

LENORA INSTITUTE OF DENTAL SCIENCES

STUDENT FEEDBACK FORM

Name: CH. Rajesh

Date: 3-08-2021

Current Position: Student

Mail id: rajeshchamalla0611@gmail.com

Phone: 9347742595

Degree & Year of Study: 2nd B.D.S

This Questionnaire is intended to collect information regarding student's satisfaction towards the curriculum, learning and evaluation

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	The syllabus was challenging	✓				
2	Content of the course and relevance of the units		✓			
3	The depth of the course content is adequate	✓				
4	Size of the syllabus in terms of the load of students		✓			
5	The recommended textbooks are adequately available and map on to the syllabus	✓				
6	Syllabus enabled to improve the ability to formulate, analyze and solve problems			✓		
7	How do you rate the evaluation scheme designed for each of the course	✓				
8	Overall Experience		✓			

Remarks if any:


Signature of Student

LENORA INSTITUTE OF DENTAL SCIENCES

STUDENT FEEDBACK FORM

Name: P. Gopika purnima

Date: 26/7/21

Current Position: student

Mail id: gopikapurnima2002@gmail.com

Phone: 9121041683

Degree & Year of Study: IInd year

This Questionnaire is intended to collect information regarding student's satisfaction towards the curriculum, learning and evaluation

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	The syllabus was challenging		✓			
2	Content of the course and relevance of the units			✓		
3	The depth of the course content is adequate		✓			
4	Size of the syllabus in terms of the load of students			✓		
5	The recommended textbooks are adequately available and map on to the syllabus	✓				
6	Syllabus enabled to improve the ability to formulate, analyze and solve problems			✓		
7	How do you rate the evaluation scheme designed for each of the course	✓				
8	Overall Experience		✓			

Remarks if any:

P. Gopika purnima
Signature of Student

LENORA INSTITUTE OF DENTAL SCIENCES

STUDENT FEEDBACK FORM

Name: N. Suzan Princy

Date: 30/6/20

Current Position: Student

Mail id: suzanprincynelala9@gmail.com.

Phone: 8185823737

Degree & Year of Study: IV BDS

This Questionnaire is intended to collect information regarding student's satisfaction towards the curriculum, learning and evaluation

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	The syllabus was challenging			✓		
2	Content of the course and relevance of the units			✓		
3	The depth of the course content is adequate				✓	
4	Size of the syllabus in terms of the load of students				✓	
5	The recommended textbooks are adequately available and map on to the syllabus			✓		
6	Syllabus enabled to improve the ability to formulate, analyze and solve problems			✓		
7	How do you rate the evaluation scheme designed for each of the course				✓	
8	Overall Experience			✓		

Remarks if any:

Good

N. Suzan Princy
Signature of Student

LENORA INSTITUTE OF DENTAL SCIENCES

STUDENT FEEDBACK FORM

Name: M. Vmeela Hadassa

Date: 30/8/20

Current Position: student

Mail id: vinnyvmeela 3010 @ gmail . com .

Phone: 9121997817

Degree & Year of Study: IV BDS

This Questionnaire is intended to collect information regarding student's satisfaction towards the curriculum, learning and evaluation

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	The syllabus was challenging			✓		
2	Content of the course and relevance of the units			✓		
3	The depth of the course content is adequate				✓	
4	Size of the syllabus in terms of the load of students				✓	
5	The recommended textbooks are adequately available and map on to the syllabus			✓		
6	Syllabus enabled to improve the ability to formulate, analyze and solve problems			✓		
7	How do you rate the evaluation scheme designed for each of the course				✓	
8	Overall Experience			✓		

Remarks if any: Modify the syllabus according to the recent advances.

M. Vmeela Hadassa
Signature of Student

LENORA INSTITUTE OF DENTAL SCIENCES

STUDENT FEEDBACK FORM

Name: M.V.N. HARSHITHA

Date: 6/8/19

Current Position: Student

Mail id: harshitha.harshi20599@gmail.com

Phone: 9618244263

Degree & Year of Study: IIIrd yr undergraduate

This Questionnaire is intended to collect information regarding student's satisfaction towards the curriculum, learning and evaluation

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	The syllabus was challenging	✓				
2	Content of the course and relevance of the units		✓			
3	The depth of the course content is adequate	✓				
4	Size of the syllabus in terms of the load of students	✓				
5	The recommended textbooks are adequately available and map on to the syllabus	✓				
6	Syllabus enabled to improve the ability to formulate, analyze and solve problems		✓			
7	How do you rate the evaluation scheme designed for each of the course	✓				
8	Overall Experience	✓				

Remarks if any:

M.V.N. Harshitha
Signature of Student

LENORA INSTITUTE OF DENTAL SCIENCES

STUDENT FEEDBACK FORM

Name: M. VINEETHA

Date: 6/8/19

Current Position: STUDENT

Mail id: vineetha_bds1756@lids.ac.in

Phone: 9676727637

Degree & Year of Study: III year undergraduate

This Questionnaire is intended to collect information regarding student's satisfaction towards the curriculum, learning and evaluation

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	The syllabus was challenging	✓				
2	Content of the course and relevance of the units	✓				
3	The depth of the course content is adequate	✓				
4	Size of the syllabus in terms of the load of students	✓				
5	The recommended textbooks are adequately available and map on to the syllabus	✓				
6	Syllabus enabled to improve the ability to formulate, analyze and solve problems	✓				
7	How do you rate the evaluation scheme designed for each of the course	✓				
8	Overall Experience	✓				

Remarks if any:

M. Vineetha
Signature of Student

LENORA INSTITUTE OF DENTAL SCIENCES

STUDENT FEEDBACK FORM

Date: 20-07-2018

Name: K. Shashank.

Current Position: Student

Mail id: shashank.kalluri.1999@gmail.com.

Phone: 9985819800

Degree & Year of Study: 1st year - 2017

This Questionnaire is intended to collect information regarding student's satisfaction towards the curriculum, learning and evaluation

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	The syllabus was challenging				✓	
2	Content of the course and relevance of the units		✓			
3	The depth of the course content is adequate			✓		
4	Size of the syllabus in terms of the load of students		✓			
5	The recommended textbooks are adequately available and map on to the syllabus				✓	
6	Syllabus enabled to improve the ability to formulate, analyze and solve problems		✓			
7	How do you rate the evaluation scheme designed for each of the course				✓	
8	Overall Experience			✓		

Remarks if any:

Better.

K. Shashank
Signature of Student

LENORA INSTITUTE OF DENTAL SCIENCES

STUDENT FEEDBACK FORM

Date: 20-07-2018

Name: G. Anusha

Current Position: student

Mail id: anushagonobogina@gmail.com

Phone: 9398096273

Degree & Year of Study: 2017 - 1st year

This Questionnaire is intended to collect information regarding student's satisfaction towards the curriculum, learning and evaluation

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	The syllabus was challenging			✓		
2	Content of the course and relevance of the units			✓		
3	The depth of the course content is adequate			✓		
4	Size of the syllabus in terms of the load of students		✓			
5	The recommended textbooks are adequately available and map on to the syllabus				✓	
6	Syllabus enabled to improve the ability to formulate, analyze and solve problems			✓		
7	How do you rate the evaluation scheme designed for each of the course				✓	
8	Overall Experience			✓		

Remarks if any:

Improve the facilities in hostel

G. Anusha
Signature of Student

LENORA INSTITUTE OF DENTAL SCIENCES

STUDENT FEEDBACK FORM

Date: 10-11-2014

Name: G. Harsha Sree

Current Position: Student

Mail id: harshasreegummalla@gmail.com

Phone: 8897777986

Degree & Year of Study: First BDS 2K17

This Questionnaire is intended to collect information regarding student's satisfaction towards the curriculum, learning and evaluation

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	The syllabus was challenging			✓		
2	Content of the course and relevance of the units				✓	
3	The depth of the course content is adequate			✓		
4	Size of the syllabus in terms of the load of students				✓	
5	The recommended textbooks are adequately available and map on to the syllabus				✓	
6	Syllabus enabled to improve the ability to formulate, analyze and solve problems				✓	
7	How do you rate the evaluation scheme designed for each of the course				✓	
8	Overall Experience				✓	

Remarks if any:


Signature of Student

LENORA INSTITUTE OF DENTAL SCIENCES

STUDENT FEEDBACK FORM

Date: 18-10-2017

Name: Ganta Christina

Current Position: Student

Mail id: gantachristina3@gmail.com.

Phone: 7981516442.

Degree & Year of Study: First BDS 2K17.

This Questionnaire is intended to collect information regarding student's satisfaction towards the curriculum, learning and evaluation

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	The syllabus was challenging			✓		
2	Content of the course and relevance of the units				✓	
3	The depth of the course content is adequate				✓	
4	Size of the syllabus in terms of the load of students				✓	
5	The recommended textbooks are adequately available and map on to the syllabus			✓		
6	Syllabus enabled to improve the ability to formulate, analyze and solve problems				✓	
7	How do you rate the evaluation scheme designed for each of the course				✓	
8	Overall Experience				✓	

Remarks if any:


Signature of Student

LENORA INSTITUTE OF DENTAL SCIENCES

TEACHER FEEDBACK ON CURRICULAM

Name of the Faculty: Dr Meghana Lanka

Date: 21-7-21

Designation: Sr. Lecturer

Department: Dept of pedodontics & preventive Dentistry

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Course content present in syllabus			✓	
2	Relevance of textbooks and reference books		✓		
3	Curriculum contains basic and update concepts		✓		
4	Practical content is relevant to theory			✓	
5	Assessment methods of student learning			✓	
6	Effectiveness of the curriculum to face competitive exams		✓		
7	Opportunities for employment and entrepreneurship			✓	
8	Relevance of the curriculum to the society needs			✓	

Any suggestions for curriculum development


Signature of Faculty

LENORA INSTITUTE OF DENTAL SCIENCES

TEACHER FEEDBACK ON CURRICULAM

Name of the Faculty: DR. K.S RIDEVI

Date: 3/9/2021

Designation: Professor & Head.

Department: Oral Medicine & Radiology.

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Course content present in syllabus			✓	
2	Relevance of textbooks and reference books			✓	
3	Curriculum contains basic and update concepts				✓
4	Practical content is relevant to theory				✓
5	Assessment methods of student learning				✓
6	Effectiveness of the curriculum to face competitive exams			✓	
7	Opportunities for employment and entrepreneurship			✓	
8	Relevance of the curriculum to the society needs			✓	

Any suggestions for curriculum development

R. Sridevi
Signature of Faculty

LENORA INSTITUTE OF DENTAL SCIENCES

TEACHER FEEDBACK ON CURRICULAM

Name of the Faculty: Dr. Sundheer Kondekar

Date: 6/8/20

Designation: professor

Department: prosthodontics

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Course content present in syllabus				✓
2	Relevance of textbooks and reference books			✓	
3	Curriculum contains basic and update concepts				✓
4	Practical content is relevant to theory			✓	
5	Assessment methods of student learning				✓
6	Effectiveness of the curriculum to face competitive exams				✓
7	Opportunities for employment and entrepreneurship				✓
8	Relevance of the curriculum to the society needs			✓	

Any suggestions for curriculum development

K. Sundheer
Signature of Faculty

LENORA INSTITUTE OF DENTAL SCIENCES

TEACHER FEEDBACK ON CURRICULAM

Name of the Faculty: Dr. B. Lakshman Rao

Date: 6/8/20

Designation: prof & HOD

Department: Prosthodontics

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Course content present in syllabus				✓
2	Relevance of textbooks and reference books				✓
3	Curriculum contains basic and update concepts				✓
4	Practical content is relevant to theory				✓
5	Assessment methods of student learning				✓
6	Effectiveness of the curriculum to face competitive exams				✓
7	Opportunities for employment and entrepreneurship				✓
8	Relevance of the curriculum to the society needs				✓

Any suggestions for curriculum development


Signature of Faculty

19-10

LENORA INSTITUTE OF DENTAL SCIENCES**TEACHER FEEDBACK ON CURRICULAM**

Name of the Faculty: Dr. Roopa

Date: 01-08-19

Designation: (MDS)

Department: Department of pedodontics

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Course content present in syllabus		✓		
2	Relevance of textbooks and reference books			✓	
3	Curriculum contains basic and update concepts		✓		
4	Practical content is relevant to theory			✓	
5	Assessment methods of student learning		✓		
6	Effectiveness of the curriculum to face competitive exams			✓	
7	Opportunities for employment and entrepreneurship		✓		
8	Relevance of the curriculum to the society needs			✓	

Any suggestions for curriculum development

K. Roopa

Signature of Faculty

LENORA INSTITUTE OF DENTAL SCIENCES

TEACHER FEEDBACK ON CURRICULAM

Name of the Faculty: Naveen Kumar B

Date: 01-08-19

Designation: Professor and Head

Department: Public Health Dentistry.

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Course content present in syllabus			✓	
2	Relevance of textbooks and reference books			✓	
3	Curriculum contains basic and update concepts				✓
4	Practical content is relevant to theory				✓
5	Assessment methods of student learning			✓	
6	Effectiveness of the curriculum to face competitive exams			✓	
7	Opportunities for employment and entrepreneurship			✓	
8	Relevance of the curriculum to the society needs			✓	

Any suggestions for curriculum development


Signature of Faculty

LENORA INSTITUTE OF DENTAL SCIENCES**TEACHER FEEDBACK ON CURRICULAM**

Name of the Faculty: R . PUNITHAVATHY

Date: 19-7-18

Designation: READER

Department: PEDODONTICS

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Course content present in syllabus		✓		
2	Relevance of textbooks and reference books		✓		
3	Curriculum contains basic and update concepts	✓			
4	Practical content is relevant to theory		✓		
5	Assessment methods of student learning		✓		
6	Effectiveness of the curriculum to face competitive exams	✓			
7	Opportunities for employment and entrepreneurship	✓			
8	Relevance of the curriculum to the society needs	✓			

Any suggestions for curriculum development


 Signature of Faculty

18-7-18

LENORA INSTITUTE OF DENTAL SCIENCES

TEACHER FEEDBACK ON CURRICULAM

Name of the Faculty: DR. NARAYANA RAO

Date: 18-7-18

Designation: PROFESSOR

Department: PUBLIC HEALTH DENTISTRY

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Course content present in syllabus			✓	
2	Relevance of textbooks and reference books			✓	
3	Curriculum contains basic and update concepts			✓	
4	Practical content is relevant to theory			✓	
5	Assessment methods of student learning			✓	
6	Effectiveness of the curriculum to face competitive exams			✓	
7	Opportunities for employment and entrepreneurship				✓
8	Relevance of the curriculum to the society needs				✓

Any suggestions for curriculum development


Signature of Faculty

LENORA INSTITUTE OF DENTAL SCIENCES

TEACHER FEEDBACK ON CURRICULAM

Name of the Faculty: Dr. Abhishek Jane.

Date: 14-9-17

Designation: Assistant Professor

Department: Department of physiology

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Course content present in syllabus		✓		
2	Relevance of textbooks and reference books			✓	
3	Curriculum contains basic and update concepts		✓		
4	Practical content is relevant to theory			✓	
5	Assessment methods of student learning		✓		✓
6	Effectiveness of the curriculum to face competitive exams			✓	
7	Opportunities for employment and entrepreneurship				✓
8	Relevance of the curriculum to the society needs				✓

Any suggestions for curriculum development


Signature of Faculty

LENORA INSTITUTE OF DENTAL SCIENCES

TEACHER FEEDBACK ON CURRICULAM

Name of the Faculty: Dr. K. SRIDEVI

Date: 17-8-17

Designation: Professor & Head.

Department: Oral Medicine & Radiology.

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Course content present in syllabus				✓
2	Relevance of textbooks and reference books			✓	
3	Curriculum contains basic and update concepts				✓
4	Practical content is relevant to theory				✓
5	Assessment methods of student learning				✓
6	Effectiveness of the curriculum to face competitive exams				✓
7	Opportunities for employment and entrepreneurship				✓
8	Relevance of the curriculum to the society needs				✓

Any suggestions for curriculum development

practical application of the
learnt aspects by the students
during the later part of
their life & practice.

R. Sridevi
Signature of Faculty

LENORA INSTITUTE OF DENTAL SCIENCES

EMPLOYERS FEEDBACK FORM

Name of the Employer: S. Chandrakala

Date: 30/6/21

Designation: Practitioner

Mail id: SS chandrakalas@gmail.com

Phone: 9852682376

This Questionnaire is intended to collect information regarding employer's satisfaction towards the student employability.

S.No	Parameters	1	2	3	4
1	Communication and attitude				✓
2	Technical knowledge and skills			✓	
3	Quality and relevance of the curriculum and syllabus with the chosen discipline				✓
4	The curriculum promotes leadership qualities			✓	
5	The curriculum promotes team work mentality				✓
6	The Curriculum ensures Professional ethics and attitude				✓
7	The Curriculum enhances problem solving mentality and ability to innovate			✓	
8	Your level and satisfaction with teaching/ learning facilities provided by the college			✓	
9	Overall impression about the organization			✓	

Any suggestions for curriculum development:


Signature of Employer

LENORA INSTITUTE OF DENTAL SCIENCES

EMPLOYERS FEEDBACK FORM

Name of the Employer: ARCHANA

Date: 30/6/21

Designation: POST GRADUATION STUDENT

Mail id: SS Archana 245 dr @gmail .com .

Phone: 8096037064 .

This Questionnaire is intended to collect information regarding employer's satisfaction towards the student employability.

S.No	Parameters	1	2	3	4
1	Communication and attitude				✓
2	Technical knowledge and skills				✓
3	Quality and relevance of the curriculum and syllabus with the chosen discipline				✓
4	The curriculum promotes leadership qualities			✓	
5	The curriculum promotes team work mentality				✓
6	The Curriculum ensures Professional ethics and attitude			✓	
7	The Curriculum enhances problem solving mentality and ability to innovate			✓	
8	Your level and satisfaction with teaching/ learning facilities provided by the college				✓
9	Overall impression about the organization			✓	

Any suggestions for curriculum development:

Archana
Signature of Employer

LENORA INSTITUTE OF DENTAL SCIENCES

EMPLOYERS FEEDBACK FORM

Name of the Employer: Dr. S-Shanila Reddy

Date: 19/8/2020

Designation: Senior Lecturer

Mail id: SS shanilareddy89@gmail.com

Phone: 9603121205

This Questionnaire is intended to collect information regarding employer's satisfaction towards the student employability.

S.No	Parameters	1	2	3	4
1	Communication and attitude	✓			
2	Technical knowledge and skills		✓		
3	Quality and relevance of the curriculum and syllabus with the chosen discipline		✓		
4	The curriculum promotes leadership qualities		✓		
5	The curriculum promotes team work mentality		✓		
6	The Curriculum ensures Professional ethics and attitude				✓
7	The Curriculum enhances problem solving mentality and ability to innovate				✓
8	Your level and satisfaction with teaching/ learning facilities provided by the college				✓
9	Overall impression about the organization				✓

Any suggestions for curriculum development: ✓

S. Shanila Reddy.
Signature of Employer

LENORA INSTITUTE OF DENTAL SCIENCES

EMPLOYERS FEEDBACK FORM

Name of the Employer: RAMA MOHAN P

Date: 15/10/2020

Designation: Sr Lecturer

Mail id: SS dr.PalaKodetyram@gmail.com

Phone: 8341856483

This Questionnaire is intended to collect information regarding employer's satisfaction towards the student employability.

S.No	Parameters	1	2	3	4
1	Communication and attitude		✓		
2	Technical knowledge and skills			✓	
3	Quality and relevance of the curriculum and syllabus with the chosen discipline		✓		
4	The curriculum promotes leadership qualities			✓	
5	The curriculum promotes team work mentality			✓	
6	The Curriculum ensures Professional ethics and attitude		✓		
7	The Curriculum enhances problem solving mentality and ability to innovate			✓	
8	Your level and satisfaction with teaching/ learning facilities provided by the college		✓		
9	Overall impression about the organization		✓		

Any suggestions for curriculum development:


Signature of Employer

LENORA INSTITUTE OF DENTAL SCIENCES

EMPLOYERS FEEDBACK FORM

Name of the Employer: Dr. SRIRAMARAO SUBHAMSETTY Date: 25/07/2019.

Designation: LEADER

Mail id: SS drsriram121@gmail.com

Phone: 9177382366

This Questionnaire is intended to collect information regarding employer's satisfaction towards the student employability.

S.No	Parameters	1	2	3	4
1	Communication and attitude			✓	
2	Technical knowledge and skills			✓	
3	Quality and relevance of the curriculum and syllabus with the chosen discipline				✓
4	The curriculum promotes leadership qualities		✓		
5	The curriculum promotes team work mentality			✓	
6	The Curriculum ensures Professional ethics and attitude				✓
7	The Curriculum enhances problem solving mentality and ability to innovate			✓	
8	Your level and satisfaction with teaching/ learning facilities provided by the college			✓	
9	Overall impression about the organization				✓

Any suggestions for curriculum development:


Signature of Employer

LENORA INSTITUTE OF DENTAL SCIENCES

EMPLOYERS FEEDBACK FORM

Name of the Employer: Dr. AFZAL KHAN.

Date: 16/10/2019.

Designation: MDS oral & Maxillofacial pathology

Mail id: SS Afzal.oralpath@gmail.com.

Phone: 9080406020.

This Questionnaire is intended to collect information regarding employer's satisfaction towards the student employability.

S.No	Parameters	1	2	3	4
1	Communication and attitude		✓		
2	Technical knowledge and skills			✓	
3	Quality and relevance of the curriculum and syllabus with the chosen discipline		✓	✓	
4	The curriculum promotes leadership qualities				✓
5	The curriculum promotes team work mentality			✓	
6	The Curriculum ensures Professional ethics and attitude			✓	
7	The Curriculum enhances problem solving mentality and ability to innovate		✓		
8	Your level and satisfaction with teaching/ learning facilities provided by the college		✓		
9	Overall impression about the organization			✓	

Any suggestions for curriculum development:


Signature of Employer

LENORA INSTITUTE OF DENTAL SCIENCES

EMPLOYERS FEEDBACK FORM

Name of the Employer: Dr. Ravi Chand

Date: 09/06/2018

Designation: General Surgeon. (CBDS)

Mail id: SS PC092@gmail.com

Phone: 9014060321

This Questionnaire is intended to collect information regarding employer's satisfaction towards the student employability.

S.No	Parameters	1	2	3	4
1	Communication and attitude		✓		
2	Technical knowledge and skills			✓	
3	Quality and relevance of the curriculum and syllabus with the chosen discipline			✓	
4	The curriculum promotes leadership qualities		✓		
5	The curriculum promotes team work mentality			✓	
6	The Curriculum ensures Professional ethics and attitude				✓
7	The Curriculum enhances problem solving mentality and ability to innovate		✓	✓	
8	Your level and satisfaction with teaching/ learning facilities provided by the college			✓	
9	Overall impression about the organization			✓	

Any suggestions for curriculum development:


Signature of Employer

LENORA INSTITUTE OF DENTAL SCIENCES

EMPLOYERS FEEDBACK FORM

Name of the Employer: DR. SUDHEER KONDAKA

Date: 17/08/2018

Designation: PROFESSOR

Mail id:SS dr. Sudheer 17@gmail.com

Phone: 9581741794

This Questionnaire is intended to collect information regarding employer's satisfaction towards the student employability.

S.No	Parameters	1	2	3	4
1	Communication and attitude				✓
2	Technical knowledge and skills			✓	
3	Quality and relevance of the curriculum and syllabus with the chosen discipline			✓	
4	The curriculum promotes leadership qualities				✓
5	The curriculum promotes team work mentality			✓	
6	The Curriculum ensures Professional ethics and attitude			✓	
7	The Curriculum enhances problem solving mentality and ability to innovate				✓
8	Your level and satisfaction with teaching/ learning facilities provided by the college				✓
9	Overall impression about the organization			✓	

Any suggestions for curriculum development:

K. Sudheer
Signature of Employer

LENORA INSTITUTE OF DENTAL SCIENCES

EMPLOYERS FEEDBACK FORM

Name of the Employer: *V. Salada*

Date: *8/8/17*

Designation: *Post Graduate.*

Mail id:SS

Phone: *8654726934*

This Questionnaire is intended to collect information regarding employer's satisfaction towards the student employability.

S.No	Parameters	1	2	3	4
1	Communication and attitude	✓			
2	Technical knowledge and skills	✓			
3	Quality and relevance of the curriculum and syllabus with the chosen discipline		✓		
4	The curriculum promotes leadership qualities			✓	
5	The curriculum promotes team work mentality		✓		
6	The Curriculum ensures Professional ethics and attitude	✓			
7	The Curriculum enhances problem solving mentality and ability to innovate	✓			
8	Your level and satisfaction with teaching/ learning facilities provided by the college		✓		
9	Overall impression about the organization		✓		

Any suggestions for curriculum development: *No*

V. Salada
Signature of Employer

LENORA INSTITUTE OF DENTAL SCIENCES

EMPLOYERS FEEDBACK FORM

Name of the Employer: Dr. Rama Krishna Teja.

Date: 10-10-2017

Designation: BDS (General Surgeon)

Mail id: Rama.krishna@gmail.com.

Phone: 9526052001

This Questionnaire is intended to collect information regarding employer's satisfaction towards the student employability.

S.No	Parameters	1	2	3	4
1	Communication and attitude		✓		
2	Technical knowledge and skills			✓	
3	Quality and relevance of the curriculum and syllabus with the chosen discipline		✓		
4	The curriculum promotes leadership qualities		✓	✗	
5	The curriculum promotes team work mentality				✓
6	The Curriculum ensures Professional ethics and attitude	✓			
7	The Curriculum enhances problem solving mentality and ability to innovate			✓	
8	Your level and satisfaction with teaching/ learning facilities provided by the college	✓			
9	Overall impression about the organization		✓		

Any suggestions for curriculum development:


Signature of Employer

LENORA INSTITUTE OF DENTAL SCIENCES

ALUMNI FEEDBACK ON CURRICULAM

We are extremely happy that you are an alumnus of our esteemed institution. You had spent your invaluable time here and now that you are pursuing you're chosen paths, we would like to know your opinion. Kindly spare your time to fill up this form and provide your feedback and suggestions for further improvement of our college. Your inputs will help us in improving the quality of our academic programmes and the further enhancement of our college.

Name: Meghana

Date: 10/9/21

Current Position: post Graduation

Mail id: Meghana 99 @ gmail.com

Phone: 7893117632

Degree & Year of Study:

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Curriculum balance between theoretical and practical courses			✓	
2	Curriculum is guiding the students to prepare for Competitive exams				✓
3	Curriculum contributes/ Motivates to pursue higher studies			✓	
4	Learning Resources (Library & e-resources)				✓
5	Curricular & Extra CO curricular activities			✓	
6	Seminars / Workshops			✓	
7	Curriculum learnt suit for current position				✓

Any suggestions for the development of curriculum:

Meghana

Signature of Alumni

LENORA INSTITUTE OF DENTAL SCIENCES

ALUMNI FEEDBACK ON CURRICULAM

We are extremely happy that you are an alumnus of our esteemed institution. You had spent your invaluable time here and now that you are pursuing you're chosen paths, we would like to know your opinion. Kindly spare your time to fill up this form and provide your feedback and suggestions for further improvement of our college. Your inputs will help us in improving the quality of our academic programmes and the further enhancement of our college.

Name: Evangelin sisir

Date: 10/9/21

Current Position: Masters in public Health

Mail id: Eva sisir1@gmail.com

Phone: 7864046210

Degree & Year of Study:

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Curriculum balance between theoretical and practical courses	✓			
2	Curriculum is guiding the students to prepare for Competitive exams	✓			
3	Curriculum contributes/ Motivates to pursue higher studies	✓			
4	Learning Resources (Library & e-resources)	✓			
5	Curricular & Extra CO curricular activities		✓		
6	Seminars / Workshops				✓
7	Curriculum learnt suit for current position				✓

Any suggestions for the development of curriculum:

Evangelin
Signature of Alumni

LENORA INSTITUTE OF DENTAL SCIENCES

ALUMNI FEEDBACK ON CURRICULAM

We are extremely happy that you are an alumnus of our esteemed institution. You had spent your invaluable time here and now that you are pursuing you're chosen paths, we would like to know your opinion. Kindly spare your time to fill up this form and provide your feedback and suggestions for further improvement of our college. Your inputs will help us in improving the quality of our academic programmes and the further enhancement of our college.

Name: Dr. Bhavath Simla Reddy

Date: 10-12-2020

Current Position: Senior Lecturer

Mail id: bhavathsimla305@gmail.com

Phone: 8147042726

Degree & Year of Study: MDS-PERIO (2018-2021)

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Curriculum balance between theoretical and practical courses			✓	
2	Curriculum is guiding the students to prepare for Competitive exams			✓	
3	Curriculum contributes/ Motivates to pursue higher studies				✓
4	Learning Resources (Library & e-resources)			✓	
5	Curricular & Extra CO curricular activities				✓
6	Seminars / Workshops			✓	
7	Curriculum learnt suit for current position				✓

Any suggestions for the development of curriculum:


Signature of Alumni

LENORA INSTITUTE OF DENTAL SCIENCES

ALUMNI FEEDBACK ON CURRICULAM

We are extremely happy that you are an alumnus of our esteemed institution. You had spent your invaluable time here and now that you are pursuing you're chosen paths, we would like to know your opinion. Kindly spare your time to fill up this form and provide your feedback and suggestions for further improvement of our college. Your inputs will help us in improving the quality of our academic programmes and the further enhancement of our college.

Name: Dr. D. Chaitanya Kumar.

Date: 07-06-2019.

Current Position: PG Student

Mail id:

Phone:

Degree & Year of Study: U.G.

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Curriculum balance between theoretical and practical courses				☒
2	Curriculum is guiding the students to prepare for Competitive exams				☒
3	Curriculum contributes/ Motivates to pursue higher studies			☒	
4	Learning Resources (Library & e-resources)		☒		
5	Curricular & Extra CO curricular activities			☒	
6	Seminars / Workshops			☒	
7	Curriculum learnt suit for current position		☒		

Any suggestions for the development of curriculum:

Chaitanya Kumar
Signature of Alumni

LENORA INSTITUTE OF DENTAL SCIENCES

ALUMNI FEEDBACK ON CURRICULAM

We are extremely happy that you are an alumnus of our esteemed institution. You had spent your invaluable time here and now that you are pursuing your chosen paths, we would like to know your opinion. Kindly spare your time to fill up this form and provide your feedback and suggestions for further improvement of our college. Your inputs will help us in improving the quality of our academic programmes and the further enhancement of our college.

Name: Dr. Madhu Sravani

Date: 24-07-2019.

Current Position: PG Student

Mail id:

Phone:

Degree & Year of Study:

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Curriculum balance between theoretical and practical courses			☒	
2	Curriculum is guiding the students to prepare for Competitive exams				☒
3	Curriculum contributes/ Motivates to pursue higher studies			☒	
4	Learning Resources (Library & e-resources)		☒		
5	Curricular & Extra CO curricular activities			☒	
6	Seminars / Workshops			☒	
7	Curriculum learnt suit for current position				☒

Any suggestions for the development of curriculum:


Signature of Alumni

LENORA INSTITUTE OF DENTAL SCIENCES

ALUMNI FEEDBACK ON CURRICULAM

We are extremely happy that you are an alumnus of our esteemed institution. You had spent your invaluable time here and now that you are pursuing you're chosen paths, we would like to know your opinion. Kindly spare your time to fill up this form and provide your feedback and suggestions for further improvement of our college. Your inputs will help us in improving the quality of our academic programmes and the further enhancement of our college.

Name: Dr. SRIRAMARAO SUDHAMSETTY

Date: 19-06-2018

Current Position: Sr. LECTURER

Mail id: dr.sriram121@gmail.com

Phone: 9177382366

Degree & Year of Study: M.D.S and 2014-2017

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Curriculum balance between theoretical and practical courses			✓	
2	Curriculum is guiding the students to prepare for Competitive exams				✓
3	Curriculum contributes/ Motivates to pursue higher studies			✓	
4	Learning Resources (Library & e-resources)		✓		
5	Curricular & Extra CO curricular activities			✓	
6	Seminars / Workshops			✓	
7	Curriculum learnt suit for current position		✓		

Any suggestions for the development of curriculum:


Signature of Alumnus

LENORA INSTITUTE OF DENTAL SCIENCES

ALUMNI FEEDBACK ON CURRICULAM

We are extremely happy that you are an alumnus of our esteemed institution. You had spent your invaluable time here and now that you are pursuing you're chosen paths, we would like to know your opinion. Kindly spare your time to fill up this form and provide your feedback and suggestions for further improvement of our college. Your inputs will help us in improving the quality of our academic programmes and the further enhancement of our college.

Name: Dr. Vijay Kumar.

Date: 05-07-2018

Current Position: PG Student

Mail id: Vijay Kumar 93 @ gmail . Com.,

Phone: 7890311750

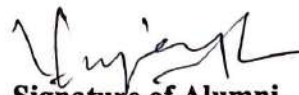
Degree & Year of Study:

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Curriculum balance between theoretical and practical courses		/		
2	Curriculum is guiding the students to prepare for Competitive exams			/	
3	Curriculum contributes/ Motivates to pursue higher studies				/
4	Learning Resources (Library & e-resources)			/	
5	Curricular & Extra CO curricular activities		/		
6	Seminars / Workshops			/	
7	Curriculum learnt suit for current position		/		

Any suggestions for the development of curriculum:


Signature of Alumni

LENORA INSTITUTE OF DENTAL SCIENCES

ALUMNI FEEDBACK ON CURRICULAM

We are extremely happy that you are an alumnus of our esteemed institution. You had spent your invaluable time here and now that you are pursuing you're chosen paths, we would like to know your opinion. Kindly spare your time to fill up this form and provide your feedback and suggestions for further improvement of our college. Your inputs will help us in improving the quality of our academic programmes and the further enhancement of our college.

Name: Nissy Rani

Date: 15/8/17

Current Position: Practitioner

Mail id: nissyrani1996@gmail.com

Phone: 8332040554

Degree & Year of Study:

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Curriculum balance between theoretical and practical courses			✓	
2	Curriculum is guiding the students to prepare for Competitive exams				✓
3	Curriculum contributes/ Motivates to pursue higher studies			✓	
4	Learning Resources (Library & e-resources)				✓
5	Curricular & Extra CO curricular activities				✓
6	Seminars / Workshops			✓	
7	Curriculum learnt suit for current position				✓

Any suggestions for the development of curriculum:


Signature of Alumni

LENORA INSTITUTE OF DENTAL SCIENCES

ALUMNI FEEDBACK ON CURRICULAM

We are extremely happy that you are an alumnus of our esteemed institution. You had spent your invaluable time here and now that you are pursuing you're chosen paths, we would like to know your opinion. Kindly spare your time to fill up this form and provide your feedback and suggestions for further improvement of our college. Your inputs will help us in improving the quality of our academic programmes and the further enhancement of our college.

Name: ARCHANA

Date: 15/8/17

Current Position: POST GRADUATION.

Mail id: Archana 245 dr @ gmail.com

Phone: 8096037064

Degree & Year of Study:

Feedback Scale			
Average	Good	Very Good	Excellent
1	2	3	4

Make a tick mark in the appropriate cell:

S.No	Parameters	1	2	3	4
1	Curriculum balance between theoretical and practical courses				✓
2	Curriculum is guiding the students to prepare for Competitive exams				✓
3	Curriculum contributes/ Motivates to pursue higher studies				✓
4	Learning Resources (Library & e-resources)			✓	
5	Curricular & Extra CO curricular activities			✓	
6	Seminars / Workshops				✓
7	Curriculum learnt suit for current position			✓	

Any suggestions for the development of curriculum:

Archana.
Signature of Alumni

LENORA INSTITUTE OF DENTAL SCIENCES

20-21

PROFESSIONAL FEEDBACK FORM

Name of the Professional: Dr. Abhiram Jane

Date: 4/10/21

Designation: Assistant professor

Company/organization: SIGAR Institute of Dental Sciences

Phone: 7019063321

This Questionnaire is intended to collect information regarding Professional's satisfaction towards the professional course.

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	Syllabus is requirement based		✓			
2	Aim & objective of the syllabus are comprehensive	✓				
3	Course has given equal importance to both theory & practical applications		✓			
4	Course was time critical but did not comprise in its quality			✓		
5	Student participation in the learning process given importance		✓			
6	Research work is given importance in the curriculum			✓		
7	Curriculum updated enough & fulfills your expectations		✓			
8	Add on course topic suggestion needed					

Any suggestions for curriculum development:


Signature of Professional.

LENORA INSTITUTE OF DENTAL SCIENCES

20-21

PROFESSIONAL FEEDBACK FORM

Name of the Professional: Dr. Roopa Sree

Date: 2/8/21

Designation: Leader

Company/organization: Kammeni Institute of Dental Sciences

Phone: 7013260928

This Questionnaire is intended to collect information regarding Professional's satisfaction towards the professional course.

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	Syllabus is requirement based			✓		
2	Aim & objective of the syllabus are comprehensive		✓			
3	Course has given equal importance to both theory & practical applications			✓		
4	Course was time critical but did not comprise in its quality		✓			
5	Student participation in the learning process given importance			✓		
6	Research work is given importance in the curriculum			✓		
7	Curriculum updated enough & fulfills your expectations			✓		
8	Add on course topic suggestion needed					

Any suggestions for curriculum development:


Signature of Professional.

LENORA INSTITUTE OF DENTAL SCIENCES

PROFESSIONAL FEEDBACK FORM

Name of the Professional: Dr. P. Thyapparaaj

Date: 29/9/2020

Designation: Assistant Professor

Company/organization: Ragas dental college, Chennai

Phone: 9013286689

This Questionnaire is intended to collect information regarding Professional's satisfaction towards the professional course.

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	Syllabus is requirement based				✓	
2	Aim & objective of the syllabus are comprehensive			✓		
3	Course has given equal importance to both theory & practical applications				✓	
4	Course was time critical but did not comprise in its quality				✓	
5	Student participation in the learning process given importance			✓		
6	Research work is given importance in the curriculum				✓	
7	Curriculum updated enough & fulfills your expectations				✓	
8	Add on course topic suggestion needed					

Any suggestions for curriculum development:


Signature of Professional.

LENORA INSTITUTE OF DENTAL SCIENCES

20-20

PROFESSIONAL FEEDBACK FORM

Name of the Professional: Dr. N. SriRam Naidu

Date: 4/11/20

Designation: Senior Lecturer

Company/organization: Sri Sai Multispeciality Dental Clinic, Vizag

Phone: 789377146

This Questionnaire is intended to collect information regarding Professional's satisfaction towards the professional course.

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	Syllabus is requirement based			/		
2	Aim & objective of the syllabus are comprehensive			/		
3	Course has given equal importance to both theory & practical applications			/		
4	Course was time critical but did not comprise in its quality			/		
5	Student participation in the learning process given importance			/		
6	Research work is given importance in the curriculum			/		
7	Curriculum updated enough & fulfills your expectations			/		
8	Add on course topic suggestion needed					

Any suggestions for curriculum development:


Signature of Professional.

LENORA INSTITUTE OF DENTAL SCIENCES

PROFESSIONAL FEEDBACK FORM

Name of the Professional: Dr. Sudheer Kondaka

Date: 13/6/19

Designation: professor

Company/organization: Vishnu Dental College

Phone: 9581741794

This Questionnaire is intended to collect information regarding Professional's satisfaction towards the professional course.

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	Syllabus is requirement based			✓		
2	Aim & objective of the syllabus are comprehensive		✓			
3	Course has given equal importance to both theory & practical applications			✓		
4	Course was time critical but did not comprise in its quality			✓		
5	Student participation in the learning process given importance		✓			
6	Research work is given importance in the curriculum			✓		
7	Curriculum updated enough & fulfills your expectations		✓			
8	Add on course topic suggestion needed					

Any suggestions for curriculum development:


Signature of Professional.

LENORA INSTITUTE OF DENTAL SCIENCES

PROFESSIONAL FEEDBACK FORM

Name of the Professional: Dr. Md. Zabinnisa Begum

Date: 13/11/19

Designation: READER

Company/organization: THE OXFORD DENTAL COLLEGE

Phone: 9849786096

This Questionnaire is intended to collect information regarding Professional's satisfaction towards the professional course.

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	Syllabus is requirement based		✓			
2	Aim & objective of the syllabus are comprehensive			✓		
3	Course has given equal importance to both theory & practical applications		✓			
4	Course was time critical but did not comprise in its quality		✓			
5	Student participation in the learning process given importance			✓		
6	Research work is given importance in the curriculum		✓			
7	Curriculum updated enough & fulfills your expectations			✓		
8	Add on course topic suggestion needed					

Any suggestions for curriculum development:


Signature of Professional.

LENORA INSTITUTE OF DENTAL SCIENCES

PROFESSIONAL FEEDBACK FORM

Name of the Professional: Dr. Anish

Date: 13/7/2018

Designation: Sr. Lecturer

Company/organization: Osmania Dental College, Hyderabad

Phone: 7231991426

This Questionnaire is intended to collect information regarding Professional's satisfaction towards the professional course.

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	Syllabus is requirement based			✓		
2	Aim & objective of the syllabus are comprehensive				✓	
3	Course has given equal importance to both theory & practical applications			✓		
4	Course was time critical but did not comprise in its quality				✓	
5	Student participation in the learning process given importance			✓		
6	Research work is given importance in the curriculum				✓	
7	Curriculum updated enough & fulfills your expectations			✓		
8	Add on course topic suggestion needed					

Any suggestions for curriculum development:


Signature of Professional.

LENORA INSTITUTE OF DENTAL SCIENCES

PROFESSIONAL FEEDBACK FORM

Name of the Professional: Dr. Mohan Kumar

Date: 10/12/2018.

Designation: Assistant Professor

Company/organization: Ragas Dental college, Chennai

Phone:

This Questionnaire is intended to collect information regarding Professional's satisfaction towards the professional course.

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	Syllabus is requirement based			✓		
2	Aim & objective of the syllabus are comprehensive				✓	
3	Course has given equal importance to both theory & practical applications			✓		
4	Course was time critical but did not comprise in its quality				✓	
5	Student participation in the learning process given importance				✓	
6	Research work is given importance in the curriculum			✓	.	
7	Curriculum updated enough & fulfills your expectations				✓	
8	Add on course topic suggestion needed					

Any suggestions for curriculum development:


Signature of Professional.

LENORA INSTITUTE OF DENTAL SCIENCES

PROFESSIONAL FEEDBACK FORM

Name of the Professional: DR. MD. ZABIRUNNISA BEGUM Date: 15/7/2017

Designation: READER

Company/organization: OXFORD DENTAL COLLEGE, BANGALORE

Phone: 9849786096

This Questionnaire is intended to collect information regarding Professional's satisfaction towards the professional course.

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	Syllabus is requirement based		✓			
2	Aim & objective of the syllabus are comprehensive			✓		
3	Course has given equal importance to both theory & practical applications		✓			
4	Course was time critical but did not comprise in its quality			✓		
5	Student participation in the learning process given importance			✓		
6	Research work is given importance in the curriculum					
7	Curriculum updated enough & fulfills your expectations		✓			
8	Add on course topic suggestion needed					

Any suggestions for curriculum development:

Zabir

Signature of Professional.

LENORA INSTITUTE OF DENTAL SCIENCES

PROFESSIONAL FEEDBACK FORM

Name of the Professional: DR. SOURAV MAHNA

Date: 21/6/17

Designation: Sr. Lecturer

Company/organization: National Medical College, Birgunj, Nepal

Phone: 00977-9804231719

This Questionnaire is intended to collect information regarding Professional's satisfaction towards the professional course.

S.No	Parameters	Excellent (5)	Very Good (4)	Good (3)	Average (2)	Poor (1)
1	Syllabus is requirement based			✓		
2	Aim & objective of the syllabus are comprehensive				✓	
3	Course has given equal importance to both theory & practical applications		✓			
4	Course was time critical but did not comprise in its quality			✓		
5	Student participation in the learning process given importance				✓	
6	Research work is given importance in the curriculum			✓		
7	Curriculum updated enough & fulfills your expectations			✓		
8	Add on course topic suggestion needed			✓		

Any suggestions for curriculum development:


Signature of Professional.