

CSMSS
AYURVED MAHAVIDYALAYA
Kanchanwadi, Aurangabad.
(ISO: 9001-2015)

Form No.3

INTERN STUDENTS FEEDBACK (ON HOSPITAL)

Duration of Internship in this Institute:-

Department: -

Date:-

* Tick to Appropriate.

Sr. No.	Focus Area	Excellent	Good	Non Satisfactory
1	Opinion about OPD (Dept.)			
2	Opinion about IPD			
3	Exposure to Actual Practical Work (OT, Lab)			
4	Co-operation of Consultant			
5	Co-operation of Paramedical Staff			
6	Duty hour's & Hospital Discipline			
7	Hospital Office Co-operation			

Remark:-

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