SHIVA TRUST'S
SHARADCHANDRAJI PAWAR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, SHRIRAMPUR
A/P Wadala-Mahadev, Shrirampur-Newasa Rd, Tal- Shrirampur, Dist. Ahmednagar (M.S)
Phone No: (02422) - 246109 Fax: 246210
Email-ID: sphmc111@gmail.com Pin Code: 413739

DATE

TO,
Secretory,
College Development Council,

The college development council is in receipt of the analysis report of the feedback from the stakeholders & submitted it to CDC for its recommendation to be forwarded it to university for action on the curriculum.

The CDC therefore resolved unanimously resorted to send this recommendation of CDC through principal to the universities authorities for action.

IIQA

PRINCIPAL
Principal
Sharadchandraji Pawar Homoeopathic
Medical College & Hospital
A/p.Wadala Mahadev, Tal.Shrirampur

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E-mail Id:- sphmc111@gmail.com. Website:- www.sphmcshrirampur.com
College Address:- Wadala Mahadev, Shrirampur- Newasa road, Tal: Shrirampur, Dist: Ahmednagar, Maharashtra Pin Code: 413739 (M.S.) Ph.02422-248310

STUDENTS FEEDBACK FORM

1.. Name of the Teacher :
2. Class :
3. Semester : I/II/III/IV/V/VI

Course Code:
Course Title:
Department:

Directions:

Forb each item please indicate your level of agreement with the following statement by choosing …….. a score between 1 & 5. A higher score indicates a stronger agreement with the statement.

A. COURSE CONTENT :		**1.**	**2.**	**3.**	**4.**	**5.**
1. The teacher covers the entire syllabus	:					
2. The teacher discusses topics in detail	:					
3. The teacher Possesses deep knowledge Of the subjects taught	:					
4. The teacher communicates clearly	:					
5. The teacher inspires me by his/her Knowledge in the subject	:					
B. TEACHING- LEARNING PROCESS :						
6. The teacher is punctual to the class	:					
7. The teacher engages the class for the full Duration & completes the course in time	:					
8. The teacher comes fully prepared for the class	:					
9. The teacher provides guidance counseling In academic & non-academic matters in/ Out side the class	:					

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PARENTS FEEDBACK FORM

Name of the Student :-
Name of the Parent :-
Address :-
:-
:-
Phone No. :-
E- mail :-

Feedback :-

Sr. No.	Parameter	Excellent	Very Good	Good	Average
1.	Infrastructural Discipliner & Culture				
2.	Infrastructure Facilities				
3.	Communication from college about progress of your ward				
4.	Career guidance & Placement				
5.	How do you rate our college				

Suggestions if any:

Signature

Thank you for providing us this feedback.
Your suggestions & healthy criticism will definitely help us to reach our goal of excellence & perfection.

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PATIENT FEEDBACK FORM

Patient name (please print):-
Address :- Date of birth: / /
:-
Phone No. :-
Submitted by :- Mo. No.
Medical record no. (if known).--------------------------------
This concern is regarding my bill: Yes No
This concern is regarding my patient care: Yes No

1. Did you discuss this concern with a member of health care team? Yes No
2. Please write a brief statement:

Who was involved: --
Where did the issue occur : ---
When did the issue occur : ---
What happened? --

---(use back of form if necessary &/or attach related documents.)

I authorize the OHSU Patient Advocate to review the above concern & advocate on my he half. I understand the advocate will review my medical record & / or discuss my case with my OHSC health care provider (S).

Signature of the patient or guardian
Date:-

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ALUMNI FEEDBACK FORM

ESSENTIAL DETAILS

Alumni Name	Abhang Aakash dilip
Father's Name	Abhang dilip ganpat
Date of Birth (DD/MM/YY)	11/5/1998
Year of Passing out	2020 Department:-
Permanent Address	At. pitkeshwar. post. varkute khurd Tal. Indapur. dist. pune
Contact no.	9623410424 Mo. No.:-
E-mail ID	
Present Organization	
Designation	Doctor Present Location:-

Sr. No.	Statement	Agree	Sometimes	Disagree
1	Do you feel proud to be associated with LNIPE AS AN Alumni?	✓		
2	Institute organizes various kind of activities for over all development of students.		✓	
3	Are you willing to contribute in the development of institute?	✓		
4	Institute handles student's grievance properly.		✓	
5	Institute is having adequate laboratories & equipment for practical experience.	✓		
6	Is education imparted at LNIPE is useful & relevant in your present job?	✓		
7	Have you obtained sufficient technical knowledge (both in theory & practical at LNIPE?)	✓		

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PATIENT FEEDBACK FORM

Patient name (please print):- prasad Guthe
Address :- Shrirampur
:-
Date of birth: 4/8/1983
Phone No. :- 8007144617
Submitted by :-
Mo. No.
Medical record no. (if known).-----------------------------------
This concern is regarding my bill: Yes No ✓
This concern is regarding my patient care: Yes No ✓

1. Did you discuss this concern with a member of health care team? Yes No ✓
2. Please write a brief statement:

Who was involved: ----------NO-----------------------------------
Where did the issue occur : -NO-----------------------------------
When did the issue occur : ---NO----------------------------------
What happened? ---------------NO----------------------------------
----

---(use back of form if necessary &/or attach related documents.)

I authorize the OHSU Patient Advocate to review the above concern & advocate on my he half. I understand the advocate will review my medical record & / or discuss my case with my OHSC health care provider (S).

Gathe

Signature of the patient or guardian
Date:- 16/10/2023

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PARENTS FEEDBACK FORM

Name of the Student :- Adsul mayura Somnath
Name of the Parent :- Adsaul Somnath kisor
Address :- A/p. Nimbhore Tal. phaltan
:- Dist. satara - 415528
:-
Phone No. :- 9766150257
E- mail :-

Feedback :-

Sr. No.	Parameter	Excellent	Very Good	Good	Average
1.	Infrastructural Discipliner & Culture		✓		
2.	Infrastructure Facilities			✓	
3.	Communication from college about progress of your ward	✓			
4.	Career guidance & Placement	✓			
5.	How do you rate our college	✓			

Suggestions if any:

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Signature

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STUDENTS FEEDBACK FORM

1. Name of the ~~Teacher~~ Student : :- Dhakare pooja Subhash
2. Class : IV th
3. Semester : I/II/III/IV/V/VI

Course Code: -
Course Title: -
Department: medicine.

Directions:

Forb each item please indicate your level of agreement with the following statement by choosing ....1... a score between 1 & 5. A higher score indicates a stronger agreement with the statement.

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1. 2. 3. 4. 5.

1. The teacher covers the entire syllabus : yes
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ALUMNI FEEDBACK FORM

ESSENTIAL DETAILS

Alumni Name	
Father's Name	
Date of Birth (DD/MM/YY)	
Year of Passing out	Department:-
Permanent Address	
Contact no.	Mo. No.:-
E-mail ID	
Present Organization	
Designation	Present Location:-

Sr. No.	Statement	Agree	Sometimes	Disagree
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