

## **RAGAS DENTAL COLLEGE & HOSPITAL**

(Unit of Ragas Educational Society)
Recognized by the Dental Council of India, New Delhi
Affiliated to The Tamilnadu Dr. M.G.R. Medical University, Chennai

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## FEEDBACK FORM FOR THE COURSES

DATE:

COURSE NAME				
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**COURSE CODE:** 

**ACADEMIC YEAR:** 

**PARTICIPANT NAME:** 

**DESIGNATION: UG/PG/FACULTY** 

S.NO.	QUESTIONNAIRE	VERY	GOOD	POOR
		GOOD		
1	I was well informed about the objective of this course			
2	This course was up to my expectation			
3	This content is relevant to my curriculum			
4	The course objectives were clear to me			
5	The course activities stimulated learning			
6	The activities in this course gave me sufficient			
	information			
7	The instructor was well prepared			
8	The instructor was helpful			
9	I accomplished (skill upgrade) the objectives of this			
	course			
10	I will be able to use what I learned in this course			

Thank you for your valuable time.