

SHARADCHANDRAJI PAWAR HOMOEOPATHY MEDICAL COLLEGE, SHRIRAMPUR, A' NAGAR

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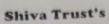
E-mail Id:- sphmc111@gmail.com. Website:- www.sphmcshrirampur.com
College Address:- Wadala Mahadev, Shrirampur- Newasa road, Tal: Shrirampur, Dist.
Ahmednagar, Maharashtra Pin Code: 413739 (M.S.) Ph.02422-248310

PATIENT FEEDBACK FORM

Patient name (please print):- Prasad Gulhe Address :- Shritampur		Date of birth 4/8/1983
Phone No. :- 800 7144657	Mo. No.	
Medical record no. (if known).————————————————————————————————————		
documents.) I authorize the OHSU Patient Advocate to	back of form if necess	ary &/or attach related ern & advocate on my liscuss my case with my

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:- \$\displaystyle{10} \displaystyle{2023}\$





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PATIENT FEEDBACK FORM
Patient name (please print):- Rodhe Krushna Date of birth: // Address :- Shrtrampur
Phone No. Submitted by Medical record no. (if known).— This concern is regarding my bill: This concern is regarding my patient care: 1. Did you discuss this concern with a member of health care team? Yes No 1. Did you discuss this concern with a member of health care team? 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 lauthorize the OHSU Patient Advocate to review the above concern & advocate on my lauthorize the OHSU Patient Advocate will review my medical record & / or discuss my case with my lateral health care provider (S).
Signature of the patient or guardian Date:- 16 10 1 223



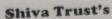
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Sayyad Kajal Sayyad Salim Sayyad Salim Raksoma.
Sayyad Salim Raksoma.
Department:-
At post- Gangakhed Tal-Gangakhed
At post-Gangakhed Tal-Gangakhed D1st-Parbhan?
7-17-218297-852Mo. No.:-
Doctor Present Location:-

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?)			



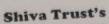


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Alumni Name Father's Name Date of Birth (DD/MM/YY) Year of Passing out Permanent Address	Bind Satishkumar Kamlakar Bind Kamlakar prayad Bind Kamlakar prayad Department:- Bhandup West Mumbai
Contact no.	9967281497 Mo. No.:-
E-mail ID Present Organization Designation	Doctor Present Location:-

- 176		Agree	Sometimes	Disagree
Sr. No.	Statement	Agree		
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			
4	institute? Institute handles student's grievance properly.			
5	Institute is having adequate laboratories & equipment for practical experience.	۴		
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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Alumni Name Father's Name Date of Birth (DD/MM/YY) Year of Passing out Permanent Address	ESSENTIAL DETAILS Bind Prajakta Diwakare Bind Diwakare Rambhau Department:- At post - Diwakar Bind, New Buystand Anjangao Tal-Anjangao Dist-Amraweli Anjangao Tal-Anjangao Dist-Amraweli
Contact no. E-mail ID Present Organization Designation	Anjangae 8975256039 Mo. No.:- Doctor Present Location:- Disagree

			Sometimes	Disagree
	Statement	Agree	50	
r. No.	Do you feel proud to be			
	associated with LNIPE AS			
	associated with Ervi			
	AN Alumni? Institute organizes various			
2	kind of activities for over all			
	development of students.			
The state of the s	Are you willing to contribute	/		
3	Are you willing to contain			
	in the development of			
	institute? Institute handles student's	. /		A Comment
4	Institute handles student		1	
T. Breze	grievance properly.			
5	Institute is having adequate			
	laboratories & equipment for			
	practical experience.	1	A Paragraphic No.	
6	Is education imparted at LNIPE is useful & relevant			
1 18:	LNIPE is useful & relevant			
1	in your present job? Have you obtained sufficient		1 1999 1 31	
7	Have you obtained sufficient technical knowledge (both in		A CHARLES	
1 3 7	theory & practical at LNIPE?)			



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	ESSENTIAL DETAILS
Alumni Name	Bhaine Prabhakar Bhaine Prabhakar
Father's Name	Bhasne propraction
Date of Birth (DD/MM/YY) Year of Passing out	Department:-
Permanent Address	At-post-Shivajinagare, Nashik
Contact no.	9607-379293 Mo. No.:-
E-mail ID Present Organization Designation	Doctor Present Location:-

		Agree	Sometimes	Disagree
Sr. No.	Statement	Agree	20111	7 1000000000000000000000000000000000000
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.			
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PARENTS FEEDBACK FORM

Name of the Student	:-	Adsel Mayura Somath.
Name of the Parent	:-	Added Somnath Kisan Alp. Nimbbore, Tal-Phaltan
Address	:-	010 : 11
	:-	HP. Numbbore, lat- martan
	:-	Dist - Satara - 415528
Phone No.	:-	89766150257
F- mail	:-	

Feedback:-

Feedbac	Parameter Parameter	Excellent	Very Good	Good	Average
Sr. No.		Z-NCC-	-		1 Ble march 1
1.	Infrastructural				1000
	Discipliner & Culture			1	
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:

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: - Abribbore Vishtranti Arakash.

Name of the Parent: - Dwbbore Prakash Sarangollar

Address: - Alp - chordi Khurd. Post - Babbulgason,

- Tal - Sengaon. Dist - Higoli - 431703.

Phone No. :- 77 41 93 5638

E-mail: -E- mail

Feedback .

Feedbac		Fracllent	Very Good	Good	Average
Sr. No.	Parameter	Excellent	very dood		
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.

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 :-

Name of the Parent :-

Ambike Vaishnavi Granish.
Ambike Granish Mashawraa.
Surve No -135. Kala Madhaw Niwas, behind
Surve No -135. Kala Madhaw Niwas, behind
Santoshi Mata Mantin, mohammagar, chindwas
Staltien, Pune: (411 019).
8999296410. Address

Phone No. E- mail

Feedback :-		back:-		Good	Average
Sr. No.	Parameter	Excellent	Very Good		
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				

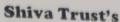
Suggestions if any:

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or pour

29/01/2018

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STUDENTS FEEDBACK FORM

Aagale santosh Babasaheb student

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:

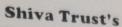
3.

40

1.	The teacher covers the entire syllabus The teacher discusses topics in detail The teacher discusses deep knowledge		Yes 408
3.	The teacher Possesses		yes
٥.	Of the subjects taught	:	408
4.	The teacher communicates clearly The teacher inspires me by his/her The teacher inspires me by his/her		yes
5.	The toocher IIISDIE	ACC.	70
	Knowledge in the subject		

B. TEACHING-LEARNING PROCESS:

6.	The teacher is punctual to the class The teacher engages the class for the full The teacher engages the course in time The teacher engages the course in time The teacher engages the class for the class		yes
7.	The teacher engage the course in the class	:	40)
8.	The toponer come		Ho.
	The teacher provides guidance countries in/ In academic & non-academic matters in/ Out side the class		Fito





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STUDENTS FEEDBACK FORM

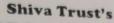
1. Name of the Feacher: Gravali Kanchan Dashruth. Course Code:
2. Class
3. Semester: 1/11/111/1V/V/VI Department:

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. 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:

the class	:	Yes
6. The teacher is punctual to the class7. The teacher engages the class for the full		Yal
7. The teacher engages the crass in time		10
Duration & completes the cla	ss:	YES YES
8. The teacher comes fully prepared		
In academic & non-academic matters in/	:	Yes.
Out side the class		



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STUDENTS FEEDBACK FORM

Student Graware Bharati Shivoji Course Code: 1. Name of the Teacher: Course Title: 2. Class Department: : 1/11/111/1V/V/VI Semester

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



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STUDENTS FEEDBACK FORM

. Name of the	Student:	Grodhane	Shubham Lareman Course Code:
Class	:		Course Title:
3. Semester	: 1/1	/ / V/V/V	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 score between 1 & 5. A mgher search	
A. COURSE CONTENT:	1. 2. 3. 4. 5.
 The teacher covers the entire syllabus The teacher discusses topics in detail The teacher Possesses deep knowledge Of the subjects taught The teacher communicates clearly The teacher inspires me by his/her Knowledge in the subject 	Yes Yes Yes Yes Yes
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 	Les Les Les Les