



Estd.: 1991

SOMANATH EDUCATIONAL TRUST'S  
S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH  
BIDAR - 585 402 (KARNATAKA)

(Affiliated to Rajiv Gandhi University of Health Sciences & Recognised by Dental Council of India)  
Email: principalsbpdc@yaho.co.in www.sbpatilcollege.com  
Ph: 08482 232101 Fax.: 08482-232101

**FEEDBACK FROM STUDENTS ON VARIOUS DENTAL / MEDICAL SUBJECTS**

Program: Undergraduate B.D.S.

Year of Admission: 2016 Theresarani

Registration number: 16 D0518

Year: First / Second / Third / Fourth / Interns

Department: Prosthodontics

Date: 26/01/18

Students are required to rate each department on the following attributes using 10-point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT	←-----→								POOR

Sl no:	Parameter	Score
1	Extent of coverage of subject course by the department	10
2	Depth of the subject course content including project work, if any	9
3	Applicability/ relevance of subject course to clinical situations	9
4	Learning value of subject course (in terms of knowledge, concepts, manual skills, analytical abilities and broadening perspectives)	8
5	Relevance of additional source material (Library)	9
6	Ability to design examination/ projects/ assignments to test the understanding of the course	10
7	Clarity and relevance of textual reading material	9
8	Extent of effort put in to motivate the students to understand the subject	9
9	Knowledge gained after completion of course	8
10	Overall rating	9

Suggestions, if any:-

\_\_\_\_\_

Signature

*Theresarani*

*Theresarani*  
PRINCIPAL  
S.B. Patil Institute for  
Dental Science & Research  
NAUBAD, BIDAR-585402  
(Karnataka)





Estd : 1991

19/11

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Email: principalsbpdeh@yahoo.co.in    www.sbpatildentalcollege.com  
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**FEEDBACK FROM STUDENTS ON VARIOUS DENTAL / MEDICAL SUBJECTS**

Program: Undergraduate B.D.S.

Year of Admission: 2016 Tuba Maheen

Registration number: 16D0516

Year: First / Second / Third / Fourth / Interns

Department: Oral Maxillofacial Surgery

Date: 26/11/19

Students are required to rate each department on the following attributes using 10-point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT		←-----→						POOR	

Sl no:	Parameter	Score
1	Extent of coverage of subject course by the department	10
2	Depth of the subject course content including project work, if any	9
3	Applicability/ relevance of subject course to clinical situations	8
4	Learning value of subject course (in terms of knowledge, concepts, manual skills, analytical abilities and broadening perspectives)	9
5	Relevance of additional source material (Library)	9
6	Ability to design examination/ projects/ assignments to test the understanding of the course	8
7	Clarity and relevance of textual reading material	9
8	Extent of effort put in to motivate the students to understand the subject	9
9	Knowledge gained after completion of course	8
10	Overall rating	10

Suggestions, if any:-

\_\_\_\_\_

\_\_\_\_\_

Signature



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19

FEEDBACK FROM STUDENTS ON VARIOUS DENTAL / MEDICAL SUBJECTS

Program: Undergraduate B.D.S.

Year of Admission: 2016 Malha Noorah

Registration number: 16D0514

Year: First / Second / Third / Fourth / Interns

Department: Orthodontics

Date: 26/11/18

Students are required to rate each department on the following attributes using 10-point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT ←————→ POOR									

Sl no:	Parameter	Score
1	Extent of coverage of subject course by the department	10
2	Depth of the subject course content including project work, if any	9
3	Applicability/ relevance of subject course to clinical situations	8
4	Learning value of subject course (in terms of knowledge, concepts, manual skills, analytical abilities and broadening perspectives)	9
5	Relevance of additional source material (Library)	9
6	Ability to design examination/ projects/ assignments to test the understanding of the course	8
7	Clarity and relevance of textual reading material	9
8	Extent of effort put in to motivate the students to understand the subject	9
9	Knowledge gained after completion of course	8
10	Overall rating	9

Suggestions, if any:-

\_\_\_\_\_

Signature  
*[Handwritten Signature]*



2018-19



SOMANATH EDUCATIONAL TRUST'S  
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Estd.: 1991

**FEEDBACK FROM FACULTY ON CURRICULUM**

Program: Undergraduate B.D.S.

Name of the teacher: DR. AMARNATH.

Department: ORTHODONTICS


Faculty are required to rate on the following attributes using 10-point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT		←—————→						POOR	

Sl no:	Particulars	Rating
1.	Is Course syllabus relevant	8
2.	Course content	9
3.	Ability to integrate the course material with environment/ other issues to provide a broader perspective	8
4.	Ability to integrate across the courses /drawn upon other courses	9
5.	Ability to design examination/assignments/projects to test understanding of the course	8
6.	Knowledge gained after completion of course	8
7.	Fairness of evaluation in assessment	9
8.	Adequacy of time allotted for the completion of course content	9
9.	Availability of the recent trends in the field	8
10.	Overall rating	8

Suggestions, if any:-

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 Signature



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Estd.: 1991

**FEEDBACK FROM FACULTY ON CURRICULUM**

Program: Undergraduate B.D.S.

Name of the teacher: DR. VEERABHADRA GOWDA

Department: CONSERVATIVE DENTISTRY

Faculty are required to rate on the following attributes using 10-point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT	←—————→								POOR

Sl no:	Particulars	Rating
1.	Is Course syllabus relevant	8
2.	Course content	8
3.	Ability to integrate the course material with environment/ other issues to provide a broader perspective	9
4.	Ability to integrate across the courses /drawn upon other courses	9
5.	Ability to design examination/assignments/projects to test understanding of the course	10
6.	Knowledge gained after completion of course	9
7.	Fairness of evaluation in assessment	9
8.	Adequacy of time allotted for the completion of course content	8
9.	Availability of the recent trends in the field	8
10.	Overall rating	9

Suggestions, if any:-

Signature  
V. Venkatesh





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Estd.: 1991

**FEEDBACK FROM FACULTY ON CURRICULUM**

**Program:** Undergraduate B.D.S.

**Name of the teacher:** DR. CH. SHASHANK

**Department:** PROSTHODONTICS

Faculty are required to rate on the following attributes using 10-point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT	←—————→								POOR

Sl no:	Particulars	Rating
1.	Is Course syllabus relevant	9/8
2.	Course content	8
3.	Ability to integrate the course material with environment/ other issues to provide a broader perspective	9
4.	Ability to integrate across the courses /drawn upon other courses	8
5.	Ability to design examination/assignments/projects to test understanding of the course	8
6.	Knowledge gained after completion of course	9
7.	Fairness of evaluation in assessment	10
8.	Adequacy of time allotted for the completion of course content	9
9.	Availability of the recent trends in the field	8
10.	Overall rating	9

**Suggestions, if any:-**

value added courses

*manu*  
Signature

26/11/18

*Shankar*  
**PRINCIPAL**  
**S.B. Patil Institute for**  
**Dental Science & Research**  
**NAUBAD, BIDAR-585402**  
**(Karnataka)**





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Ph.: 08482 232101-232588 Fax.: 08482-232101

**Employers' evaluation form**

Name: Dr Namidini S

Email id: PNO. 9986811099

Name of the organization: Bidar Dental clinic, Bidar

Employers are required to rate our college on the following attributes using 10 point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT	←—————→								POOR

Sl no:	Particulars	Rating
1.	Ability to contribute to the goal of the organization	09
2.	Technical knowledge/skill ability to manage/leadership/innovation	08
3.	Creativity in the curriculum	09
4.	Relationship with seniors/peers/subordinates	08
5.	Involvement in social activities	09
6.	Ability and motivation for social activity	08
7.	Obligation to work beyond schedule if required	08
8.	Overall impression about their performance	09

Suggestions, if any

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\_\_\_\_\_

*Namidini S*  
1/11/2011  
Signature



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Ph.: 08482 232101-232588 Fax.: 08482-232101

**Employers' evaluation form**

Name: Dr. Imran

Email id: P. No: 903628p928

Name of the organization: Hag Dental clinic

Employers are required to rate our college on the following attributes using 10 point scale

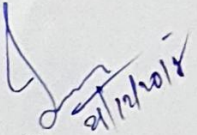
10	9	8	7	6	5	4	3	2	1
EXCELLENT	←————→								POOR

Sl no:	Particulars	Rating
1.	Ability to contribute to the goal of the organization	09
2.	Technical knowledge/skill ability to manage/leadership/innovation	08
3.	Creativity in the curriculum	09
4.	Relationship with seniors/peers/subordinates	09
5.	Involvement in social activities	08
6.	Ability and motivation for social activity	09
7.	Obligation to work beyond schedule if required	09
8.	Overall impression about their performance	09

Suggestions, if any

\_\_\_\_\_

\_\_\_\_\_

  
Signature





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Estd: 1991

**EMPLOYERS' EVALUATION FORM**

Name: Amar Nath Biradar  
Email id: dr.amarbiradar@gmail.com  
Name of the organization: Pashapur Dental Clinic & Study Centre

Employers are required to rate our college on the following attributes using 10 point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT	←—————→								POOR

Sl no:	Particulars	Rating
1.	Ability to contribute to the goal of the organization	8
2.	Technical knowledge/skill ability to manage/leadership/innovation	9
3.	<b>Creativity in the curriculum</b>	8
4.	Relationship with seniors/peers/subordinates	7
5.	Involvement in social activities	8
6.	Ability and motivation for social activity	9
7.	Obligation to work beyond schedule if required	8
8.	Overall impression about their performance	7

Suggestions, if any

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*Amar Nath*  
**PRINCIPAL**  
S.B. Patil Institute for  
Dental Science & Research  
NAUBAD, BIDAR-585402  
(Karnataka)

*Amal*  
15/2/2018  
Signature





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Ph.: 08482 232101-232588 Fax.: 08482-232101

**PROFESSIONAL FEEDBACK FORM**

Name: DR. RAJUL BANDI.

Email Id: Phone no: 9648109564

Name of the Organization: TANYA DENTAL CLINIC

Category: Guest speakers/Invited guest/Examiner/other

You are required to rate on the following attributes using 10 point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT	←—————→								POOR

Sl no	Particulars	Rating
1.	Ability to contribute to the goal of the organization	9
2.	Technical knowledge/skill ability to manage/leadership/innovation	9
3.	Creativity in the curriculum	9
4.	Relationship with seniors/peers/subordinates	9
5.	Involvement in social activities	9
6.	Ability and motivation for social activity	9
7.	Obligation to work beyond schedule if required	9
8.	Overall impression about their performance	9

Remarks/suggestions if any on curriculum

\_\_\_\_\_

*R. Bandi*  
Signature  
15/12/2018





Estd.: 1991

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Ph.: 08482 232101-232588 Fax.: 08482-232101

PROFESSIONAL FEEDBACK FORM

Name: Dr. Rajkumar Patil

Email Id: 944933714

Name of the Organization: Aditya Dental Clinic, Bidar

Category: Guest speakers/Invited guest/Examiner/other

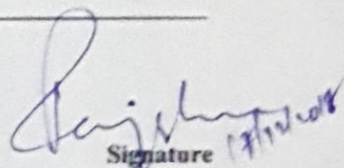
You are required to rate on the following attributes using 10 point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT	←—————→								POOR

Sl no	Particulars	Rating
1.	Ability to contribute to the goal of the organization	09
2.	Technical knowledge/skill ability to manage/leadership/innovation	08
3.	Creativity in the curriculum	09
4.	Relationship with seniors/peers/subordinates	08
5.	Involvement in social activities	09
6.	Ability and motivation for social activity	09
7.	Obligation to work beyond schedule if required	08
8.	Overall impression about their performance	09

Remarks/suggestions if any on curriculum

\_\_\_\_\_

  
Signature



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Ph.: 08482 232101-232588 Fax.: 08482-232101

Estd.: 1991

**PROFESSIONAL FEEDBACK FORM**

Name: Dr. Savita Chakote

Email Id: /P.No: 9611218749

Name of the Organization: Chakote Dental Clinic, Bidar

Category:  Guest speakers/ Invited guest/ Examiner/other

You are required to rate on the following attributes using 10 point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT	←—————→							POOR	

Sl no	Particulars	Rating
1.	Ability to contribute to the goal of the organization	09
2.	Technical knowledge/skill ability to manage/leadership/innovation	08
3.	<b>Creativity in the curriculum</b>	09
4.	Relationship with seniors/peers/subordinates	09
5.	Involvement in social activities	09
6.	Ability and motivation for social activity	08
7.	Obligation to work beyond schedule if required	09
8.	Overall impression about their performance	09

Remarks/suggestions if any on curriculum

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\_\_\_\_\_

*Savita C.*  
21/12/2014  
Signature





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Fax.: 08482-232101

Estd.: 1991

**ALUMNI FEEDBACK ON COLLEGE AND CURRICULUM**

Program: Undergraduate B.D.S.

Name of the alumni: Dr. Supriya Calucas

Year of admission: 2010

Alumni are required to rate our college on the following attributes using 10-point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT	←—————→								POOR

Sl No:	Particulars	Rating
1.	Do u feel proud to be associated with our college and hospital as an alumni	9
2.	Teaching facility	8
3.	Faculty members of the institute are competent and supporting to the students	8
4.	BDS Course content	8
5.	Institute organizes various types of activities for overall development of the students	9
6.	Institute has adequate laboratories and equipment's for practical experiences	8
7.	Discipline enforcement	8
8.	Canteen food and other facilities	8
9.	General library	8
10.	Knowledge gained after completion of course	9
11.	Overall rating	10 9

Suggestions, if any:-

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*S. B. Patil*  
**PRINCIPAL**  
S.B. Patil Institute for  
Dental Science & Research  
NAUBAD, BIDAR-585402  
(Karnataka)

*[Signature]*  
Signature  
26/11/18





Estd.: 1991

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**ALUMNI FEEDBACK ON COLLEGE AND CURRICULUM**

Program: Undergraduate B.D.S.

Name of the alumni: Dr. Supriya Kalwan

Year of admission: 2010

Alumni are required to rate our college on the following attributes using 10-point scale

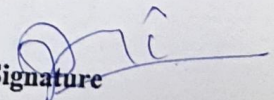
10	9	8	7	6	5	4	3	2	1
EXCELLENT	←—————→								POOR

Sl No:	Particulars	Rating
1.	Do u feel proud to be associated with our college and hospital as an alumni	9
2.	Teaching facility	8
3.	Faculty members of the institute are competent and supporting to the students	8
4.	BDS Course content	8
5.	Institute organizes various types of activities for overall development of the students	9
6.	Institute has adequate laboratories and equipment's for practical experiences	8
7.	Discipline enforcement	8
8.	Canteen food and other facilities	8
9.	General library	8
10.	Knowledge gained after completion of course	9
11.	Overall rating	10 9

Suggestions, if any:-

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Signature





Estd.: 1991

19-20 (10)

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Fax.: 08482-232101

**ALUMNI FEEDBACK ON COLLEGE AND CURRICULUM**

Program: Undergraduate B.D.S.

Name of the alumni: Dr. Amanolk

Year of admission: 2002

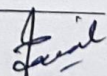
Alumni are required to rate our college on the following attributes using 10-point scale

10	9	8	7	6	5	4	3	2	1
EXCELLENT	←-----→								POOR

Sl No:	Particulars	Rating
1.	Do u feel proud to be associated with our college and hospital as an alumni	9
2.	Teaching facility	8
3.	Faculty members of the institute are competent and supporting to the students	8
4.	BDS Course content	9
5.	Institute organizes various types of activities for overall development of the students	8
6.	Institute has adequate laboratories and equipment's for practical experiences	8
7.	Discipline enforcement	7
8.	Canteen food and other facilities	8
9.	General library	8
10.	Knowledge gained after completion of course	9
11.	Overall rating	9

Suggestions, if any:-

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Signature