

## STUDENTS FEEDBACK ON CURRICULUM

Department:	Academic year:
Course Name and code:	Year/Semester:
Name of Student:	Course : UG / PG

Please give your valuable feedback on curriculum to improve quality of the program. Select your ranking on the scale of 1 to 5 for each of the following parameters.

**(1- Strongly disagree, 2- Disagree, 3- Uncertain, 4- Agree, 5- Strongly agree)**

Feedback on Course		1	2	3	4	5
1	The syllabus was challenging and up to Date.					
2	The allocation of the subjects to the course is appropriate in relation to the level of course work.					
3	The depth of the course content is adequate in relation to the expected Course Outcomes (COs).					
4	Almost entire syllabus was covered in the class by the teacher.					
5	The units/sections in the syllabus are appropriately sequenced.					
6	Syllabus is equipped me with necessary technical skills to face the day to day treatment.					
7	The syllabus enabled me to improve my ability to formulate, analyze and solve problems.					
8	Syllabus inculcated necessary ethical values and concern for the society.					
9	The recommended textbooks are adequately available and map onto the syllabus.					
<b>Feedback on Labs, Clinical Material and equipment.</b>						
10	The labs, Clinical Material and experiments enhanced my skillsand enabled me to relate theory to practice (Experiential learning).					

**Recommendations for course improvement** (Please specify topics that should be added/dropped from the course, new books to be recommended, changes in teaching scheme and experiments, etc. if any)

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Date:

Signature of Student