

C.S.M.S.S. DENTAL COLLEGE AND HOSPITAL, AURANGABAD.

Student Feedback Form on Courses

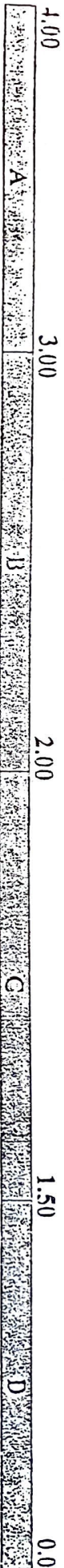
Questionnaire No.1

Class : **THIRD BDS**

Department : _____

Term / Year : _____

Please rate the courses on the following parameters using the 4 –point scale shown (A, B, C, D) :



Very Good

Good

Satisfactory

Unsatisfactory

Parameters	Gen Med		Gen Sur.		OP		Satisfactory		Unsatisfactory	
	Course No.	Course No.	Course No.	Course No.	Course No.	Course No.	Course No.	Course No.	Course No.	Course No.
1. Course content (in terms of recent advancements, and clarity)										
2. Adequacy of course content										
3. Scope for use of innovative teaching methods (Group discussion, field exercises, role plays, use of audio-visual aids, student seminar etc.)										
4. Learning value (in terms of knowledge, concepts, skills building, analytical abilities and in broadening one's perspectives)										
5. Availability of reading Material (Library/Internet /Others)										
6. Over-all rating (Please leave this blank)										

Below 50% - US - D / 50% - 70% - C / 70% - 85% - B / 85% & above -

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