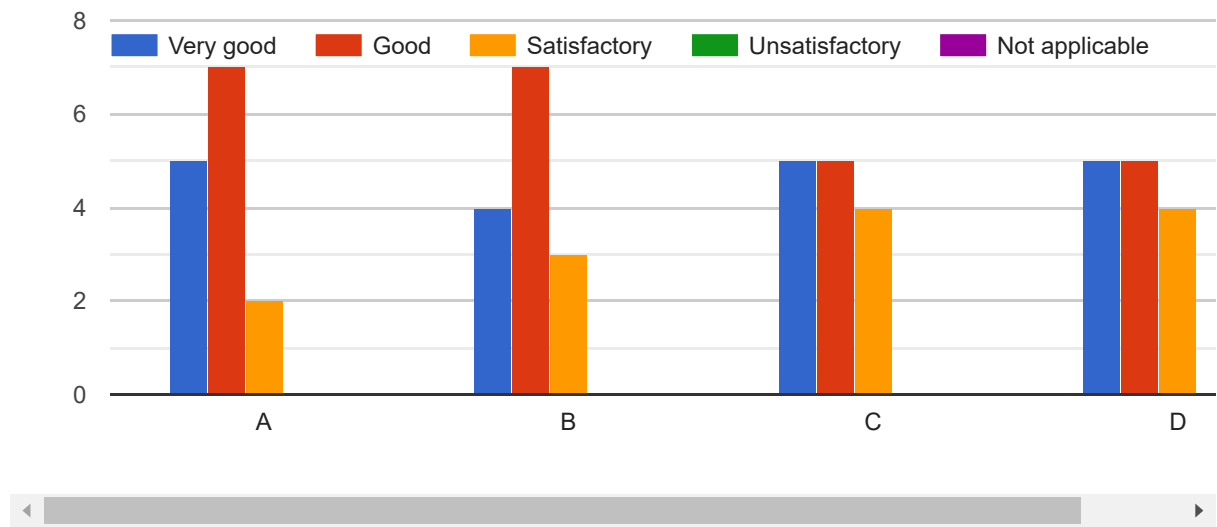
5. Ability to simplify and explain topics



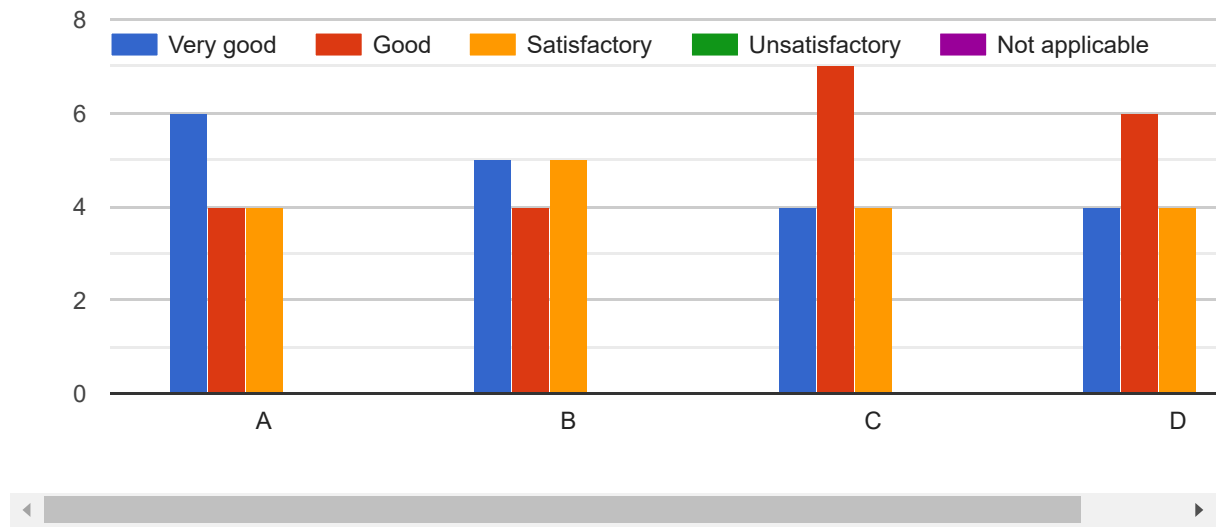
6. Interest generated by the teacher in the topic of session



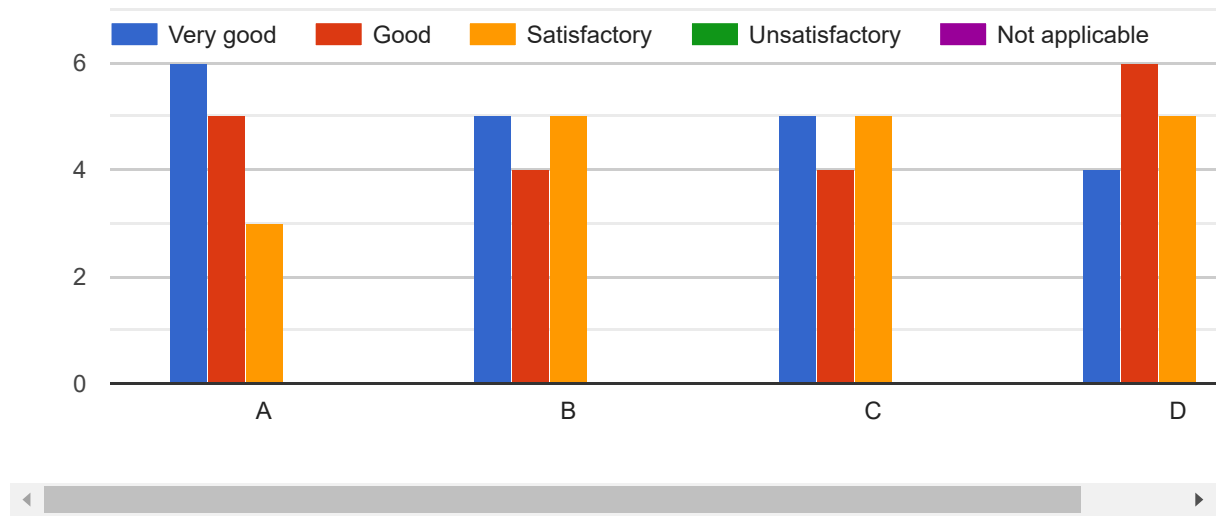
7. Rate the ability of the teacher to involve students in teaching session



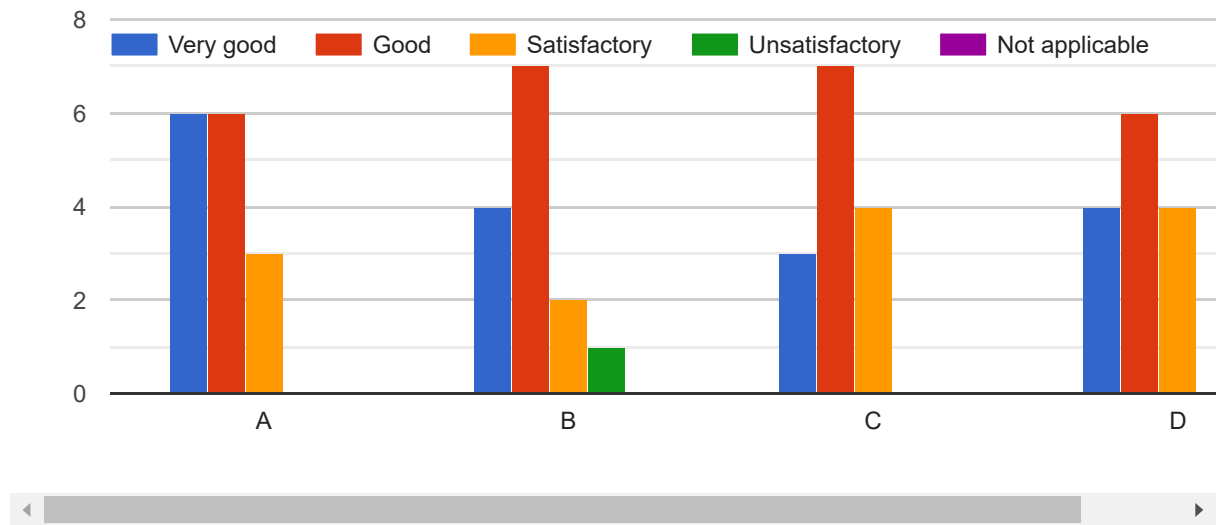
8. Ability to conduct teaching session at ideal pace



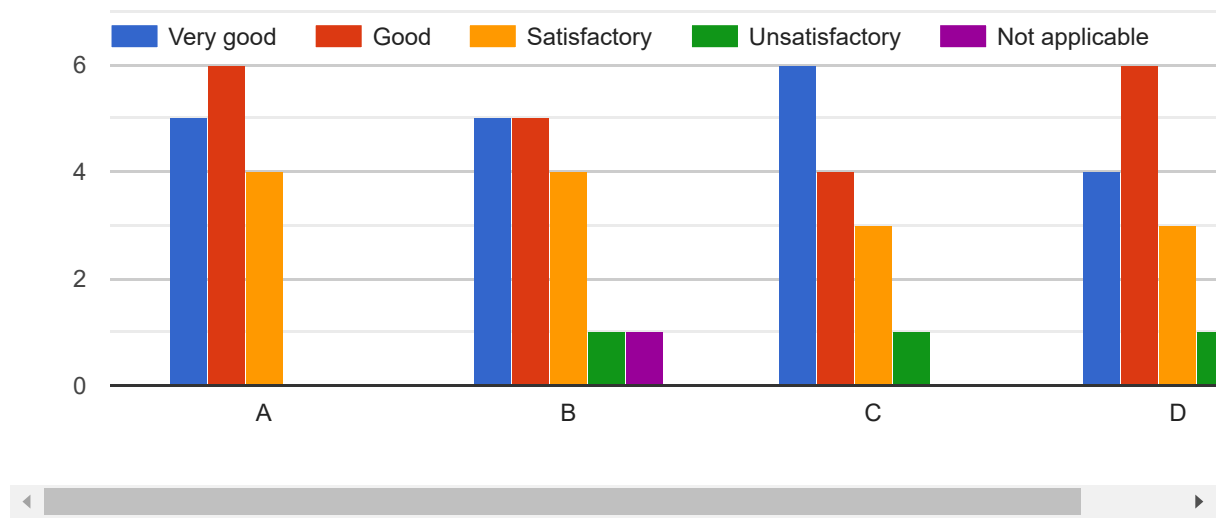
9. Ability to use different teaching methods



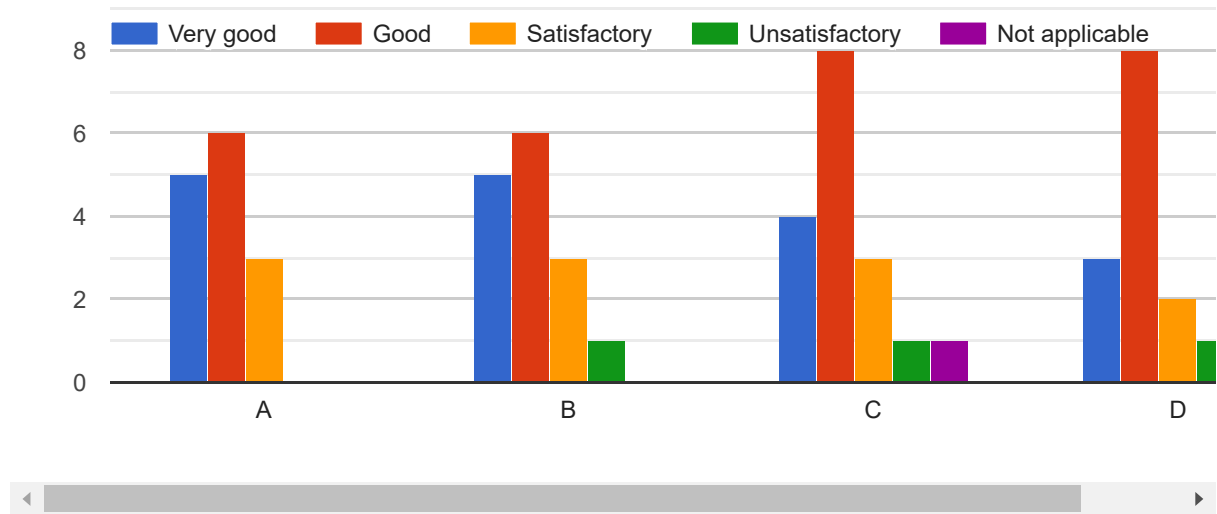
10. Motivational ability of the teacher



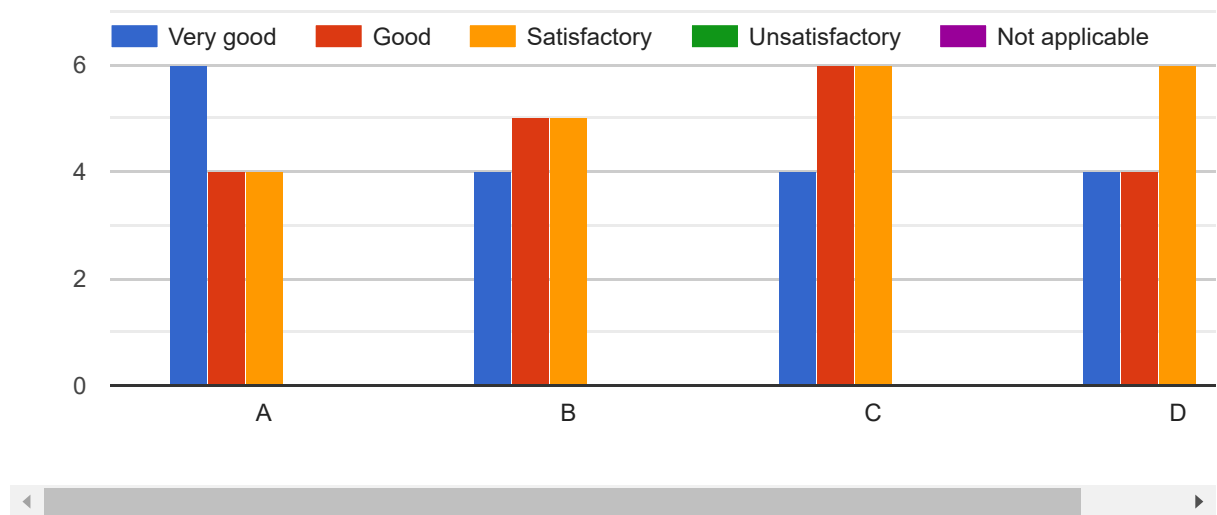
11. Ability to provide broader perspective through course material



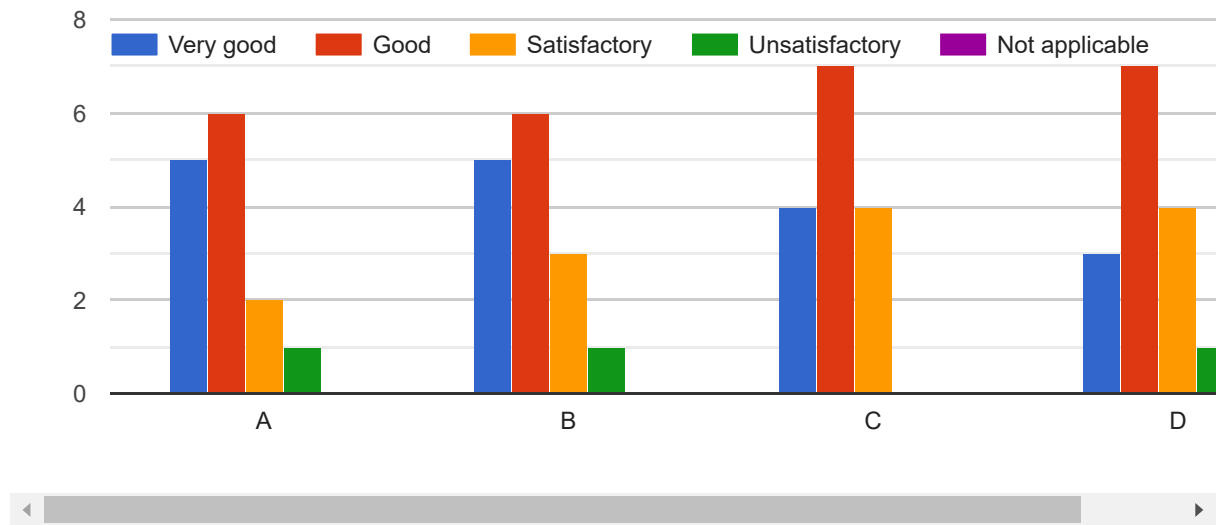
12. Ability to provide information about recent advances



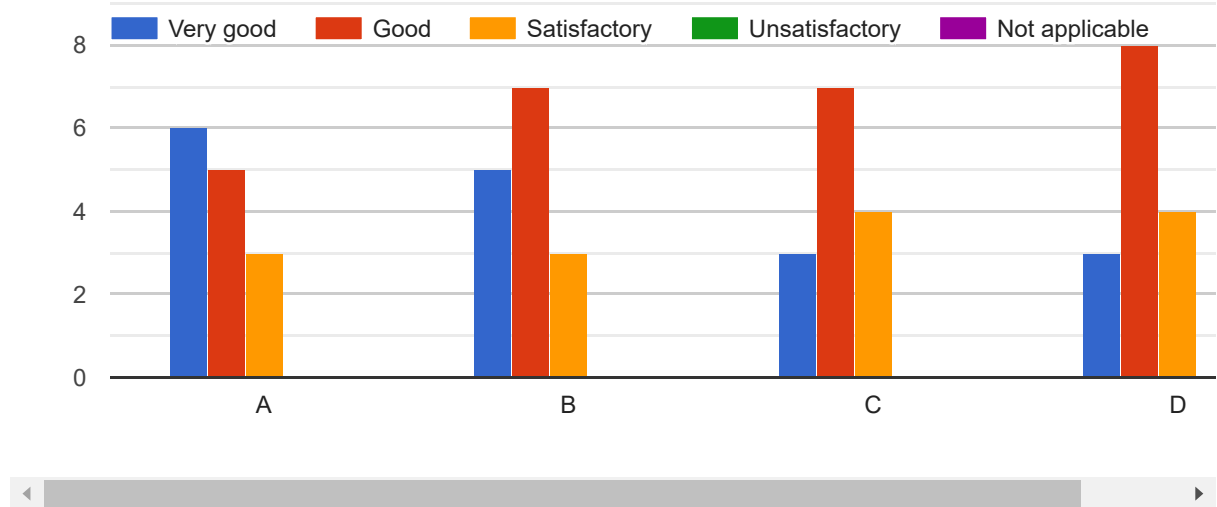
13. Ability to integrate content with other courses



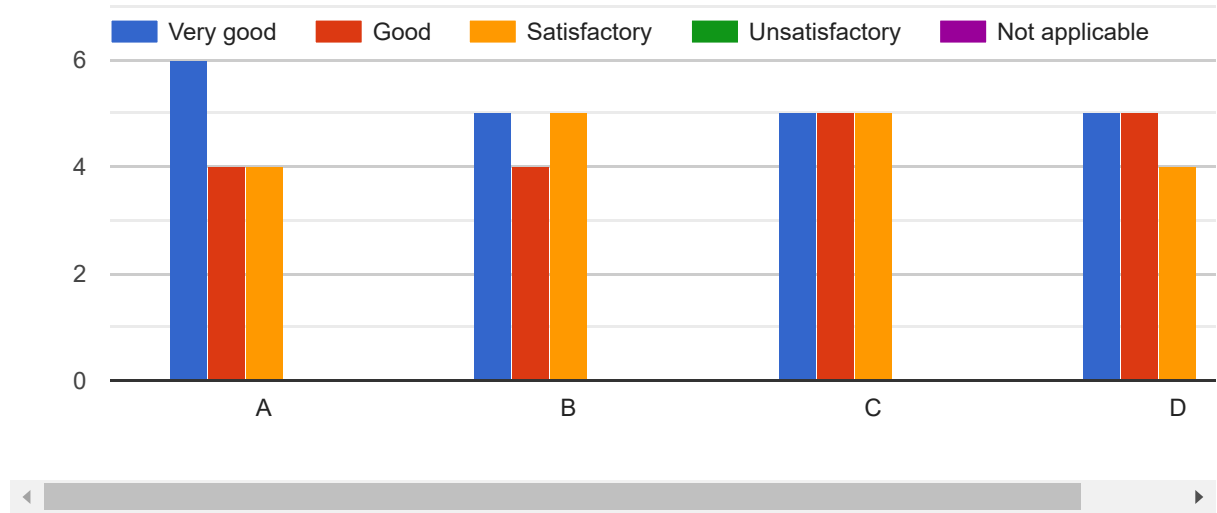
14. Ability to answer student's queries during and after session



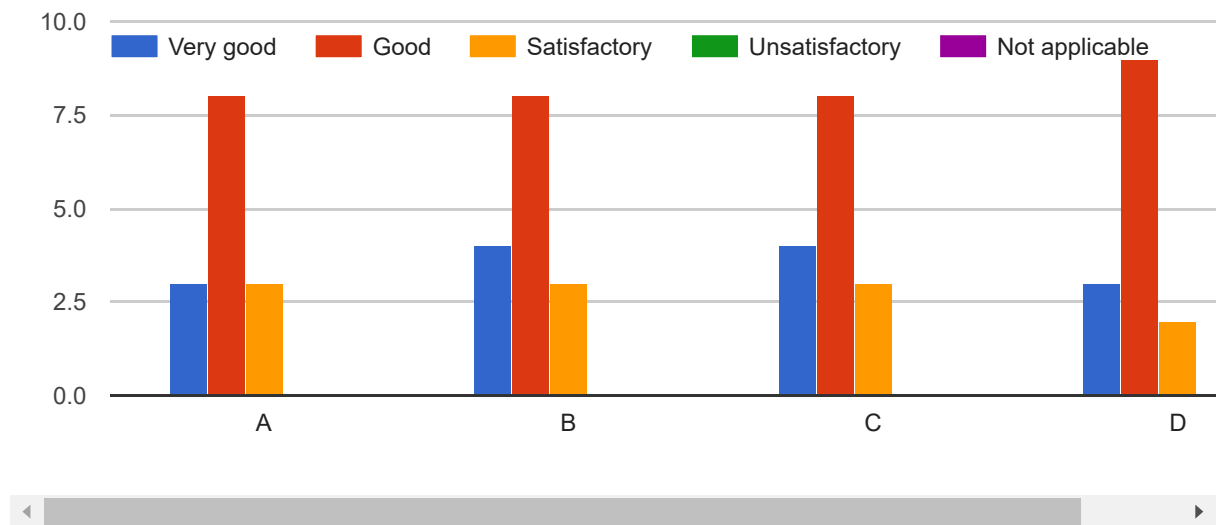
15. Accessibility of the teacher in and out of the class for academic guidance



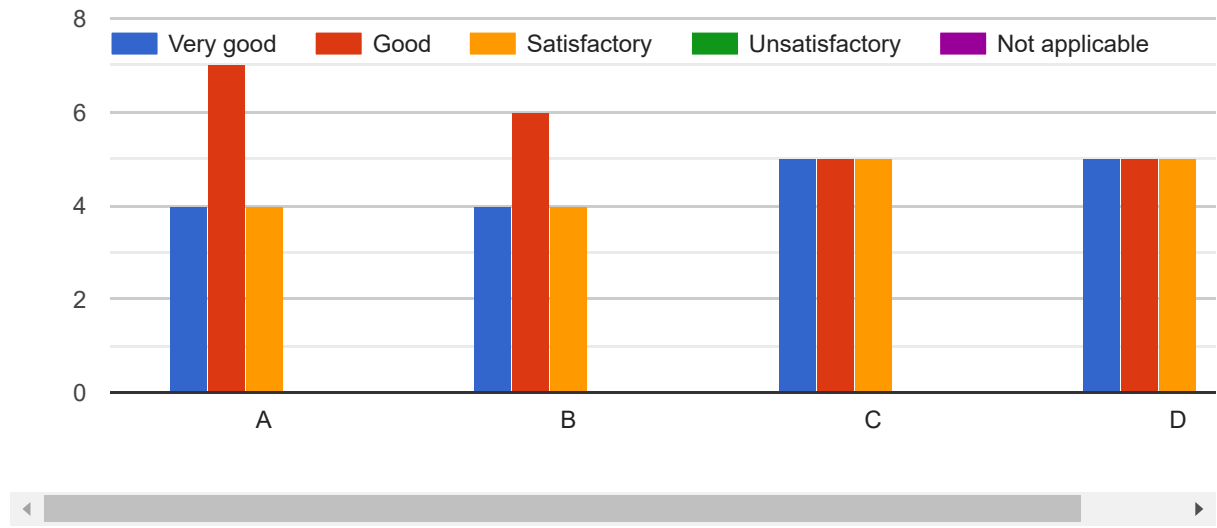
16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course



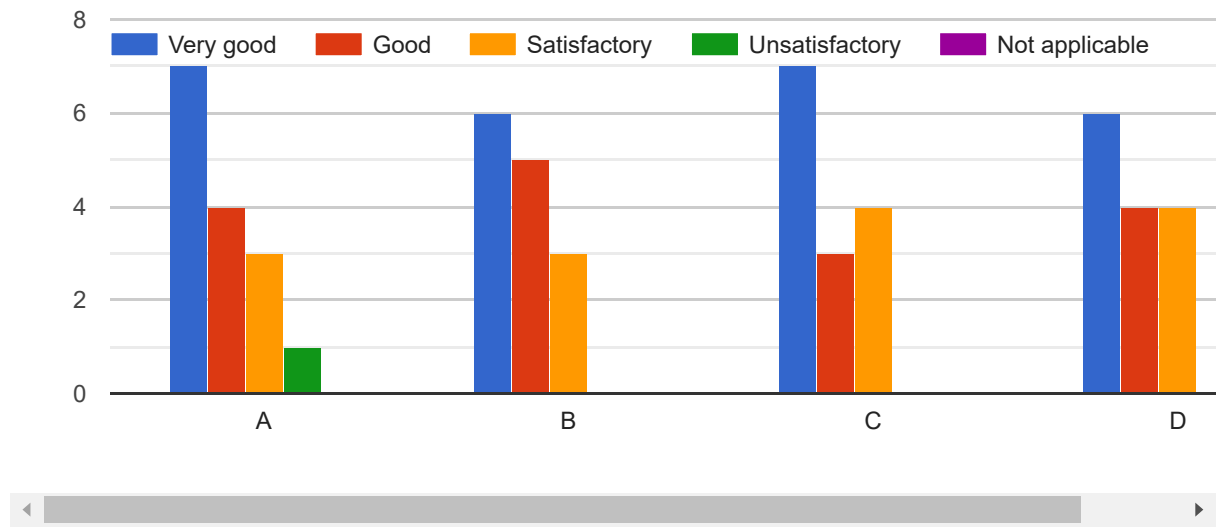
17. Fairness of the teacher during assessment (as perceived by you)



18. Ability of the teacher to provide Feedback about your assessment or performance



19. Overall rating



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Google Forms



Alumni Feedback

Name of Institute :

Campus :

Date :

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.

Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Sanskruti Thakur

Age in years *

26

Gender *

Female

Male

Prefer not to say

Other: _____

Degree/Qualification *

Msc.Medical Biotechnology

Alumnus of Institute *

MGM School of Biomedical Sciences, Navi Mumbai

Year of Passing out from MGMIHS *

2020

Current status *

Higher education

Details of the current status *

Email id *

sanskruti994@gmail.com

Contact number *

8104913907

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
- Guidance to students
- Mentoring
- In Research
- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other

14. Suggestions about how to improve our Program for better outcomes *

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Your Alma Mater heartedly thank you for your participation in the survey and wishes you all the success in your career.



This form was created inside of MGM Institute of Health Sciences.

Google Forms

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Personal Information

Name *

Smit Joshi

Age in years *

22

Gender *

Female

Male

Prefer not to say

Other:

Degree/Qualification *

M.Sc. Medical genetics

Alumnus of Institute *

MGM School of Biomedical Sciences, Navi Mumbai

Year of Passing out from MGMIHS *

2020

Current status *

Higher education

Details of the current status *

Applying for higher study

Email id *

joshismit33@gmail.com

Contact number *

7201886860

Feedback Form

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- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other

14. Suggestions about how to improve our Program for better outcomes *

Nothing to suggest

Your Alma Mater heartedly thank you for your participation in the survey and wishes you all the success in your career.



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Google Forms

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Personal Information

Name *

Sakshi Mhatre

Age in years *

21

Gender *

Female

Male

Prefer not to say

Other:

Degree/Qualification *

Bsc. Operation theatre and anaesthesia technology

Alumnus of Institute *

MGM School of Biomedical Sciences, Navi Mumbai

Year of Passing out from MGMIHS *

2020

Current status *

Other

Details of the current status *

Currently working as an intern in MGM

Email id *

mhatre.sakshi003@gmail.com

Contact number *

9594859821

Feedback Form

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14. Suggestions about how to improve our Program for better outcomes *

Nothing

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Google Forms

Alumni Feedback

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Personal Information

Name *

Jennifer Elias Daniel

Age in years *

21

Gender *

Female

Male

Prefer not to say

Other:

Degree/Qualification *

Bsc OTAT

Alumnus of Institute *

MGM School of Biomedical Sciences, Navi Mumbai

Year of Passing out from MGMIHS *

2020

Current status *

Other

Details of the current status *

Working as intern

Email id *

jenny.e.d.2502@gmail.com

Contact number *

+919082891530

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II. Non Academic Feedback

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III. General Feedback

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- Satisfactory
- Unsatisfactory

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- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

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- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other

14. Suggestions about how to improve our Program for better outcomes *

Better communication, more focused towards students

Your Alma Mater heartedly thank you for your participation in the survey and wishes you all the success in your career.



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Google Forms

Alumni Feedback

Name of Institute :

Campus :

Date :

Request letter

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We would appreciate if you could provide your recent photograph for our reference.

Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Saili Jadhav

Age in years *

25

Gender *

Female

Male

Prefer not to say

Other:

Degree/Qualification *

Mph

Alumnus of Institute *

MGM School of Biomedical Sciences, Navi Mumbai

Year of Passing out from MGMIHS *

2020

Current status *

In service

Details of the current status *

Assistant hospital administrator

Email id *

Jadhavsaili3@gmail.com

Contact number *

7045539412

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
- Guidance to students
- Mentoring
- In Research
- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other

14. Suggestions about how to improve our Program for better outcomes *

-

Your Alma Mater heartedly thank you for your participation in the survey and wishes you all the success in your career.



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Faculty Feedback

Name of Institute :

Campus :

Date :

Request letter

Dear Teacher

We request your voluntary feedback regarding various activities of our Institute . The information provided by you will be kept confidential and will be used only for quality improvement of the institution.

Personal Information

Name

Dr. Mala Parab

Age in years *

38

Gender *

Female

Male

Prefer not to say

Other: _____

Designation *

Assistant professor

Institute with Campus *

MGM School of Biomedical Sciences, Navi Mumbai

Name of the Department *

Biotechnology

Email id

mala.parab@dypatil.edu

Contact number

08104891156

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Personal interest is considered for Teaching portions allotment *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Flexibility to balance family and work life is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

The coordination of sessions is excellent



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Google Forms

Faculty Feedback

Name of Institute :

Campus :

Date :

Request letter

Dear Teacher

We request your voluntary feedback regarding various activities of our Institute . The information provided by you will be kept confidential and will be used only for quality improvement of the institution.

Personal Information

Name

Dr. Priyanka Pareek

Age in years *

39 years

Gender *

Female

Male

Prefer not to say

Other: _____

Designation *

Assistant Professor

Institute with Campus *

MGM School of Biomedical Sciences, Navi Mumbai

Name of the Department *

Department of Clinical Nutrition

Email id

dr.priyankapareek@mgmsbsnm.edu.in

Contact number

8143640995

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Personal interest is considered for Teaching portions allotment *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Flexibility to balance family and work life is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

Departmental library can be planned to help students.



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Google Forms

Faculty Feedback

Name of Institute :

Campus :

Date :

Request letter

Dear Teacher

We request your voluntary feedback regarding various activities of our Institute . The information provided by you will be kept confidential and will be used only for quality improvement of the institution.

Personal Information

Name

Subodh Rahate

Age in years *

30

Gender *

Female

Male

Prefer not to say

Other: _____

Designation *

Tutor

Institute with Campus *

MGM School of Biomedical Sciences, Navi Mumbai



Name of the Department *

School of Biomedical Science

Email id

Contact number

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

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- Agree
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8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is established research system which appreciates and supports new ideas *

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- Strongly disagree

5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

Every Course coordinator should be provided with an individual computer system, an official Android and an official Sim Card which can be used strictly for calling and coordination work in the institute.



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Faculty Feedback

Name of Institute :

Campus :

Date :

Request letter

Dear Teacher

We request your voluntary feedback regarding various activities of our Institute . The information provided by you will be kept confidential and will be used only for quality improvement of the institution.

Personal Information

Name

Dr Mansee Thakur

Age in years *

43

Gender *

Female

Male

Prefer not to say

Other: _____

Designation *

HoD Professor Head Department Medical Biotechnology

Institute with Campus *

MGM School of Biomedical Sciences, Navi Mumbai

Name of the Department *

Medical Biotechnology

Email id

mansibiotech79@gmail.com

Contact number

9769909212

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
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- Strongly disagree

7. Personal interest is considered for Teaching portions allotment *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Flexibility to balance family and work life is provided *

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- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

Need a dedicated lab and classes for biotechnology department



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Faculty Feedback

Name of Institute :

Campus :

Date :

Request letter

Dear Teacher

We request your voluntary feedback regarding various activities of our Institute . The information provided by you will be kept confidential and will be used only for quality improvement of the institution.

Personal Information

Name

Anamika Chalwadi

Age in years *

36

Gender *

Female

Male

Prefer not to say

Other: _____

Designation *

Tutor

Institute with Campus *

MGM School of Biomedical Sciences, Navi Mumbai

Name of the Department *

School of biomedical sciences

Email id

anamikamchalwadi@yahoo.co.in

Contact number

9833704244

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
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4. Assessment is very well correlated with syllabus and teaching learning methods *

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- Disagree
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9. Regular feedback and suggestions are taken for curricular changes *

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- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
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2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

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- Agree
- Neutral
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- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
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- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

Infrastructure related to classroom availability.



This form was created inside of MGM Institute of Health Sciences.

Google Forms

MGM School of Biomedical Sciences,
Aurangabad.



MGM INSTITUTE OF HEALTH SCIENCES

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

Feedback from Students Affiliated / Constituent Colleges

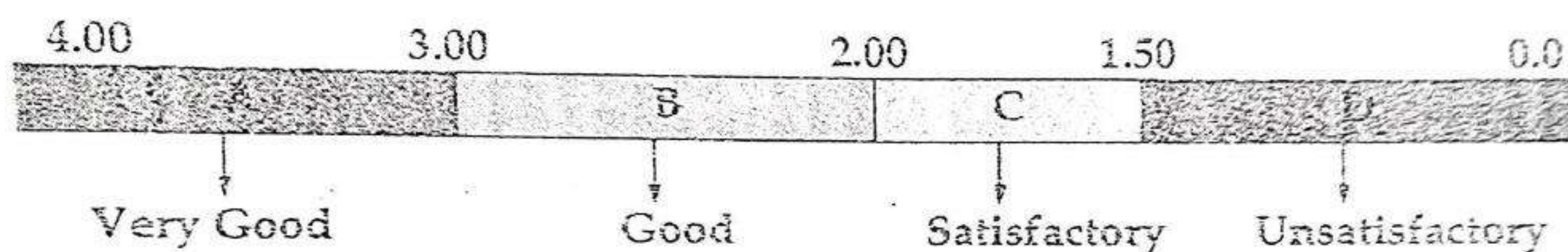
Questionnaire No. 1

Programme: *Medical Dialysis Technology*

Department: *Dialysis Technology*

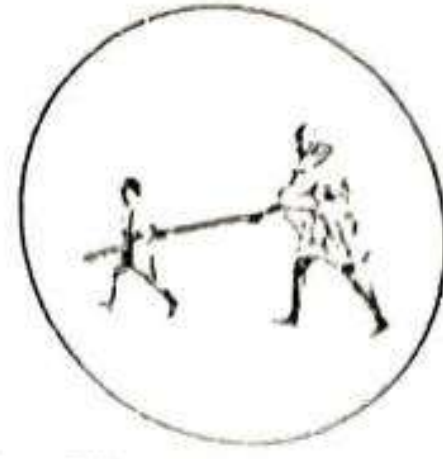
Semester/Term/Year: *Bsc 5th sem 2020-21*

Students are required to rate the courses on the following attributes using the 4 -point scale shown. The format given is for one course. Do the same for other courses on separate page.



Course-I

Parameters	A Very Good	B Good	C Satisfactory	D Unsatisfactory
1. Depth of the course content including project work if any		✓		
2. Extent of coverage of course	✓			
3. Applicability/relevance to real life situations		✓		
4. Learning value (in terms of knowledge, concepts, manual skills, analytical abilities and broadening perspectives)		✓		
5. Clarity and relevance of textual reading material		✓		
6. Relevance of additional source material (Library)	✓			
7. Extent of effort required by students		✓		
8. Overall rating	✓			



MGM INSTITUTE OF HEALTH SCIENCES

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

Feedback from Students Affiliated / Constituent Colleges

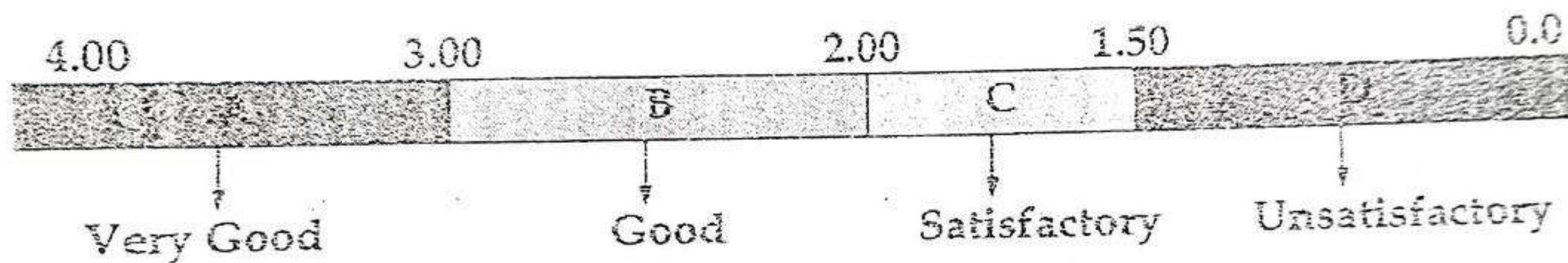
Questionnaire No. 1

Programme: **OT & Anesthesia Technology**

Department: **OT & Anesthesia Technology**

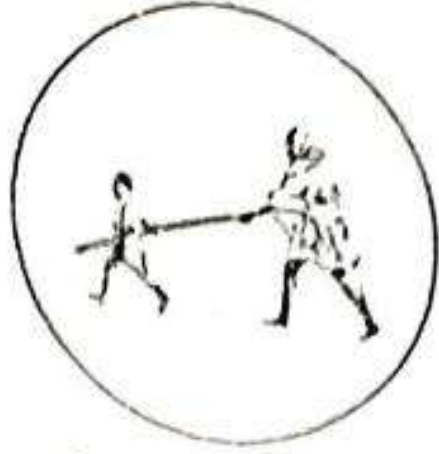
Semester/Term/Year: **B.Sc. III semester
2020-2021**

Students are required to rate the courses on the following attributes using the 4-point scale shown. The format given is for one course. Do the same for other courses on separate page.



Course-I

Parameters	A Very Good	B Good	C Satisfactory	D Unsatisfactory
1. Depth of the course content including project work if any		✓		
2. Extent of coverage of course		✓		
3. Applicability/relevance to real life situations	✓			
4. Learning value (in terms of knowledge, concepts, manual skills, analytical abilities and broadening perspectives)	✓			
5. Clarity and relevance of textual reading material			✓	
6. Relevance of additional source material (Library)		✓		
7. Extent of effort required by students			✓	
8. Overall rating	✓			



MGM INSTITUTE OF HEALTH SCIENCES

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

Feedback from Students Affiliated / Constituent Colleges

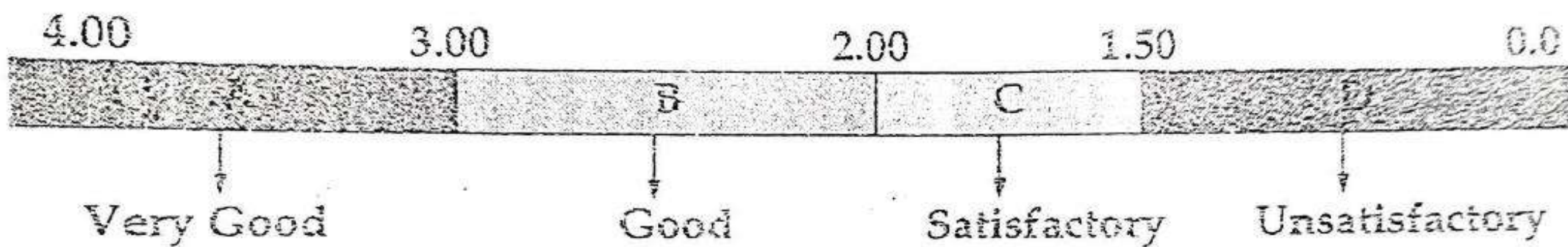
Questionnaire No. 1

Programme: *Cardiac Care Technology*

Department: *CCT*

Semester/Term/Year: *5th Sem 20 20-2021*

Students are required to rate the courses on the following attributes using the 4 -point scale shown. The format given is for one course. Do the same for other courses on separate page.



Course-I

Parameters	A Very Good	B Good	C Satisfactory	D Unsatisfactory
1. Depth of the course content including project work if any	✓			
2. Extent of coverage of course	✓			
3. Applicability/relevance to real life situations		✓		
4. Learning value (in terms of knowledge, concepts, manual skills, analytical abilities and broadening perspectives)		✓		
5. Clarity and relevance of textual reading material	✓			
6. Relevance of additional source material (Library)			✓	
7. Extent of effort required by students		✓		
8. Overall rating		✓		

MGM New Bombay College of Nursing,
Navi Mumbai.

Alumni Feedback

Name of Institute : MGM NEW BOMABAY COLLEGE OF NURSING

Campus : KAMOTHE, NAVI MUMBAI

Date : 23.09.2021

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.

Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Shweta Pandit

Age in years *

22

Gender *

- Female
- Male
- Prefer not to say
- Other: _____



Shweta Pandit
5/1/2022

Degree/Qualification *

Bsc Nursing

Alumnus of Institute *

MGM New Bombay College of Nursing, Navi Mumbai ▼

Year of Passing out from MGMIHS *

2021 ▼

Current status *

Higher education ▼

Details of the current status *

Bsc Nursing students

Email id *

shwetapandit@mgmudn-nm.edu.in

Contact number *

8652654238

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

Yes

No

13. Are you willing to contribute for the development of the institute *

Yes

No

May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

Employment

Guidance to students

Mentoring

In Research

In Extension Activity

Infrastructure development

Scholarships/ Medals

Guest Lectures

Part of Committees

Other

14. Suggestions about how to improve our Program for better outcomes *

No



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Professional Feedback - Examiner

Name of Institute : MGM NEW BOMBAY COLLEGE OF NURSING

Campus : KAMOTHE, NAVI MUMBAI

Date :

Request letter

Respected Examiner

You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary. Convenor is requested to provide copy of curriculum for reference.

Personal Information

Name *

Gargee Karadkar

Age in years *

44 years

Gender *

- Female
- Male
- Prefer not to say
- Other:



[Handwritten Signature]
5/1/2022

Designation *

Assistant Professor

Department *

Nursing

Name of Institute *

BVDU College of Nursing

Email id *

gargee4@gmail.com

Contact number *

9821993266

Curriculum Design & Development

Theory Syllabus

How will you rate the theory Syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

Nil

Curriculum Design & Development

Practical Syllabus

How will you rate the practical syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

Nil

University Practical pattern

How was the topic wise mark distribution? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate topic wise choice of practical assessment method? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? *

Nil

Examination Conduction

Rate students' performance in practicals. *

- Very Good
- Good
- Satisfactory
- Non - satisfactory

Logistic arrangements for Examiners *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination arrangements for students *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination System (Remarks/ Suggestions)

How will you rate our Internal Assessment system ? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Theory Paper pattern & CAP System? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Practicals & viva conduction *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any comments or suggestions? *

It is systematically planned and implemented



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Faculty Feedback

Name of Institute : MGM NEW BOMBAY COLLEGE OF NURSING

Campus :KAMOTHE, NAVI MUMBAI

Date : 1.09.2021

Name

Nisha

Age in years *

34

Gender *

Female

Male

Prefer not to say

Other: _____

Designation *

Assistant professor



[Handwritten Signature]
5/1/2022

Institute with Campus *

MGM New Bombay College of Nursing, Navi Mumbai ▼

Name of the Department

Nursing

Email id

Contact number

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Personal interest is considered for Teaching portions allotment *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Flexibility to balance family and work life is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

No suggestions

Student feedback - Academic I - Curriculum

Name of Institute :MGM NEW BOMBAY COLLEGE OF NURSING

Campus : NAVI MUMBAI

Date : 23.09.2021

Email *

anjupaul@mgmudn-nm.edu.in

Personal Information

Name *

Anju Paul

Age in years *

20

Gender *

Female

Male

Prefer not to say

Other: _____

Anju Paul
20/1/2022



Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate ▼

Name of Program *

Bsc.Nursing

Name of Institute with campus *

MGM NEW BOMBAY COLLEGE OF NURSING ▼

Professional year *

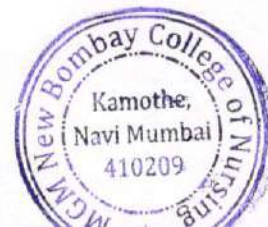
3rd year ▼

Contact number

8879227809

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.



1. Extent of coverage of course *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Depth of Course content *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory



4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory



7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable



10. Rate your University practical exam content and conduct with respect to curriculum coverage *

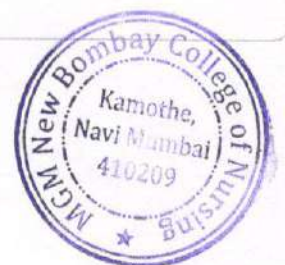
- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

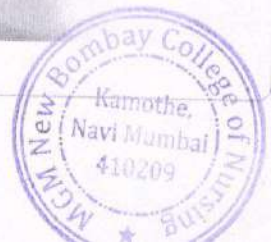


13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

No suggestions



Student feedback - Academic 2 - Faculty (For Department)

Name of Institute : MGM NEW BOMBAY COLLEGE OF NURSING

Campus : KAMOTHE, NAVI MUMBAI

Date : 23.09.2021

Department : NURSING

Personal Information

Name

Anju Paul

Age in years *

20

Gender *

Female

Male

Prefer not to say

Other: _____

Anju Paul
20/1/2022



Undergraduate / Postgraduate *

Undergraduate

POST GRADUATE

Other: _____

Name of Program *

B.Sc Nursing

Name of Institute with campus *

MGM NEW BOMBAY COLLEGE OF NURSING ▼

Professional year *

THIRD YEAR ▼

Email id *

anjupaul@mgmudn-nm.edu.in

Contact number

8879227809



Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.
We appreciate your voluntary participation in this feedback process.



1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Maria Preethi Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

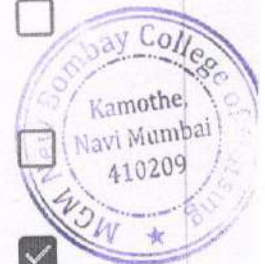


Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Mrs. Saika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Dipali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Pingale

Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shubin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



8. Ability to conduct teaching session at ideal pace *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Diplai	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Pingale

Mrs. Sarika Nair

Mrs. Sanjukta
Mohanty

Mrs. Karishma
Rose Shibin

Mrs. Snehal
Lakade

Mrs. Punam Rane



9. Ability to use different teaching methods *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



11. Ability to provide broader perspective through course material *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasunsari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Dipali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Pingale

Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



12. Ability to provide information about recent advances *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preeti Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Diplai Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Row 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



13. Ability to integrate content with other courses *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Dipali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Pingale

Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



14. Ability to answer student's queries during and after session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jtoti Chaudhari	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Mrs. Sarika Nair

Mrs. Sanjukta
Mohanty

Mrs. Karishma
Rose Shibin

Mrs. Snehal
Lakade

Mrs. Punam Rane



15. Accessibility of the teacher in and out of the class for academic guidance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1/20/22, 9:51 AM

Student feedback - Academic 2 - Faculty (For Department)

Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



17. Fairness of the teacher during assessment (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Dipali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Pingale

Mrs. Sarika Nair

Mrs. Sanjukta
Mohanty

Mrs. Karishma
Rose Shibin

Mrs. Snehal
Lakade

Mrs. Punam Rane



18. Ability of the teacher to provide Feedback about your assessment or performance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ferganzia Jubilson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Josmy Abraham	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Dipali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



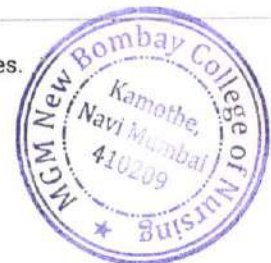
Pingale

Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Karishma Rose Shibin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms



Student feedback - Non Academic 1 - On Hostel & Mess

Name of Institute : MGM NEW BOMBAY COLLEGE OF NURSING

Campus : KAMOTHE,NAVI MUMBAI

Date : 1.10.2021

Personal Information

Name

Anju Paul

Age in years *

20

Gender *

Female

Male

Prefer not to say

Other: _____

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate

Postgraduate



Anju Paul
20/1/2022

Name of Program *

B.Sc Nursing

Name of Institute with campus *

MGM New Bombay College of Nursing, Navi Mumbai ▼

Professional year *

3rd year ▼

Email id *

anjupaul@mgmudn-nm.edu.in

Contact number

8879227809

Feedback Form

Please give your valuable feedback on the following attributes using 3 point scale.
We appreciate your voluntary participation in this feedback process.



1. The Hostel rooms are clean and well maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Clean drinking water is available *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Hostel has adequate power supply *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. The hostel has good security system *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. The buildings is disabled friendly – lifts and ramps are placed where necessary *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Toilets and washrooms are clean and properly maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



7. Sanitary napkin dispenser machines are available *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Mess is clean and well maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Food provided by mess is nutritious and hygienically presented *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



10. Kitchen and cutlery of mess is clean with maintained hygiene *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

11. Warden is approachable and helpful *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

12. Suggestions about how to improve our Hostel and Mess *

Provide better quality of food.





This form was created inside of MGM Institute of Health Sciences.

Google Forms



Student feedback - Non Academic 2 - On Campus

Name of Institute : MGM NEW BOMBAY COLLEGE OF NURSING

Campus : KAMOTHE, NAVI MUMBAI

Date : 23.09.2021

Personal Information

Name

anjupaul@mgmudn-nm.edu.in

Age in years *

20

Gender *

Female

Male

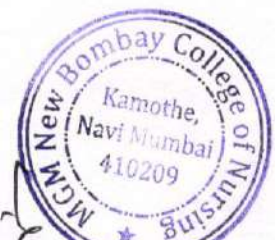
Prefer not to say

Other: _____

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate

Postgraduate



Anju Paul
20/1/2021

Name of Program *

Bsc.Nursing

Name of Institute with campus *

MGM New Bombay College of Nursing, Navi Mumbai ▼

Professional year *

3rd year ▼

Email id *

anjupaul@mgmudn-nm.edu.in

Contact number

8879227809

Feedback Form

Please give your valuable feedback on the following attributes using 3 point scale.
We appreciate your voluntary participation in this feedback process.



1. Clean drinking water is available in the campus *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Campus has adequate power supply *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Campus has good security system *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Parking is available for students *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Campus is disabled friendly – lifts and ramps are placed where necessary *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Toilets and washrooms are clean and properly maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



7. Sanitary napkin dispenser machines are available *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Canteen is clean and well maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Food available in canteen nutritious and hygienically presented *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



10. Kitchen and cutlery of canteen is clean with maintained hygiene *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

11. Classrooms are clean and properly maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

12. Separate common rooms for boys and girls are available *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



13. Good response is available from reception / Help desk *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

14. The campus is green and ecofriendly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

15. Suggestions about how to improve our Campus *

No suggestions





This form was created inside of MGM Institute of Health Sciences.

Google Forms



No: 45

Student feedback - Academic I - Curriculum

Name of Institute :MGM NEW BOMBAY COLLEGE OF NURSING

Campus : NAVI MUMBAI

Date : 23.09.2021

Email *

ansaroy@mgmudn-nm.edu.in

Personal Information

Name *

Ansa Roy

Age in years *

22


Gender *


Female

Male

Prefer not to say

Other: _____


20/1/2022



MGM New Bombay College of Nursing
Kamothe,
Navi Mumbai
410209
* Nursing

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate ▼

Name of Program *

Bsc. Nursing

Name of Institute with campus *

MGM NEW BOMBAY COLLEGE OF NURSING ▼

Professional year *

3rd year ▼

Contact number

8928112882

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.



1. Extent of coverage of course *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Depth of Course content *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory



4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical, Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory



7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable



10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory



13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

No suggestions



Student feedback - Academic 2 - Faculty (For Department)

Name of Institute : MGM NEW BOMBAY COLLEGE OF NURSING

Campus : KAMOTHE, NAVI MUMBAI

Date : 23.09.2021

Department : NURSING

Personal Information

Name

Ansa Roy

Age in years *

22

Gender *

Female

Male

Prefer not to say

Other: _____


20/2/2022



Undergraduate / Postgraduate *

Undergraduate

POST GRADUATE

Other: _____

Name of Program *

Bsc. Nursing

Name of Institute with campus *

MGM NEW BOMBAY COLLEGE OF NURSING ▼

Professional year *

THIRD YEAR ▼

Email id *

ansaroy2018@gmail.com

Contact number

8928112882



Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.
We appreciate your voluntary participation in this feedback process.



1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Maria Preethi Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dinali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mrs. Saika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Dipali	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Pingale

Mrs. Sarika Nair

Mrs. Sanjukta
Mohanty

Mrs. Karishma
Rose Shibin

Mrs. Snehal
Lakade

Mrs. Punam Rane



7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



8. Ability to conduct teaching session at ideal pace *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Diplai	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Pingale

Mrs. Sarika Nair

Mrs. Sanjukta
Mohanty

Mrs. Karishma
Rose Shibin

Mrs. Snehal
Lakade

Mrs. Punam Rane



9. Ability to use different teaching methods *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

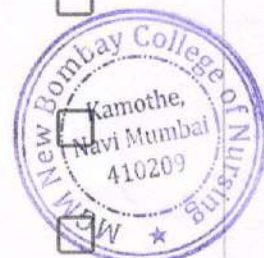


Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shubin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



11. Ability to provide broader perspective through course material *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasunsari P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Dipali	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Pingale

Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



12. Ability to provide information about recent advances *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Diplai Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

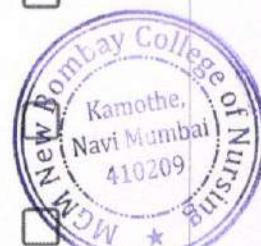


Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Row 22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



13. Ability to integrate content with other courses *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Dipali	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Pingale

Mrs. Sarika Nair

Mrs. Sanjukta
Mohanty

Mrs. Karishma
Rose Shibin

Mrs. Snehal
Lakade

Mrs. Punam Rane



14. Ability to answer student's queries during and after session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jtoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



15. Accessibility of the teacher in and out of the class for academic guidance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Pingale

Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



18. Ability of the teacher to provide Feedback about your assessment or performance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ferganzia Jubilson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ms. Dipali Pingale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Prabha K Dasila	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. R Ponchitra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Susan Jacob	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preethi Maria Mathew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Padmaja Dawale	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Vandana Kumbhar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Jyoti Chaudhari	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mr. Muniyandi S	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Sindhu Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Preeti Banerjee	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Josmy Abraham	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Anna Hima Thomas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Ferganzia Jubilson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Nisha Mane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Shivakamasundari P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Dipali	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Pingale

Mrs. Sarika Nair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Sanjukta Mohanty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Karishma Rose Shibin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Snehal Lakade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrs. Punam Rane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms



Student feedback - Non Academic 1 - On Hostel & Mess

Name of Institute : MGM NEW BOMBAY COLLEGE OF NURSING

Campus : KAMOTHE,NAVI MUMBAI

Date : 1.10.2021

Personal Information

Name

Ansa Roy

Age in years *

22

Gender *

- Female
- Male
- Prefer not to say
- Other: _____

Undergraduate / Postgraduate / PhD / Fellowship *

- Undergraduate
- Postgraduate



Name of Program *

Bsc Nursing

Name of Institute with campus *

MGM New Bombay College of Nursing, Navi Mumbai ▼

Professional year *

3rd year ▼

Email id *

ansaroy2018@gmail.com

Contact number

8928112882

Feedback Form

Please give your valuable feedback on the following attributes using 3 point scale.
We appreciate your voluntary participation in this feedback process.



1. The Hostel rooms are clean and well maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Clean drinking water is available *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Hostel has adequate power supply *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. The hostel has good security system *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. The buildings is disabled friendly – lifts and ramps are placed where necessary *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Toilets and washrooms are clean and properly maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



7. Sanitary napkin dispenser machines are available *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Mess is clean and well maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Food provided by mess is nutritious and hygienically presented *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



10. Kitchen and cutlery of mess is clean with maintained hygiene *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

11. Warden is approachable and helpful *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

12. Suggestions about how to improve our Hostel and Mess *

No suggestions





This form was created inside of MGM Institute of Health Sciences.

Google Forms



Student feedback - Non Academic 2 - On Campus

Name of Institute : MGM NEW BOMBAY COLLEGE OF NURSING

Campus : KAMOTHE, NAVI MUMBAI

Date : 23.09.2021

Personal Information

Name

Ansa Roy

Age in years *

22

Gender *

Female

Male

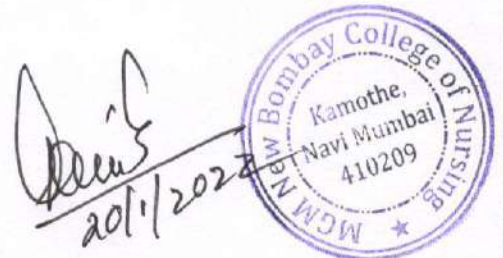
Prefer not to say

Other: _____

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate

Postgraduate



Name of Program *

Bsc. Nursing

Name of Institute with campus *

MGM New Bombay College of Nursing, Navi Mumbai ▼

Professional year *

3rd year ▼

Email id *

ansaroy@mgmudn-nm.edu.in

Contact number

8928112882

Feedback Form

Please give your valuable feedback on the following attributes using 3 point scale.
We appreciate your voluntary participation in this feedback process.

1. Clean drinking water is available in the campus *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Campus has adequate power supply *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Campus has good security system *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



4. Parking is available for students *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Campus is disabled friendly – lifts and ramps are placed where necessary *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Toilets and washrooms are clean and properly maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



7. Sanitary napkin dispenser machines are available *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Canteen is clean and well maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Food available in canteen nutritious and hygienically presented *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



10. Kitchen and cutlery of canteen is clean with maintained hygiene *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

11. Classrooms are clean and properly maintained *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

12. Separate common rooms for boys and girls are available *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



13. Good response is available from reception / Help desk *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

14. The campus is green and ecofriendly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

15. Suggestions about how to improve our Campus *

No suggestions





This form was created inside of MGM Institute of Health Sciences.

Google Forms



MGM Institute's University Department of
Prosthetics & Orthotics,
Navi Mumbai.

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Email *

vanshikaraval@mgmuhs.com

Personal Information

Name *

Vanshika Raval

Age in years *

19

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate ▼

Name of Program *

Bachelor of prosthetic & orthotics

Name of Institute with campus *

MGM Medical College, Navi Mumbai ▼

Professional year *

2nd year ▼

Contact number

8369875044

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

Good



2. Depth of Course content *

Good



3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical,Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

-



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Email *

vanshikaraval@mgmuhs.com

Personal Information

Name *

Vanshika Raval

Age in years *

19

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate ▼

Name of Program *

Bachelor of prosthetic & orthotics

Name of Institute with campus *

MGM Medical College, Navi Mumbai ▼

Professional year *

2nd year ▼

Contact number

8369875044

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

Good



2. Depth of Course content *

Good



3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
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- Very good
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- Unsatisfactory

5. Learning Skills (in terms of Practical,Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

-



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Email *

vanshikaraval@mgmuhs.com

Personal Information

Name *

Vanshika Raval

Age in years *

19

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate ▼

Name of Program *

Bachelor of prosthetic & orthotics

Name of Institute with campus *

MGM Medical College, Navi Mumbai ▼

Professional year *

2nd year ▼

Contact number

8369875044

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

Good



2. Depth of Course content *

Good



3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical,Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

-



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Email *

sakshithakkar2605@gmail.com

Personal Information

Name *

Sakshi M Thakkar

Age in years *

21

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate ▼

Name of Program *

Bachelor of Prosthetics and Orthotics

Name of Institute with campus *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Professional year *

2nd year ▼

Contact number

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

Good



2. Depth of Course content *

Good



3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical,Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

More attention to student's problems.



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Email *

Mariaubare@yahoo.com

Personal Information

Name *

Maria Musaddique Ubare

Age in years *

20 years

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate ▼

Name of Program *

Bachelor in prosthetics and orthotics

Name of Institute with campus *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Professional year *

2nd year ▼

Contact number

8291876040

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

Good



2. Depth of Course content *

Good



3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical,Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

College must catiously take action against covid-19 pandemic...online lecture and exams shall be held during this pandemic, and only to allow students to come to college for practical reasons only and not else..!



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Email *

lalit3838patil@gmail.com

Personal Information

Name *

Lalit Sahebrao Patil

Age in years *

20 years

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate ▼

Name of Program *

Bachelor's in prosthetics and orthotics

Name of Institute with campus *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Professional year *

2nd year ▼

Contact number

8600252110

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

Very good



2. Depth of Course content *

Very good



3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical,Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

By adding new technologies.



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic I - Curriculum

Name of Institute :

Campus :

Date :

Email *

sachinkawankar@mgmuhs.com

Personal Information

Name *

Sachin kawankar

Age in years *

37

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate / PhD / Fellowship *

Undergraduate ▼

Name of Program *

Bachelors of prosthetic and orthotics

Name of Institute with campus *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Professional year *

2nd year ▼

Contact number

9224768412

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale .
We appreciate your voluntary participation in this feedback process.

1. Extent of coverage of course *

Good



2. Depth of Course content *

Good



3. Applicability /relevance of curriculum in real life situations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Learning Values (in terms of Attitude, Ethics, Broadening perspectives) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Learning Skills (in terms of Practical,Communication, Team work, Leadership, Research) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Adequacy of available practical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Adequacy of available clinical facilities in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Relevance and adequacy of available Library books and resource material in terms of curriculum *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Rate your University theory exam paper content with respect to curriculum coverage? *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

10. Rate your University practical exam content and conduct with respect to curriculum coverage *

- Very good
- Good
- Satisfactory
- Unsatisfactory
- Not applicable

11. Opinion about content and conduct of various internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Rate the feedback system related to your performance in internal examinations *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Opinion on extracurricular activities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Suggestions about how to improve our Program for better outcomes *

Due to lockdown situation when everything is online. It would be more helpful for us to understand if by some means practical's are explained online until this pandemic is taken care as it's wasting our valuable time and in my case as I have started my academic late I am really concerned if really I could make it till end of course also with relate to written exams their must be guidelines for students like what type of questions as we are unable to write down as we are not aware how much to write depending on the wattage of marks in the stipulated time provided.



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic 2 - Faculty (For Department)

Name of Institute : MGMIUDPO

Campus : Kamothe, Navi Mumbai

Date :

Department : Prosthetics & Orthotics

Personal Information

Name

Khan shaba

Age in years *

24

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate *

Undergraduate

Postgraduate

Name of Program *

P&O

Name of Institute with campus *

MGM INSTITUTE'S UNIVERSITY DEPARTMENT OF PROSTHETICS & ORTHOTICS ▼

Professional year *

4th year ▼

Email id

Khanshaba013@gmail.com

Contact number

8652870205

Feedback Form

Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.

We appreciate your voluntary participation in this feedback process.

1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Ability to conduct teaching session at ideal pace *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Ability to use different teaching methods *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Ability to provide broader perspective through course material *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Ability to provide information about recent advances *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Ability to integrate content with other courses *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Ability to answer student's queries during and after session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Accessibility of the teacher in and out of the class for academic guidance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Fairness of the teacher during assessment (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Ability of the teacher to provide Feedback about your assessment or performance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic 2 - Faculty (For Department)

Name of Institute : MGMIUDPO

Campus : Kamothe, Navi Mumbai

Date :

Department : Prosthetics & Orthotics

Personal Information

Name

Nikhil wagh

Age in years *

25

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate *

Undergraduate

Postgraduate

Name of Program *

Bachelor's of Prosthetics & Orthotics

Name of Institute with campus *

MGM INSTITUTE'S UNIVERSITY DEPARTMENT OF PROSTHETICS & ORTHOTICS ▼

Professional year *

2nd year ▼

Email id

nikhilwagh@mgmudpo.edu.in

Contact number

7028612025

Feedback Form

Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.

We appreciate your voluntary participation in this feedback process.

1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Ability to conduct teaching session at ideal pace *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Ability to use different teaching methods *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Ability to provide broader perspective through course material *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Ability to provide information about recent advances *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Ability to integrate content with other courses *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Ability to answer student's queries during and after session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Accessibility of the teacher in and out of the class for academic guidance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Fairness of the teacher during assessment (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic 2 - Faculty (For Department)

Name of Institute : MGMIUDPO

Campus : Kamothe, Navi Mumbai

Date :

Department : Prosthetics & Orthotics

Personal Information

Name

Yashashree Gawde

Age in years *

23

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate *

Undergraduate

Postgraduate

Name of Program *

Bachelor's in Prosthetics and Orthotics

Name of Institute with campus *

MGM INSTITUTE'S UNIVERSITY DEPARTMENT OF PROSTHETICS & ORTHOTICS ▼

Professional year *

3rd year ▼

Email id

yashashregawde@gmail.com

Contact number

Feedback Form

Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.

We appreciate your voluntary participation in this feedback process.

1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Ability to conduct teaching session at ideal pace *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Ability to use different teaching methods *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Ability to provide broader perspective through course material *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Ability to provide information about recent advances *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Ability to integrate content with other courses *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Ability to answer student's queries during and after session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Accessibility of the teacher in and out of the class for academic guidance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Fairness of the teacher during assessment (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Ability of the teacher to provide Feedback about your assessment or performance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic 2 - Faculty (For Department)

Name of Institute : MGMIUDPO

Campus : Kamothe, Navi Mumbai

Date :

Department : Prosthetics & Orthotics

Personal Information

Name

Pradnya

Age in years *

21

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate *

Undergraduate

Postgraduate

Name of Program *

Bachelor of prosthetics and orthotics

Name of Institute with campus *

MGM INSTITUTE'S UNIVERSITY DEPARTMENT OF PROSTHETICS & ORTHOTICS ▼

Professional year *

4th year ▼

Email id

Contact number

Feedback Form

Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.

We appreciate your voluntary participation in this feedback process.

1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course *

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Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Ability of the teacher to provide Feedback about your assessment or performance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Student feedback - Academic 2 - Faculty (For Department)

Name of Institute : MGMIUDPO

Campus : Kamothe, Navi Mumbai

Date :

Department : Prosthetics & Orthotics

Personal Information

Name

Abuthalib

Age in years *

24

Gender *

Female

Male

Prefer not to say

Other:

Undergraduate / Postgraduate *

Undergraduate

Postgraduate

Name of Program *

BPO

Name of Institute with campus *

MGM INSTITUTE'S UNIVERSITY DEPARTMENT OF PROSTHETICS & ORTHOTICS ▼

Professional year *

4th year ▼

Email id

sabuthalibnaf22@gmail.com

Contact number

08610360965

Feedback Form

Please give your valuable feedback on the following attributes using scale as shown below. If the teacher has not taught you tick in not applicable column.

We appreciate your voluntary participation in this feedback process.

1. Knowledge base of the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Preparation of the teaching session by the teacher (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication skills (Articulation and comprehensibility) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Relevance of content of teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Ability to simplify and explain topics *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Interest generated by the teacher in the topic of session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Rate the ability of the teacher to involve students in teaching session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Ability to conduct teaching session at ideal pace *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Ability to use different teaching methods *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Motivational ability of the teacher *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Ability to provide broader perspective through course material *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Ability to provide information about recent advances *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Ability to integrate content with other courses *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Ability to answer student's queries during and after session *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Accessibility of the teacher in and out of the class for academic guidance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Ability to design quizzes/ tests / assignments etc to evaluate students understanding of the course *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Fairness of the teacher during assessment (as perceived by you) *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Ability of the teacher to provide Feedback about your assessment or performance *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Overall rating *

	Very good	Good	Satisfactory	Unsatisfactory	Not applicable
Dr. Uttara Deshmukh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Deepshikha Raut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr.Ravi Barela	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Pratiksha Shelar	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Subhasish Paikray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Faculty Feedback

Name of Institute : MGM Institute's of Health Sciences

Campus : Kamothe, Navi Mumbai

Date : 06/12/2021

Age in years *

23

Gender *

Female

Male

Prefer not to say

Other:

Designation *

Demonstrator

Institute with Campus *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Name of the Department *

Department of Prosthetics and Orthotics

Email id

Shlarpratiksha23@gmail.com

Contact number

8104752529

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Personal interest is considered for Teaching portions allotment *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Flexibility to balance family and work life is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

Feedback must be taken from faculty..of every constituents unit in every month without any interference



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Google Forms

Faculty Feedback

Name of Institute : MGM Institute's of Health Sciences

Campus : Kamothe, Navi Mumbai

Date : 06/12/2021

Age in years *

28

Gender *

Female

Male

Prefer not to say

Other:

Designation *

Assistant Professor

Institute with Campus *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Name of the Department *

Department of Prosthetics and Orthotics

Email id

subhasishpaikray@gmail.com

Contact number

7968695146

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Personal interest is considered for Teaching portions allotment *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Flexibility to balance family and work life is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

Feedback from all staff is necessary in every month



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Faculty Feedback

Name of Institute : MGM Institute's of Health Sciences

Campus : Kamothe, Navi Mumbai

Date : 06/12/2021

Age in years *

29

Gender *

Female

Male

Prefer not to say

Other:

Designation *

Demonstrator

Institute with Campus *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Name of the Department *

Department of Prosthetics and Orthotics

Email id

barelavikumar@gmail.com

Contact number

9561505791

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Personal interest is considered for Teaching portions allotment *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is a good support system amongst colleagues and from Institutional authorities as and when needed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Work culture & Benefits

1. Opportunities are provided for professional growth *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. There is established research system which appreciates and supports new ideas *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Flexibility to balance family and work life is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

Nothing



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Faculty Feedback

Name of Institute : MGM Institute's of Health Sciences

Campus : Kamothe, Navi Mumbai

Date : 06/12/2021

Age in years *

45

Gender *

Female

Male

Prefer not to say

Other:

Designation *

In-charge Principal

Institute with Campus *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Name of the Department *

MGM Institute's University Department of Prosthetics and Orthotics

Email id

uttara.deshmukh2010@gmail.com

Contact number

08888863363

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Objectives are clearly defined *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Course content is need based *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Assessment is very well correlated with syllabus and teaching learning methods *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Internal assessment is very well structured *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Freedom to adopt newer strategies of teaching is provided *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Personal interest is considered for Teaching portions allotment *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

8. Work assignment is allotted equally *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9. Regular feedback and suggestions are taken for curricular changes *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Library

1. Relevant books are available as listed in the curriculum *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Latest Editions of books are added regularly *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

3. Adequate copies of Books are stocked *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Latest Journals are subscribed *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

2. Maintenance of physical set up is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
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3. Equipment and supplies in the laboratory are sufficient *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

4. Computer facilities are adequate *

- Strongly agree
- Agree
- Neutral
- Disagree
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General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

*

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Work culture & Benefits

1. Opportunities are provided for professional growth *

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- Neutral
- Disagree
- Strongly disagree

5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

Thank you



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Google Forms

Faculty Feedback

Name of Institute : MGM Institute's of Health Sciences

Campus : Kamothe, Navi Mumbai

Date : 06/12/2021

Age in years *

33

Gender *

Female

Male

Prefer not to say

Other:

Designation *

ASSISTANT PROFESSOR

Institute with Campus *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Name of the Department *

PROSTHETICS AND ORTHOTICS

Email id

deepshikhapo@gmail.com

Contact number

8779662100

Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

1. Structure of curriculum is logically organized *

- Strongly agree
- Agree
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Non - Academic Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

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- Neutral
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- Strongly disagree

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- Strongly agree
- Agree
- Neutral
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- Strongly disagree

5. Library timing is convenient *

- Strongly agree
- Agree
- Neutral
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- Strongly disagree

Infrastructure and facilities

1. Physical set up of the institute is conducive *

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- Disagree
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4. Computer facilities are adequate *

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General Feedback

Instruction: For each item indicate your level of agreement by choosing the appropriate option

Strongly agree ,Agree ,Neutral , Disagree, Strongly disagree

Interpersonal relationship

1. There is Team spirit & cordial work relationship amongst staff (Teaching & Administrative)

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1. Opportunities are provided for professional growth *

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- Agree
- Neutral
- Disagree
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4. Recognition for achievement is provided. *

- Strongly agree
- Agree
- Neutral
- Disagree
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5. Feedback is provided on the performance *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

6. Remuneration is satisfactory *

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

7. Any suggestions for improvement of our Institute? *

NA



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Professional Feedback - Examiner

Name of Institute : MGM Institute's University Department of Prosthetics & Orthotics

Campus : KAMOTHE, NAVI MUMBAI

Date :

Request letter

Respected Examiner

You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary. Convenor is requested to provide copy of curriculum for reference.

Personal Information

Name *

Makarand Saraf

Age in years *

48

Gender *

Female

Male

Prefer not to say

Other:

Designation *

Senior Prosthetist

Department *

Prosthetics & Orthotics

Name of Institute *

All India Institute of Physical Medicine and Rehabilitation

Email id *

makarandsaraf@gmail.com

Contact number *

9987286242

Curriculum Design & Development

Theory Syllabus

How will you rate the theory Syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

None

Curriculum Design & Development

Practical Syllabus

How will you rate the practical syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

None

University Practical pattern

How was the topic wise mark distribution? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate topic wise choice of practical assessment method? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? *

None

Examination Conduction

Rate students' performance in practicals. *

- Very Good
- Good
- Satisfactory
- Non - satisfactory

Logistic arrangements for Examiners *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination arrangements for students *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination System (Remarks/ Suggestions)

How will you rate our Internal Assessment system ? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Theory Paper pattern & CAP System? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Practicals & viva conduction *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any comments or suggestions? *

None



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Professional Feedback - Examiner

Name of Institute : MGM Institute's University Department of Prosthetics & Orthotics

Campus : KAMOTHE, NAVI MUMBAI

Date :

Request letter

Respected Examiner

You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary. Convenor is requested to provide copy of curriculum for reference.

Personal Information

Name *

Urmila Naukudkar

Age in years *

44

Gender *

Female

Male

Prefer not to say

Other:

Designation *

Junior Prosthetist

Department *

Department of Prosthetics and Orthotics

Name of Institute *

All India Institute of Physical Medicine and Rehabilitation, Hajjali Mumbai

Email id *

urmilanaukudkar@gmail.com

Contact number *

9870154036

Curriculum Design & Development

Theory Syllabus

How will you rate the theory Syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

Need to be modified considering subjects of masters course.

Curriculum Design & Development

Practical Syllabus

How will you rate the practical syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

More exposure should be given to advanced technology.

University Practical pattern

How was the topic wise mark distribution? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate topic wise choice of practical assessment method? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? *

No

Examination Conduction

Rate students' performance in practicals. *

- Very Good
- Good
- Satisfactory
- Non - satisfactory

Logistic arrangements for Examiners *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination arrangements for students *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination System (Remarks/ Suggestions)

How will you rate our Internal Assessment system ? *

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- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Theory Paper pattern & CAP System? *

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- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Practicals & viva conduction *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any comments or suggestions? *

No



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Professional Feedback - Examiner

Name of Institute : MGM Institute's University Department of Prosthetics & Orthotics

Campus : KAMOTHE, NAVI MUMBAI

Date :

Request letter

Respected Examiner

You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary. Convenor is requested to provide copy of curriculum for reference.

Personal Information

Name *

Mrs Vaishali Krishna Pai

Age in years *

46

Gender *

Female

Male

Prefer not to say

Other:

Designation *

Prosthetist and Orthotist

Department *

Prosthetics and Orthotist

Name of Institute *

All India institute of physical medicine and rehabilitation

Email id *

Vaishali.nimje22@gmail.com

Contact number *

9967386022

Curriculum Design & Development

Theory Syllabus

How will you rate the theory Syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

No

Curriculum Design & Development

Practical Syllabus

How will you rate the practical syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

No

University Practical pattern

How was the topic wise mark distribution? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate topic wise choice of practical assessment method? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? *

No

Examination Conduction

Rate students' performance in practicals. *

- Very Good
- Good
- Satisfactory
- Non - satisfactory

Logistic arrangements for Examiners *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination arrangements for students *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination System (Remarks/ Suggestions)

How will you rate our Internal Assessment system ? *

- Very Good
- Good
- Satisfactory
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- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Practicals & viva conduction *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any comments or suggestions? *

No



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Professional Feedback - Examiner

Name of Institute : MGM Institute's University Department of Prosthetics & Orthotics

Campus : KAMOTHE, NAVI MUMBAI

Date :

Request letter

Respected Examiner

You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary. Convenor is requested to provide copy of curriculum for reference.

Personal Information

Name *

Mohit Gupta

Age in years *

31

Gender *

Female

Male

Prefer not to say

Other:

Designation *

Demonstrator

Department *

Prosthetic and Orthotic

Name of Institute *

PDUNIPPD, New Delhi

Email id *

mohitgupta201057@yahoo.com

Contact number *

8826976966

Curriculum Design & Development

Theory Syllabus

How will you rate the theory Syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

Cover robotics

Curriculum Design & Development

Practical Syllabus

How will you rate the practical syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

Robotics part n biomedical

University Practical pattern

How was the topic wise mark distribution? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate topic wise choice of practical assessment method? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? *

Core subjects topic should be upgrade

Examination Conduction

Rate students' performance in practicals. *

- Very Good
- Good
- Satisfactory
- Non - satisfactory

Logistic arrangements for Examiners *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination arrangements for students *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination System (Remarks/ Suggestions)

How will you rate our Internal Assessment system ? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Theory Paper pattern & CAP System? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Practicals & viva conduction *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any comments or suggestions? *

Practical part should be more strong



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Professional Feedback - Examiner

Name of Institute : MGM Institute's University Department of Prosthetics & Orthotics

Campus : KAMOTHE, NAVI MUMBAI

Date :

Request letter

Respected Examiner

You are requested to give feedback on curriculum design & development based on copy of curriculum provided for reference. We very much appreciate you taking out time to give us feedback which is voluntary. Convenor is requested to provide copy of curriculum for reference.

Personal Information

Name *

Dr. Lukeshkumar Rajendra Bhuyar

Age in years *

35

Gender *

Female

Male

Prefer not to say

Other:

Designation *

Demonstrator P&O

Department *

Prosthetics and Orthotics

Name of Institute *

AIIPMR

Email id *

lk.bhuyar@aiipmr.gov.in

Contact number *

9890904391

Curriculum Design & Development

Theory Syllabus

How will you rate the theory Syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

Syllabus is designed keeping in mind the RCI guidelines and is very well designed.

Curriculum Design & Development

Practical Syllabus

How will you rate the practical syllabus? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? - Specify *

Practical syllabus exploring students abilities to gain knowledge.

University Practical pattern

How was the topic wise mark distribution? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate topic wise choice of practical assessment method? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any suggestions? *

I am very much impressed with the practical assessment method.

Examination Conduction

Rate students' performance in practicals. *

- Very Good
- Good
- Satisfactory
- Non - satisfactory

Logistic arrangements for Examiners *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination arrangements for students *

- Very good
- Good
- Satisfactory
- Nonsatisfactory

Examination System (Remarks/ Suggestions)

How will you rate our Internal Assessment system ? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Theory Paper pattern & CAP System? *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

How will you rate our University Examination – Practicals & viva conduction *

- Very Good
- Good
- Satisfactory
- Non-Satisfactory

Any comments or suggestions? *

It's a well organized system of education.



This form was created inside of MGM Institute of Health Sciences.

Google Forms

MGMIUDPO Employer Feedback

Name of Institute :MGM Institute's University Department of Prosthetics & Orthotics

Campus : Kamothe, Navi Mumbai

Date :

Request letter

Dear Employer,

This is to bring to your kind notice that Mr. Rafiq ahmed rather, a past student from our Institute MGM Institute's University Department of Prosthetics & Orthotics under MGMIHS, Navi Mumbai, is working presently working with your organization. We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form, which is voluntary. It will help us to improve the Institute further and give you better employees in future.

Personal Information of Employer

Name of organization *

Care Vale prosthetics and orthotics

Name of employer *

Sanuja debidatta swain

Age in years *

30

Gender *

Female

Male

Prefer not to say

Other:

Designation *

Clinical Director

Contact number *

9688029689

Contact mail ID *

icarevale@gmail.com

Personal Information of Candidate

Name *

MOHAMMED RAFIQ

Age in years *

28

Gender *

Female

Male

Prefer not to say

Other: _____

Degree / Qualification of the candidate *

Bachelor in prosthetics and orthotics

Date of joining your Organization *

MM DD YYYY

01 / 11 / 2021

Job description of candidate at your organization *

Clinical prosthetist and orthotist

Feedback Form about Candidate

Please give your valuable feedback on the following attributes of Candidate using 4 point scale as shown below

1. Knowledge base *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Practical hands on skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Communication Skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Working as part of team *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Planning and organizing skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Readiness to learn and innovate *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Accountability *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Optimum use of organizational resources *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Leadership quality *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Contributes to organizational goals *

- Very good
- Good
- Satisfactory
- Unsatisfactory

11. Participation in research endeavors *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Maintains appropriate work place relationships *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Effective time management skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Rating of overall satisfaction with competency of our candidate *

- Very good
- Good
- Satisfactory
- Unsatisfactory

15. Suggestions about how to improve our Program for better outcomes *

He is a good performer in many formats, he wants to learn few more dimension in clinical and management part for his future growth.



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MGMIUDPO Employer Feedback

Name of Institute :MGM Institute's University Department of Prosthetics & Orthotics

Campus : Kamothe, Navi Mumbai

Date :

Request letter

Dear Employer,

This is to bring to your kind notice that Mr. Tejas Pandit , a past student from our Institute MGM Institute's University Department of Prosthetics & Orthotics under MGMIHS, Navi Mumbai, is working presently working with your organization. We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form, which is voluntary. It will help us to improve the Institute further and give you better employees in future.

Personal Information of Employer

Name of organization *

SHREE SIDDHI SURGICALS

Name of employer *

PURSHOTTAM DANTALA

Age in years *

53

Gender *

Female

Male

Prefer not to say

Other:

Designation *

PROPRIETOR

Contact number *

9821122034

Contact mail ID *

dantalaps@gmail.com

Personal Information of Candidate

Name *

TEJAS SANJAY PANDIT

Age in years *

22

Gender *

Female

Male

Prefer not to say

Other: _____

Degree / Qualification of the candidate *

BACHELORS IN PROSTHETICS AND ORTHOTICS

Date of joining your Organization *

MM DD YYYY

11 / 08 / 2021

Job description of candidate at your organization *

PROSTHETIST AND ORTHOTIST

Feedback Form about Candidate

Please give your valuable feedback on the following attributes of Candidate using 4 point scale as shown below

1. Knowledge base *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Practical hands on skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Communication Skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Working as part of team *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Planning and organizing skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Readiness to learn and innovate *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. Accountability *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8. Optimum use of organizational resources *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Leadership quality *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Contributes to organizational goals *

- Very good
- Good
- Satisfactory
- Unsatisfactory

11. Participation in research endeavors *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Maintains appropriate work place relationships *

- Very good
- Good
- Satisfactory
- Unsatisfactory

13. Effective time management skills *

- Very good
- Good
- Satisfactory
- Unsatisfactory

14. Rating of overall satisfaction with competency of our candidate *

- Very good
- Good
- Satisfactory
- Unsatisfactory

15. Suggestions about how to improve our Program for better outcomes *

NA



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Alumni Feedback

Name of Institute : MGM Institute's University Department of Prosthetics & Orthotics

Campus : Navi Mumbai.

Date :

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.

Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Manisha veerbahadur Yadav

Age in years *

23

Gender *

Female

Male

Prefer not to say

Other:

Degree/Qualification *

Bachelor in Prosthetics and Orthotics

Alumnus of Institute *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Year of Passing out from MGMIHS *

2020 ▼

Current status *

Self-employed ▼

Details of the current status *

Currently working with wellness forever Medicare center

Email id *

manishayadav3695@gmail.com

Contact number *

9769834631

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
- Guidance to students
- Mentoring
- In Research
- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other

14. Suggestions about how to improve our Program for better outcomes *

None



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Alumni Feedback

Name of Institute : MGM Institute's University Department of Prosthetics & Orthotics

Campus : Navi Mumbai.

Date :

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.

Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Simranjeet Kaur

Age in years *

23

Gender *

Female

Male

Prefer not to say

Other:

Degree/Qualification *

Bachelor's in Prosthetics and Orthotics

Alumnus of Institute *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Year of Passing out from MGMIHS *

2020 ▼

Current status *

Higher education ▼

Details of the current status *

Preparing for GRE exam which is very much essential for taking admission in Master's in Foreign country

Email id *

Simranjeetkaur098@gmail.com

Contact number *

9920715285

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
- Guidance to students
- Mentoring
- In Research
- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other

14. Suggestions about how to improve our Program for better outcomes *

Some guest lectures should be arranged regarding higher education in foreign countries so that students can prepare themselves during their graduation itself which can save their time later.



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Google Forms

Alumni Feedback

Name of Institute : MGM Institute's University Department of Prosthetics & Orthotics

Campus : Navi Mumbai.

Date :

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.

Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Shubham Pawar

Age in years *

24

Gender *

Female

Male

Prefer not to say

Other:

Degree/Qualification *

Bachelor's in Prosthetics and orthotics

Alumnus of Institute *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Year of Passing out from MGMIHS *

2020 ▼

Current status *

In service ▼

Details of the current status *

Working as a Team Leader In ALIMCO ADIP and RVY camps in Maharashtra.

Email id *

shubham.a.pawar0707@gmail.com

Contact number *

+918329032894

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
- Guidance to students
- Mentoring
- In Research
- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other

14. Suggestions about how to improve our Program for better outcomes *

Good advertising and awareness of this program is required.



This form was created inside of MGM Institute of Health Sciences.

Google Forms

Alumni Feedback

Name of Institute : MGM Institute's University Department of Prosthetics & Orthotics

Campus : Navi Mumbai.

Date :

Request letter

Dear Alumnus,

We shall appreciate and be grateful to you if you can spare some of your valuable time to fill up this feedback form which is completely voluntary. It will contribute to improvement of your parent Institute.

We would appreciate if you could provide your recent photograph for our reference.

Kindly mail your recent passport size photo to this email id

Personal Information

Name *

Tejas Pandit

Age in years *

22

Gender *

Female

Male

Prefer not to say

Other:

Degree/Qualification *

Bachelors in Prosthetics and Orthotics

Alumnus of Institute *

MGMIHS, University Department of Prosthetics and Orthotics ▼

Year of Passing out from MGMIHS *

2020 ▼

Current status *

Self-employed ▼

Details of the current status *

NA

Email id *

tejpandit12@gmail.com

Contact number *

9372240429

Feedback Form

Please give your valuable feedback on the following attributes using 4 point scale as shown below

I. Academic Feedback

1. Curriculum and Syllabus adequacy *

- Very good
- Good
- Satisfactory
- Unsatisfactory

2. Curriculum and Syllabus relevance for your future plans *

- Very good
- Good
- Satisfactory
- Unsatisfactory

3. Laboratory Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

4. Clinical Hands on Skill development *

- Very good
- Good
- Satisfactory
- Unsatisfactory

5. Guidance and cooperation from Faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

6. Teaching – learning methods used by faculty *

- Very good
- Good
- Satisfactory
- Unsatisfactory

7. How did the institute help you to develop professional soft skills

Rate Institutional help for development of following Professional soft skills on scale of 1 to 4

7a. Communication skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7b. Working as a team member

- Very good
- Good
- Satisfactory
- Unsatisfactory

7c. Leadership skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7d. Research skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

7e. Planning and organizing skills

- Very good
- Good
- Satisfactory
- Unsatisfactory

II. Non Academic Feedback

8. Infrastructure and facilities

Rate following infrastructure and facilities on scale of 1 to 4

8a. Classrooms *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8b. Laboratories & Equipment *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8c. Computer Facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8d. Sports and Cultural facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8e. Library facilities *

- Very good
- Good
- Satisfactory
- Unsatisfactory

8f. Hostel (If applicable) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

9. Campus facilities (basic like water, washrooms) *

- Very good
- Good
- Satisfactory
- Unsatisfactory

10. Your experience of Mentorship program of institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

III. General Feedback

11. Rate your overall satisfaction with the Institute *

- Very good
- Good
- Satisfactory
- Unsatisfactory

12. Do you feel proud to be associated with your institute as Alumnus *

- Yes
- No

13. Are you willing to contribute for the development of the institute *

- Yes
- No
- May be later

13a. If Yes to previous question – Specify your choice of mode of contribution *

- Employment
- Guidance to students
- Mentoring
- In Research
- In Extension Activity
- Infrastructure development
- Scholarships/ Medals
- Guest Lectures
- Part of Committees
- Other

14. Suggestions about how to improve our Program for better outcomes *

NA



This form was created inside of MGM Institute of Health Sciences.

Google Forms