

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

Student Feedback Form on Courses

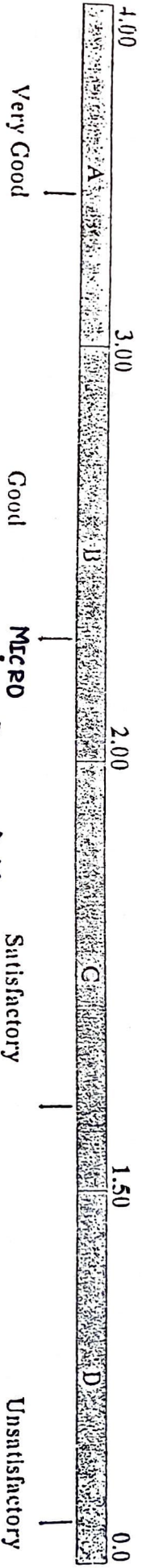
Questionnaire No.1

Class : SECOND BDS

Department : _____

Term / Year : _____

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



Parameters	MICRO PATHO		PHARMA		D.M.		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. Overall rating (Please leave this blank)										

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

C. S. S.
DEAN

Chhatrapati Shahu Maharaj Shikshan Sanstha's
Dental College & Hospital
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[Signature]
DIRECTOR

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