

Shiva Trust's

# SHARADCHANDRAJI PAWAR HOMOEOPATHY MEDICAL COLLEGE, SHRIRAMPUR, A' NAGAR

Recognized by Gov. of India, Dept. of AYUSH New Delhi, Council of Homoeopathy (C.C.H.) New Delhi.  
Gov. of Maharashtra & Affiliated to Maharashtra University of Health Sciences, Nashik.

E-mail Id:- [sphmc111@gmail.com](mailto:sphmc111@gmail.com). Website:- [www.sphmcshrirampur.com](http://www.sphmcshrirampur.com)

College Address:- Wadala Mahadev, Shrirampur- Newasa road, Tal: Shrirampur, Dist.  
Ahmednagar, Maharashtra Pin Code: 413739 ( M.S.) Ph.02422-248310

## PATIENT FEEDBACK FORM

Patient name (please print):- Prasad Gulhe

Date of birth 4/8/1983

Address :- Shrirampur

Phone No. :- 8007144657 Mo. No.

Submitted by :-

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 behalf. 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:- 06/10/2023



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**PATIENT FEEDBACK FORM**

Patient name (please print):- Rodhe Krushna Date of birth: / /

Address :- Shrirampur

Phone No. :- 7276631002 Mo. No.

Submitted by :-

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 behalf. 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:- 16/10/2013



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## ALUMNI FEEDBACK FORM ESSENTIAL DETAILS

Alumni Name	Sayyad Kajal Sayyad Salim
Father's Name	Sayyad Salim Raksoma.
Date of Birth (DD/MM/YY)	
Year of Passing out	Department:-
Permanent Address	At post - Gangakhed Tal - Gangakhed Dist - Parbhani
Contact no.	7218297952 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?	<input checked="" type="checkbox"/>		
2	Institute organizes various kind of activities for over all development of students.	<input checked="" type="checkbox"/>		
3	Are you willing to contribute in the development of institute?	<input checked="" type="checkbox"/>		
4	Institute handles student's grievance properly.		<input checked="" type="checkbox"/>	
5	Institute is having adequate laboratories & equipment for practical experience.	<input checked="" type="checkbox"/>		
6	Is education imparted at LNIPE is useful & relevant in your present job?	<input checked="" type="checkbox"/>		
7	Have you obtained sufficient technical knowledge (both in theory & practical at LNIPE?)	<input checked="" type="checkbox"/>		



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**ALUMNI FEEDBACK FORM**  
**ESSENTIAL DETAILS**

Alumni Name	Bind Satishkumar Kamalakar
Father's Name	Bind Kamalakar Prasad
Date of Birth (DD/MM/YY)	
Year of Passing out	Department:-
Permanent Address	Bhandup West Mumbai
Contact no.	9967281497 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?	<input checked="" type="checkbox"/>		
2	Institute organizes various kind of activities for over all development of students.	<input checked="" type="checkbox"/>		
3	Are you willing to contribute in the development of institute?	<input checked="" type="checkbox"/>		
4	Institute handles student's grievance properly.		<input checked="" type="checkbox"/>	
5	Institute is having adequate laboratories & equipment for practical experience.		<input checked="" type="checkbox"/>	
6	Is education imparted at LNIPE is useful & relevant in your present job?	<input checked="" type="checkbox"/>		
7	Have you obtained sufficient technical knowledge (both in theory & practical at LNIPE?)	<input checked="" type="checkbox"/>		



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**ALUMNI FEEDBACK FORM**  
**ESSENTIAL DETAILS**

Alumni Name	Bind Prajakta Diwakar
Father's Name	Bind Diwakar Rambhai
Date of Birth (DD/MM/YY)	
Year of Passing out	Department:-
Permanent Address	At post - Diwakar Bind, New Bus Stand Anjanga Tal - Anjanga Dist - Amravati
Contact no.	8975256039 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?	<input checked="" type="checkbox"/>		
2	Institute organizes various kind of activities for over all development of students.		<input checked="" type="checkbox"/>	
3	Are you willing to contribute in the development of institute?	<input checked="" type="checkbox"/>		
4	Institute handles student's grievance properly.	<input checked="" type="checkbox"/>		
5	Institute is having adequate laboratories & equipment for practical experience.		<input checked="" type="checkbox"/>	
6	Is education imparted at LNIPE is useful & relevant in your present job?	<input checked="" type="checkbox"/>		
7	Have you obtained sufficient technical knowledge (both in theory & practical at LNIPE?)	<input checked="" type="checkbox"/>		



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**ALUMNI FEEDBACK FORM**  
**ESSENTIAL DETAILS**

Alumni Name	Bhasme Vidya Prabhakar
Father's Name	Bhasme Prabhakar
Date of Birth (DD/MM/YY)	
Year of Passing out	Department:-
Permanent Address	At post - Shivajinagar, Nashik
Contact no.	9607379293 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?	<input checked="" type="checkbox"/>		
2	Institute organizes various kind of activities for over all development of students.		<input checked="" type="checkbox"/>	
3	Are you willing to contribute in the development of institute?	<input checked="" type="checkbox"/>		
4	Institute handles student's grievance properly.	<input checked="" type="checkbox"/>		
5	Institute is having adequate laboratories & equipment for practical experience.		<input checked="" type="checkbox"/>	
6	Is education imparted at LNIPE is useful & relevant in your present job?		<input checked="" type="checkbox"/>	
7	Have you obtained sufficient technical knowledge (both in theory & practical at LNIPE?)	<input checked="" type="checkbox"/>		



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## PARENTS FEEDBACK FORM

Name of the Student :- Adzul Mayura Somnath.  
Name of the Parent :- Adzul Somnath Kisan  
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: —

*Adzul*  
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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**PARENTS FEEDBACK FORM**

Name of the Student :- *Ambhore Vishranti Prakash.*  
Name of the Parent :- *Ambhore Prakash Sarangdhar*  
Address :- *A/P - chondi Khurd. Post - Babhulgasm,*  
*Tal - Sengam. Dist - Hingoli - 431703.*  
Phone No. :- *7741935638*  
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: *Nothing.*

*Vishranti*  
Signature

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

Name of the Student :- Ambike Vaishnavi Granesh.  
Name of the Parent :- Ambike Granesh Madhavras.  
Address :- Surve No -135, Kala Madhav Niwas, behind  
Santoshi Mata Mander, Mohannagar, Chindwad  
station, Pune - (411 019).  
Phone No. :- 8999296410.  
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: \_\_\_\_\_

*Ambike*  
Signature

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**STUDENTS FEEDBACK FORM**

1. Name of the Teacher: student Aagale santosh Babasahab Course Code:  
2. Class : Course Title:  
3. Semester : I/II/III/IV/V/VI 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                         |    |    |    |    | yes |
| 2. The teacher discusses topics in detail                         |    |    |    |    | yes |
| 3. The teacher Possesses deep knowledge<br>Of the subjects taught |    |    |    |    | yes |
| 4. The teacher communicates clearly                               |    |    |    |    | yes |
| 5. The teacher inspires me by his/her<br>Knowledge in the subject |    |    |    |    | yes |

**B. TEACHING- LEARNING PROCESS :**

- |   |  |  |  |  |            |
|---|--|--|--|--|------------|
| 6. The teacher is punctual to the class   |  |  |  |  | yes        |
| 7. The teacher engages the class for the full<br>Duration & completes the class in time                     |  |  |  |  | yes        |
| 8. The teacher comes fully prepared for the class   |  |  |  |  | yes        |
| 9. The teacher provides guidance counseling<br>In academic & non-academic matters in/<br>Out side the class |  |  |  |  | yes<br>No. |



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**STUDENTS FEEDBACK FORM**

1. Name of the <sup>Student</sup> ~~Teacher~~ : *Grawali Kanchan Dashruth* Course Code:  
2. Class : Course Title:  
3. Semester : I/II/III/IV/V/VI 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 : *Yes.*
2. The teacher discusses topics in detail : *Yes*
3. The teacher Possesses deep knowledge  
Of the subjects taught : *Yes.*
4. The teacher communicates clearly : *Yes*
5. The teacher inspires me by his/her  
Knowledge in the subject : *Yes.*

**B. TEACHING- LEARNING PROCESS :**

6. The teacher is punctual to the class : *Yes*
7. The teacher engages the class for the full  
Duration & completes the course in time : *Yes*
8. The teacher comes fully prepared for the class : *Yes*
9. The teacher provides guidance counseling  
In academic & non-academic matters in/  
Out side the class : *Yes.*



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**STUDENTS FEEDBACK FORM**

1. Name of the <sup>Student</sup>Teacher : Graware Bharati Shivaji Course Code:  
 2. Class : \_\_\_\_\_ Course Title:  
 3. Semester : I/II/III/IV/V/VI 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 : Yes
- 2. The teacher discusses topics in detail : Yes
- 3. The teacher Possesses deep knowledge : Yes
- Of the subjects taught : Yes
- 4. The teacher communicates clearly : Yes
- 5. The teacher inspires me by his/her : Yes
- Knowledge in the subject

**B. TEACHING- LEARNING PROCESS :**

- 6. The teacher is punctual to the class : Yes
- 7. The teacher engages the class for the full : Yes
- Duration & completes the course in time : Yes
- 8. The teacher comes fully prepared for the class : Yes
- 9. The teacher provides guidance counseling : Yes
- In academic & non-academic matters in/  
    Out side the class



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**STUDENTS FEEDBACK FORM**

1. Name of the <sup>Student</sup> ~~Teacher~~ : Godhane Shubham Laxman Course Code:  
2. Class : Course Title:  
3. Semester : I/II/III/IV/V/VI Department:

**Directions:**

For 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 : Yes
2. The teacher discusses topics in detail : Yes
3. The teacher Possesses deep knowledge  
Of the subjects taught : Yes
4. The teacher communicates clearly : Yes
5. The teacher inspires me by his/her  
Knowledge in the subject : Yes

**B. TEACHING- LEARNING PROCESS :**

6. The teacher is punctual to the class : Yes
7. The teacher engages the class for the full  
Duration & completes the course in time : Yes
8. The teacher comes fully prepared for the class : Yes
9. The teacher provides guidance counseling  
In academic & non-academic matters in/  
Out side the class : Yes