

Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shaikh Zoya

DESIGNATION *

Bhms

EMAIL ID *

imzoyask@gmail.com

MCH Registration certificate Number *

imzoyask@gmail.com

MCH Registration Date *

MM DD YYYY

01 / 17 / 2024

CONTACT NO. *

9834300231

BATCH YEAR *

2022 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

- ☒ Yes
- ☐ No
- ☐ Maybe

2. The teacher inspires me by his /her knowledge in the subject? *

- ☐ Strongly Agree
- ☐ Agree
- ☒ Neutral
- ☐ Disagree

3. The Examinations/Assignments were graded fairly? *

- ☐ Strongly Agree
- ☒ Agree
- ☐ Neutral
- ☐ Disagree

4. Whether transparency is maintained in evaluation process? *

- ☒ Yes
- ☐ No
- ☐ Maybe

5. Do you think cultural and other activities are beneficial and organized in regular basis? *

- ☐ Very Good
- ☒ Good
- ☐ Average
- ☐ satisfactory

6. Are you satisfied with the play ground and sports facilities provided? *

- ☒ Yes
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7. Are you satisfied with the computer and internet facility provided? *

- ☐ Yes
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8. Availability of the officials in College and response to Students Problems? *

- ☐ Yes
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9. Are you aware of the functioning of a placement cell in our College? *

- ☒ Yes
- ☐ No
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10. Are you insist others to join the college? *

- ☐ Yes
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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Kajal Bharat pawar

DESIGNATION *

Pg student

EMAIL ID *

kajalpawar099@gmail.com

MCH Registration certificate Number *

kajalpawar099@gmail.com

MCH Registration Date *

MM DD YYYY

03 / 02 / 2020

CONTACT NO. *

8379875842

BATCH YEAR *

2020 ▼

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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr.Bhagyashri Vilas Narkhede

DESIGNATION *

Doctor

EMAIL ID *

narkhedebhagyashri@gmail.com

MCH Registration certificate Number *

narkhedebhagyashri@gmail.com

MCH Registration Date *

MM DD YYYY

03 / 12 / 2020

CONTACT NO. *

9225469389

BATCH YEAR *

2019 ▼

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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr varsha Anil adhe

DESIGNATION *

Rmo

EMAIL ID *

adhevarsha14@gmail.com

MCH Registration certificate Number *

adhevarsha14@gmail.com

MCH Registration Date *

MM DD YYYY

06 / 07 / 2021

CONTACT NO. *

9325490410

BATCH YEAR *

2020 ▼

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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr Kamlesh Manohar Sonawane

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BHMS

EMAIL ID *

kamleshsonawane1999@gmail.com

MCH Registration certificate Number *

kamleshsonawane1999@gmail.com

MCH Registration Date *

MM DD YYYY

09 / 20 / 2023

CONTACT NO. *

7378725034

BATCH YEAR *

2023 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ankita shivaji kadam

DESIGNATION *

Doctor

EMAIL ID *

ankitakadamak8484@gmail.com

MCH Registration certificate Number *

ankitakadamak8484@gmail.com

MCH Registration Date *

MM DD YYYY

10 / 11 / 2023

CONTACT NO. *

7276463204

BATCH YEAR *

2018 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr sweta bandu dangare

DESIGNATION *

Medical officer

EMAIL ID *

shwetadangare03@gmail.com

MCH Registration certificate Number *

77523

MCH Registration Date *

MM DD YYYY

01 / 13 / 2022

CONTACT NO. *

8010511081

BATCH YEAR *

2019 ▼

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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr Tejaswini Badgujar

DESIGNATION *

Doctor

EMAIL ID *

tejabadgujar@gmail.com

MCH Registration certificate Number *

80251

MCH Registration Date *

MM DD YYYY

10 / 03 / 2023

CONTACT NO. *

7066670818

BATCH YEAR *

2021 ▼

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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ankit dilip marathe

DESIGNATION *

No

EMAIL ID *

maratheankit006@gmail.com

MCH Registration certificate Number *

77869

MCH Registration Date *

MM DD YYYY

12 / 04 / 2022

CONTACT NO. *

9689307912

BATCH YEAR *

2022 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr Rupali Tiwari

DESIGNATION *

BHMS

EMAIL ID *

rupalitiwari9403@gmail.com

MCH Registration certificate Number *

82752

MCH Registration Date *

MM DD YYYY

12 / 04 / 2023

CONTACT NO. *

9518551744

BATCH YEAR *

2023 ▼

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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr Abhijit Ravindra Kalbandhe

DESIGNATION *

BHMS

EMAIL ID *

abhijit14448@gmail.com

MCH Registration certificate Number *

81880

MCH Registration Date *

MM DD YYYY

09 / 20 / 2023

CONTACT NO. *

7709402878

BATCH YEAR *

2022 ▼

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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr. Anjali Ashok Sapkal

DESIGNATION *

Doctor

EMAIL ID *

anjalisapkal97@gmail.com

MCH Registration certificate Number *

75948

MCH Registration Date *

MM DD YYYY

08 / 17 / 2021

CONTACT NO. *

9561622437

BATCH YEAR *

2020 ▼

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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr.Abhishek Sunil Purohit

DESIGNATION *

Doctor

EMAIL ID *

drabhipurohit@gmail.com

MCH Registration certificate Number *

74289

MCH Registration Date *

MM DD YYYY

01 / 20 / 2021

CONTACT NO. *

7888188889

BATCH YEAR *

2019 ▼

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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr Shaikh Tuba Naaz Mohammed Iqbal

DESIGNATION *

BHMS

EMAIL ID *

tubanaaz28@gmail.com

MCH Registration certificate Number *

79838

MCH Registration Date *

MM DD YYYY

01 / 11 / 2023

CONTACT NO. *

9518375265

BATCH YEAR *

2022 ▼

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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Juber isak patel

DESIGNATION *

Dr

EMAIL ID *

juber7767@gmail.com

MCH Registration certificate Number *

78610

MCH Registration Date *

MM DD YYYY

06 / 10 / 2022

CONTACT NO. *

7767056234

BATCH YEAR *

2020 ▼

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- ☐ Strongly Agree
- ☒ Agree
- ☐ Neutral
- ☐ Disagree

3. The Examinations/Assignments were graded fairly? *

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- ☐ Neutral
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4. Whether transparency is maintained in evaluation process? *

- ☒ Yes
- ☐ No
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5. Do you think cultural and other activities are beneficial and organized in regular basis? *

- ☐ Very Good
- ☒ Good
- ☐ Average
- ☐ satisfactory

6. Are you satisfied with the play ground and sports facilities provided? *

- ☒ Yes
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- ☐ Maybe

8. Availability of the officials in College and response to Students Problems? *

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- ☐ No
- ☐ Maybe

9. Are you aware of the functioning of a placement cell in our College? *

- ☒ Yes
- ☐ No
- ☐ Maybe

10. Are you insist others to join the college? *

- ☒ Yes
- ☐ No
- ☐ Maybe

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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Swati pawara

DESIGNATION *

BHMS

EMAIL ID *

swatipawara66895@gmail.com

MCH Registration certificate Number *

83311

MCH Registration Date *

MM DD YYYY

12 / 16 / 2023

CONTACT NO. *

8830438036

BATCH YEAR *

2023 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

- ☐ Yes
- ☐ No
- ☒ Maybe

2. The teacher inspires me by his /her knowledge in the subject? *

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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr. Vrunda Tidake

DESIGNATION *

Bhms

EMAIL ID *

vrundatidake1997@gmail.com

MCH Registration certificate Number *

79732

MCH Registration Date *

MM DD YYYY

12 / 20 / 2022

CONTACT NO. *

8208927591

BATCH YEAR *

2022 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

- ☒ Yes
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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr Taskeen Salim Patel

DESIGNATION *

BHMS

EMAIL ID *

pateltaskeen310@gmail.com

MCH Registration certificate Number *

81870

MCH Registration Date *

MM DD YYYY

09 / 20 / 2023

CONTACT NO. *

9146103512

BATCH YEAR *

2018 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

- ☒ Yes
- ☐ No
- ☐ Maybe

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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dr ojas manohar bhole

DESIGNATION *

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EMAIL ID *

Ojasbhole1@gmail.com

MCH Registration certificate Number *

83900

MCH Registration Date *

MM DD YYYY

01 / 09 / 2024

CONTACT NO. *

9975402016

BATCH YEAR *

2018 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

- ☒ Yes
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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Damini Patil

DESIGNATION *

Bhms

EMAIL ID *

daminipatil589@gmail.com

MCH Registration certificate Number *

79875

MCH Registration Date *

MM DD YYYY

01 / 14 / 2023

CONTACT NO. *

9975150624

BATCH YEAR *

2021 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

- ☒ Yes
- ☐ No
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Priyanka pramod pardeshi

DESIGNATION *

Bhms

EMAIL ID *

priyankapardeshi202@gmail.com

MCH Registration certificate Number *

79737

MCH Registration Date *

MM DD YYYY

01 / 03 / 2023

CONTACT NO. *

8668570165

BATCH YEAR *

2022 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

- ☐ Yes
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shaikh Rufqa Shahsayed

DESIGNATION *

BHMS

EMAIL ID *

rufqashaikh@gmail.com

MCH Registration certificate Number *

82050

MCH Registration Date *

MM DD YYYY

10 / 10 / 2023

CONTACT NO. *

9594688988

BATCH YEAR *

2023 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

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Alumni Feedback form

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Naureen Haque

DESIGNATION *

B.H.M.S

EMAIL ID *

naureenhaque7@gmail.com

MCH Registration certificate Number *

81887

MCH Registration Date *

MM DD YYYY

09 / 20 / 2023

CONTACT NO. *

9004577638

BATCH YEAR *

2023 ▼

1. The teacher provides guidance counseling in academic and non  academic matters in/outside the class? *

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