

**MARATHA MANDAL'S N G H INSTITUTE OF DENTAL SCIENCES AND  
RESEARCH CENTRE BELGAUM.**

**FEEDBACK FORM FOR PERFORMANCE APPRASIAL OF HOD BY PRINCIPAL**

Name of the staff: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Sl.n o	PARAMETER	Needs improvement	Fair	Good	Very Good	Excellent
1	Has Vision and awareness of future trends in the discipline					
2	Is an effective team manager					
3	Communicates effectively with staff and students					
4	Understand duties and responsibilities					
5	Involves faculty members in decision making					
6	Takes responsibilities in work training of UG/PG students					
7	Works with faculty to plan, execute the task					
8	Exhibits integrity in decision making					
9	Remain active in research					
10	Remain active in teaching/clinics					
11	Is effective in conducting outreach program					
12	Looks for ways for improvement in department work					
13	Fosters positive attitude among faculty members					
14	Relationship of teaching and non-teaching faculty					
15	Makes effective use of resources					
16	Regularity and punctuality					

Strength: \_\_\_\_\_

Weakness: \_\_\_\_\_

Anyother: \_\_\_\_\_

  
**Dr. Ramakant Nayak**  
**Principal**  
**M.M's. N.G. Halgekar Institute of Dental Sciences**  
**& Research Centre, Belagavi-590010.**

MARATHA MANDAL'S N G H INSTITUTE OF DENTAL SCIENCES AND RESEARCH  
CENTRE BELGAUM.

FEEDBACK FORM FOR PERFORMANCE APPRASIAL OF THE STAFF BY  
HOD

Date:

Name of staff:

Designation:-

Sl.No	PARTICULARS	Needs improvement	fair	good	Very good	excellent
1	Understanding of duties & responsibilities (as per job description)					
2	Knowledge of current field or practice					
3	Participation in department work					
4	Understanding of the work of the department					
5	Assumes responsibilities consistent with the position					
6	Uses resources effectively					
7	Works with minimal supervision					
8	Consistently manages a reasonable workload					
9	Organizes work effectively					
10	Responds positively to feedback					
11	Achieves results through/with other people					
12	Participates constructively in teams					
13	Relation with colleagues					
14	Relation with students					
15	Punctuality and Regularity					
16	Accepts responsibility for work assigned					
17	Research contribution					

Any other specify:

Recommendation:

Signature of Head of the department

  
Dr. Ramakant Nayak  
Prindipal  
M.M's. N.G. Halgekar Institute of Dental Sciences  
& Research Centre, Belagavi-590010.



# MARATHA MANDAL'S NATHAJIRAO G. HALGEKAR INSTITUTE OF DENTAL SCIENCES AND RESEARCH CENTRE BELAGAVI

## FEEDBACK FORM ON TEACHING ACTIVITY

Date :

**Note :** This questionnaire has been designed by Maratha Mandal's NGH Institute of Dental Sciences and Research Centre to seek a feedback from the student to strengthen the quality of teaching-learning environment and to look for opportunities to improve teacher's performance in classroom engagement with students to bring excellence in teaching and learning.

Name of the Teacher :

Time of the class :

Topic covered :

Department :

Subject :

BDS : I / II / III / IV

Sl. No.	Rating	→	Average	Good	Very Good	Excellent
1	Punctuality in the class					
2	Did he/she summaries the previous sessions topic at the beginning of the lecture					
3	Introduction of subject matter was clear					
4	Was it a interactive session					
5	Use of appropriate teaching aids					
6	Communication skill					
7	Self confidence					
8	Indicates important points to remember					
9	Time given to note down some of the important points					
10	Good at explaining concepts					
11	Teaches at an appropriate pace					
12	Teacher's interest in teaching the topic					
13	Makes the topic interesting by giving some examples or case scenario					
14	Was the lecture delivery effective and clear					
15	Shows genuine interest in students					
16	Effectively encourages students to ask questions and gives answers					
17	Seems well-prepared					
18	Stimulates interest in material					
19	Did the teacher conclude the topic					
20	Is effective overall, in helping me learn					

Approximately how many lecture class of this staff have you attended so far? \_\_\_\_\_

What are the instructor's strengths?

**Dear Student :** Thank you for taking the time to fill out this confidential questionnaire thoughtfully. The information will be used solely by your instructor to assess student satisfaction while the course is still underway.

**Dr. Ramakant Nayak**  
Principal

M.M.'s. N.G. Halgekar Institute of Dental Sciences  
& Research Centre, Belagavi-590010.



**MARATHA MANDAL'S NATHAJIRAO G. HALGEKAR  
INSTITUTE OF DENTAL SCIENCES AND RESEARCH CENTRE  
BELGAUM**

**PATIENT FEEDBACK FORM**

Name of the Patient: \_\_\_\_\_

Name of the department: \_\_\_\_\_

Date of visit: \_\_\_\_\_

Sl. No.	PARAMETER	Needs Attention	Fair	Good	Very Good
1	How well was the problem addressed				
2	How well was the problem treated				
3	How well was the problem understood by the doctor Incharge				
4	Time taken to meet the doctor				
5	Was the problem solved on the same appointment				
6	Are you satisfied with the action taken by the higher authorities				
7	Were you satisfied with the treatment rendered after your grievance				
8	How would you rate the doctor in solving your grievance				
9	Compliment for staff, students or volunteers				
10	Ambience of the institute with respect to the comfort level of getting treatment at the hospital				
11	Overall atmosphere of the hospital				
12	How would you rate us				

*[Signature]*  
**Dr. Ramant Nayak**  
Principal

**M.M.'s. N.G. Halgekar Institute of Dental Sciences  
& Research Centre, Belagavi-590010.**

**Patient's Signature**