Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**ashwinihingane2000@gmail.com**) was recorded on submission of this form.

Email *

ashwinihingane2000@gmail.com

NAME OF THE STUDENT *

Ashwini Satish Hingane

Date of Birth *

MM DD YYYY

02 / 23 / 2000

ROLL NUMBER *

08

EMAIL ID *

ashwinihingane2000@gmail.com

CONTACT NO. *

8080849800

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ◉ 4 – 85 to 100%
- ○ 3 – 70 to 84%
- ○ 2 – 55 to 69%
- ○ 1– 30 to 54%
- ○ 0 –Below 30%

2. How well did the teachers prepare for the classes? *

- (●) 4 –Thoroughly
- ( ) 3 – Satisfactorily
- ( ) 2 – 55 to 69%
- ( ) 2 – Poorly
- ( ) 0 – Won't teach at all

3. How well were the teachers able to communicate? *

- (●) 4 – Always effective
- ( ) 3 – Sometimes effective
- ( ) 2 – Just satisfactorily
- ( ) 1– Generally ineffective
- ( ) 0– Very poor communication

4. The teacher's approach to teaching can best be described as *

- (●) 4– Excellent
- ( ) 3 – Very good
- ( ) 2 – Good
- ( ) 1 – Fair
- ( ) 0– Poor

5. Fairness of the internal evaluation process by the teachers *

- (●) 4 – Always fair
- ( ) 3 – Usually fair
- ( ) 2 – Sometimes unfair
- ( ) 1 – Usually unfair
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6. Was your performance in assignments discussed with you? *

- (●) 4 – Every time
- ( ) 3 – Usually
- ( ) 2 – Occasionally/Sometimes
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7. The institute takes active interest in promoting internship, student exchange, field visit opportunities for students. *

- (●) 4 – Regularly
- ( ) 3 – Often
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8. The teaching and mentoring process in your institution facilitates you in cognitive, social and emotional growth. *

- (●) 4 – Significantly
- ( ) 3 – Very well
- ( ) 2 – Moderately
- ( ) 1 – Marginally
- ( ) 0– Not at all

9. The institution provides multiple opportunities to learn and grow. *

- (●) 4 – Strongly agree
- ( ) 3 – Agree
- ( ) 2 – Neutral
- ( ) 1 – Disagree
- ( ) 0– Strongly disagree

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12. The teachers illustrate the concepts through examples and applications. *

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13. The teachers identify your strengths and encourage you with providing right level of challenges. *

- (●) 4 – Fully
- ( ) 3 – Reasonably
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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**bhavanapatil570@gnail.com**) was recorded on submission of this form.

Email *

bhavanapatil570@gnail.com

NAME OF THE STUDENT *

Bhavana Vikas Patil

Date of Birth *

MM DD YYYY

08 / 28 / 2001

ROLL NUMBER *

24

EMAIL ID *

bhavanapatil570@gmail.com

CONTACT NO. *

8830974201

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**payalnetkar1@gmail.com**) was recorded on submission of this form.

Email *

payalnetkar1@gmail.com

NAME OF THE STUDENT *

Payal Netkar

Date of Birth *

MM DD YYYY

03 / 11 / 2001

ROLL NUMBER *

23

EMAIL ID *

payalnetkar1@gmail.com

CONTACT NO. *

7410582575

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**2002rhushikapatil@gnail.com**) was recorded on submission of this form.

Email *

2002rhushikapatil@gnail.com

NAME OF THE STUDENT *

Rhushika Ganesh Patil

Date of Birth *

MM DD YYYY

03 / 31 / 2002

ROLL NUMBER *

31

EMAIL ID *

2002rhushikapatil@gmail.com

CONTACT NO. *

8459124281

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**anushkapatil0502@gmail.com**) was recorded on submission of this form.

Email *

anushkapatil0502@gmail.com

NAME OF THE STUDENT *

Anushka Patil

Date of Birth *

MM DD YYYY

02 / 05 / 2002

ROLL NUMBER *

22

EMAIL ID *

anushkapatil0502@gmail.com

CONTACT NO. *

7977663919

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**shwetadeore28@gmail.com**) was recorded on submission of this form.

Email *

shwetadeore28@gmail.com

NAME OF THE STUDENT *

Shweta Yuvraj Deore

Date of Birth *

MM DD YYYY

04 / 28 / 2000

ROLL NUMBER *

1

EMAIL ID *

shwetadeore28@gmail.com

CONTACT NO. *

7776047181

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**nidakausar359@gmail.com**) was recorded on submission of this form.

Email *

nidakausar359@gmail.com

NAME OF THE STUDENT *

Nida kausar Mohammad Ahmad

Date of Birth *

MM DD YYYY

07 / 05 / 2001

ROLL NUMBER *

24

EMAIL ID *

nidakausar359@gmail.com

CONTACT NO. *

9561347448

Gender *

- ( ) Male
- (•) Female
- ( ) Transgender

YEAR OF STUDY *

- (•) I Year
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- ○ 4 – Every time
- ○ 3 – Usually
- ◉ 2 – Occasionally/Sometimes
- ○ 1 – Rarely
- ○ 0– Never

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**ashwinichaudhari7621@gmail.com**) was recorded on submission of this form.

Email *

ashwinichaudhari7621@gmail.com

NAME OF THE STUDENT *

Ashwini Anil chaudhari

Date of Birth *

MM DD YYYY

10 / 20 / 1999

ROLL NUMBER *

04

EMAIL ID *

ashwinichaudhari7621@gmail.com

CONTACT NO. *

6265901054

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
- ◉ 3 – 70 to 84%
- ○ 2 – 55 to 69%
- ○ 1– 30 to 54%
- ○ 0 –Below 30%

2. How well did the teachers prepare for the classes? *

- ○ 4 –Thoroughly
- ◉ 3 – Satisfactorily
- ○ 2 – 55 to 69%
- ○ 2 – Poorly
- ○ 0 – Won't teach at all

3. How well were the teachers able to communicate? *

- ◉ 4 – Always effective
- ○ 3 – Sometimes effective
- ○ 2 – Just satisfactorily
- ○ 1– Generally ineffective
- ○ 0– Very poor communication

4. The teacher's approach to teaching can best be described as *

- ○ 4– Excellent
- ◉ 3 – Very good
- ○ 2 – Good
- ○ 1 – Fair
- ○ 0– Poor

5. Fairness of the internal evaluation process by the teachers *

- (●) 4 – Always fair
- ( ) 3 – Usually fair
- ( ) 2 – Sometimes unfair
- ( ) 1 – Usually unfair
- ( ) 0– Unfair

6. Was your performance in assignments discussed with you? *

- (●) 4 – Every time
- ( ) 3 – Usually
- ( ) 2 – Occasionally/Sometimes
- ( ) 1 – Rarely
- ( ) 0– Never

7. The institute takes active interest in promoting internship, student exchange, field visit opportunities for students. *

- (●) 4 – Regularly
- ( ) 3 – Often
- ( ) 2 – Sometimes
- ( ) 1 – Rarely
- ( ) 0– Never

8. The teaching and mentoring process in your institution facilitates you in cognitive, social and emotional growth. *

- ○ 4 – Significantly
- ◉ 3 – Very well
- ○ 2 – Moderately
- ○ 1 – Marginally
- ○ 0– Not at all

9. The institution provides multiple opportunities to learn and grow. *

- ○ 4 – Strongly agree
- ◉ 3 – Agree
- ○ 2 – Neutral
- ○ 1 – Disagree
- ○ 0– Strongly disagree

10. Teachers inform you about your expected competencies, course outcomes and program outcomes. *

- ◉ 4 – Every time
- ○ 3 – Usually
- ○ 2 – Occasionally/Sometimes
- ○ 1 – Rarely
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11. Your mentor does a necessary follow-up with an assigned task to you. *

- (●) 4 – Every time
- ( ) 3 – Usually
- ( ) 2 – Occasionally/Sometimes
- ( ) 1 – Rarely
- ( ) 0– Never

12. The teachers illustrate the concepts through examples and applications. *

- (●) 4 – Every time
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13. The teachers identify your strengths and encourage you with providing right level of challenges. *

- (●) 4 – Fully
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- ( ) 2 – Partially
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- ( ) 0– Unable to

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**vasantbadgujaruvo53@gmail.com**) was recorded on submission of this form.

Email *

vasantbadgujaruvo53@gmail.com

NAME OF THE STUDENT *

Vasant Sharad Badgujar

Date of Birth *

MM DD YYYY

04 / 19 / 1999

ROLL NUMBER *

2

EMAIL ID *

vasantbadgujaruvo53@gmail.com

CONTACT NO. *

9561880411

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- (●) II Year
- ( ) III Year
- ( ) IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**truptisanap29@gmail.com**) was recorded on submission of this form.

Email *

truptisanap29@gmail.com

NAME OF THE STUDENT *

Trupti vanjari

Date of Birth *

MM DD YYYY

09 / 29 / 2000

ROLL NUMBER *

35

EMAIL ID *

truptisanap29@gmail.com

CONTACT NO. *

7666049134

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**shaikhneha2613@gmail.com**) was recorded on submission of this form.

Email *

shaikhneha2613@gmail.com

NAME OF THE STUDENT *

Shaikh Neha Nisar

Date of Birth *

MM DD YYYY

10 / 29 / 1999

ROLL NUMBER *

32

EMAIL ID *

shaikhneha2613@gmail.com

CONTACT NO. *

9823832814

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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- ( ) 3 – Usually
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- ( ) 1 – Rarely
- ( ) 0– Never

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**bhagyashreedode@gmail.com**) was recorded on submission of this form.

Email *

bhagyashreedode@gmail.com

NAME OF THE STUDENT *

Bhagyashree chandrashekhar dode

Date of Birth *

MM DD YYYY

08 / 24 / 1999

ROLL NUMBER *

06

EMAIL ID *

bhagyashreedode@gmail.com

CONTACT NO. *

8830582455

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
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5. Fairness of the internal evaluation process by the teachers *

- ○ 4 – Always fair
- ◉ 3 – Usually fair
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- ◉ 3 – Usually
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9. The institution provides multiple opportunities to learn and grow. *

- ○ 4 – Strongly agree
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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**mrunal.nsurwade04@gmail.com**) was recorded on submission of this form.

Email *

mrunal.nsurwade04@gmail.com

NAME OF THE STUDENT *

Mrunal Nagesh Surwade

Date of Birth *

MM DD YYYY

07 / 04 / 2001

ROLL NUMBER *

40

EMAIL ID *

mrunal.nsurwade04@gmail.com

CONTACT NO. *

8888006056

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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1.How much of the syllabus was covered in the class? *

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Google Forms

Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**mayurhingane1998@gmail.com**) was recorded on submission of this form.

Email *

mayurhingane1998@gmail.com

NAME OF THE STUDENT *

Mayuri pradeep hingane

Date of Birth *

MM DD YYYY

07 / 20 / 2000

ROLL NUMBER *

8

EMAIL ID *

mayurhingane1998@gmail.com

CONTACT NO. *

9022338590

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**devyanispatil00@gmail.com**) was recorded on submission of this form.

Email *

devyanispatil00@gmail.com

NAME OF THE STUDENT *

Devyani sahebrao patil

Date of Birth *

MM DD YYYY

04 / 05 / 2000

ROLL NUMBER *

5

EMAIL ID *

devyanispatil00@gmail.com

CONTACT NO. *

8999343407

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ◉ 4 – 85 to 100%
- ○ 3 – 70 to 84%
- ○ 2 – 55 to 69%
- ○ 1– 30 to 54%
- ○ 0 –Below 30%

2. How well did the teachers prepare for the classes? *

- (●) 4 –Thoroughly
- ( ) 3 – Satisfactorily
- ( ) 2 – 55 to 69%
- ( ) 2 – Poorly
- ( ) 0 – Won't teach at all

3. How well were the teachers able to communicate? *

- (●) 4 – Always effective
- ( ) 3 – Sometimes effective
- ( ) 2 – Just satisfactorily
- ( ) 1– Generally ineffective
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- ( ) 3 – Very good
- ( ) 2 – Good
- ( ) 1 – Fair
- ( ) 0– Poor

5. Fairness of the internal evaluation process by the teachers *

- (●) 4 – Always fair
- ( ) 3 – Usually fair
- ( ) 2 – Sometimes unfair
- ( ) 1 – Usually unfair
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6. Was your performance in assignments discussed with you? *

- (●) 4 – Every time
- ( ) 3 – Usually
- ( ) 2 – Occasionally/Sometimes
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7. The institute takes active interest in promoting internship, student exchange, field visit opportunities for students. *

- (●) 4 – Regularly
- ( ) 3 – Often
- ( ) 2 – Sometimes
- ( ) 1 – Rarely
- ( ) 0– Never

8. The teaching and mentoring process in your institution facilitates you in cognitive, social and emotional growth. *

- (●) 4 – Significantly
- ( ) 3 – Very well
- ( ) 2 – Moderately
- ( ) 1 – Marginally
- ( ) 0– Not at all

9. The institution provides multiple opportunities to learn and grow. *

- (●) 4 – Strongly agree
- ( ) 3 – Agree
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- ( ) 1 – Disagree
- ( ) 0– Strongly disagree

10. Teachers inform you about your expected competencies, course outcomes and program outcomes. *

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Google Forms

Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**pratukapre26@gmail.com**) was recorded on submission of this form.

Email *

pratukapre26@gmail.com

NAME OF THE STUDENT *

Kapre Pratiksha Kailas

Date of Birth *

MM DD YYYY

09 / 26 / 1999

ROLL NUMBER *

10

EMAIL ID *

pratukapre26@gmail.com

CONTACT NO. *

7038990393

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**poojalabade4444@gmail.com**) was recorded on submission of this form.

Email *

poojalabade4444@gmail.com

NAME OF THE STUDENT *

Pooja Bhimrao Labde

Date of Birth *

MM DD YYYY

07 / 20 / 2000

ROLL NUMBER *

13

EMAIL ID *

poojalabade4444@gmail.com

CONTACT NO. *

9834010123

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**rohitnayak20181@gmail.com**) was recorded on submission of this form.

Email *

rohitnayak20181@gmail.com

NAME OF THE STUDENT *

Nayak Rohit Subhash

Date of Birth *

MM DD YYYY

11 / 23 / 2000

ROLL NUMBER *

22

EMAIL ID *

rohitnayak20181@gmail.com

CONTACT NO. *

7057490863

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**saurabhjunghare9@gmail.com**) was recorded on submission of this form.

Email *

saurabhjunghare9@gmail.com

NAME OF THE STUDENT *

Saurabh vinayak junghare

Date of Birth *

MM DD YYYY

01 / 20 / 2024

ROLL NUMBER *

11

EMAIL ID *

saurabhjunghare9@gmail.com

CONTACT NO. *

9529052171

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- ( ) III Year
- (●) IV Year

1.How much of the syllabus was covered in the class? *

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Google Forms

Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**lokhandenagsen458@gmail.com**) was recorded on submission of this form.

Email *

lokhandenagsen458@gmail.com

NAME OF THE STUDENT *

Nagsen Lokhande

Date of Birth *

MM DD YYYY

10 / 26 / 1998

ROLL NUMBER *

15

EMAIL ID *

lokhandenagsen458@gmail.com

CONTACT NO. *

8208578806

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
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1.How much of the syllabus was covered in the class? *

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Google Forms

Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**srushtipatilsp10@gmail.com**) was recorded on submission of this form.

Email *

srushtipatilsp10@gmail.com

NAME OF THE STUDENT *

SRUSHTI SANTOSH PATIL

Date of Birth *

MM DD YYYY

12 / 10 / 2000

ROLL NUMBER *

32

EMAIL ID *

srushtipatilsp10@gmail.com

CONTACT NO. *

8080339866

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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- (●) 4 – Every time
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- ( ) 2 – Occasionally/Sometimes
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13. The teachers identify your strengths and encourage you with providing right level of challenges. *

- ( ) 4 – Fully
- (●) 3 – Reasonably
- ( ) 2 – Partially
- ( ) 1 – Slightly
- ( ) 0– Unable to

14. Teachers are able to identify your weaknesses and help you to overcome them. *

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Google Forms

Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**tanvissonune3130@gmail.com**) was recorded on submission of this form.

Email *

tanvissonune3130@gmail.com

NAME OF THE STUDENT *

Tanvi Subhash Sonune

Date of Birth *

MM DD YYYY

03 / 31 / 2000

ROLL NUMBER *

32

EMAIL ID *

tanvissonune3130@gmail.com

CONTACT NO. *

9552253891

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
- ◉ 3 – 70 to 84%
- ○ 2 – 55 to 69%
- ○ 1– 30 to 54%
- ○ 0 –Below 30%

2. How well did the teachers prepare for the classes? *

- ○ 4 –Thoroughly
- ◉ 3 – Satisfactorily
- ○ 2 – 55 to 69%
- ○ 2 – Poorly
- ○ 0 – Won't teach at all

3. How well were the teachers able to communicate? *

- ○ 4 – Always effective
- ◉ 3 – Sometimes effective
- ○ 2 – Just satisfactorily
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4. The teacher's approach to teaching can best be described as *

- ○ 4– Excellent
- ◉ 3 – Very good
- ○ 2 – Good
- ○ 1 – Fair
- ○ 0– Poor

5. Fairness of the internal evaluation process by the teachers *

- ○ 4 – Always fair
- ◉ 3 – Usually fair
- ○ 2 – Sometimes unfair
- ○ 1 – Usually unfair
- ○ 0– Unfair

6. Was your performance in assignments discussed with you? *

- ○ 4 – Every time
- ◉ 3 – Usually
- ○ 2 – Occasionally/Sometimes
- ○ 1 – Rarely
- ○ 0– Never

7. The institute takes active interest in promoting internship, student exchange, field visit opportunities for students. *

- ○ 4 – Regularly
- ◉ 3 – Often
- ○ 2 – Sometimes
- ○ 1 – Rarely
- ○ 0– Never

8. The teaching and mentoring process in your institution facilitates you in cognitive, social and emotional growth. *

- ○ 4 – Significantly
- ◉ 3 – Very well
- ○ 2 – Moderately
- ○ 1 – Marginally
- ○ 0– Not at all

9. The institution provides multiple opportunities to learn and grow. *

- ○ 4 – Strongly agree
- ◉ 3 – Agree
- ○ 2 – Neutral
- ○ 1 – Disagree
- ○ 0– Strongly disagree

10. Teachers inform you about your expected competencies, course outcomes and program outcomes. *

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Google Forms

Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**mayurishimpi31199@gmail.com**) was recorded on submission of this form.

Email *

mayurishimpi31199@gmail.com

NAME OF THE STUDENT *

Mayuri Sudhakar Shimpi

Date of Birth *

MM DD YYYY

11 / 03 / 1999

ROLL NUMBER *

34

EMAIL ID *

mayurishimpi31199@gmail.com

CONTACT NO. *

9130497734

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**lata51372@gmail.com**) was recorded on submission of this form.

Email *

lata51372@gmail.com

NAME OF THE STUDENT *

Lata Yadav

Date of Birth *

MM DD YYYY

01 / 05 / 2001

ROLL NUMBER *

42

EMAIL ID *

lata51372@gmai.com

CONTACT NO. *

9324160408

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**priteebu10@gmail.com**) was recorded on submission of this form.

Email *

priteebu10@gmail.com

NAME OF THE STUDENT *

Pritee Bhagwan Umbarkar

Date of Birth *

MM DD YYYY

05 / 16 / 2002

ROLL NUMBER *

37

EMAIL ID *

priteebu10@gmail.com

CONTACT NO. *

7058462280

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**PRASHANTMHENDRAPATIL@GMAIL.COM**) was recorded on submission of this form.

Email *

PRASHANTMHENDRAPATIL@GMAIL.COM

NAME OF THE STUDENT *

PRASHANT MAHENDRA PATIL

Date of Birth *

MM DD YYYY

07 / 25 / 2001

ROLL NUMBER *

30

EMAIL ID *

PRASHANTMHENDRAPATIL@GMAIL.COM

CONTACT NO. *

9702675431

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
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1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**divyabadgujar1606@gmail.com**) was recorded on submission of this form.

Email *

divyabadgujar1606@gmail.com

NAME OF THE STUDENT *

Divya Amrut Badgujar

Date of Birth *

MM DD YYYY

06 / 16 / 2001

ROLL NUMBER *

1

EMAIL ID *

divyabadgujar1606@gmail.com

CONTACT NO. *

8830831250

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Google Forms

Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**shitaltandulkarmku@gmail.com**) was recorded on submission of this form.

Email *

shitaltandulkarmku@gmail.com

NAME OF THE STUDENT *

Shital Laxman Tandulkar

Date of Birth *

MM DD YYYY

04 / 30 / 2000

ROLL NUMBER *

13

EMAIL ID *

shitaltandulkarmku@gmail.com

CONTACT NO. *

9146306569

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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- (●) 3 – Usually
- ( ) 2 – Occasionally/Sometimes
- ( ) 1 – Rarely
- ( ) 0– Never

13. The teachers identify your strengths and encourage you with providing right level of challenges. *

- ( ) 4 – Fully
- (●) 3 – Reasonably
- ( ) 2 – Partially
- ( ) 1 – Slightly
- ( ) 0– Unable to

14. Teachers are able to identify your weaknesses and help you to overcome them. *

- ○ 4 – Every time
- ◉ 3 – Usually
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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**yamineegokhale@gmail.com**) was recorded on submission of this form.

Email *

yamineegokhale@gmail.com

NAME OF THE STUDENT *

Gokhale Yaminee Gokhale

Date of Birth *

MM DD YYYY

10 / 25 / 1998

ROLL NUMBER *

04

EMAIL ID *

yamineegokhale@gmail.com

CONTACT NO. *

9309101439

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
- ◉ 3 – 70 to 84%
- ○ 2 – 55 to 69%
- ○ 1– 30 to 54%
- ○ 0 –Below 30%

2. How well did the teachers prepare for the classes? *

- ○ 4 –Thoroughly
- ◉ 3 – Satisfactorily
- ○ 2 – 55 to 69%
- ○ 2 – Poorly
- ○ 0 – Won't teach at all

3. How well were the teachers able to communicate? *

- ○ 4 – Always effective
- ◉ 3 – Sometimes effective
- ○ 2 – Just satisfactorily
- ○ 1– Generally ineffective
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4. The teacher's approach to teaching can best be described as *

- ○ 4– Excellent
- ◉ 3 – Very good
- ○ 2 – Good
- ○ 1 – Fair
- ○ 0– Poor

5. Fairness of the internal evaluation process by the teachers *

- ○ 4 – Always fair
- ◉ 3 – Usually fair
- ○ 2 – Sometimes unfair
- ○ 1 – Usually unfair
- ○ 0– Unfair

6. Was your performance in assignments discussed with you? *

- ○ 4 – Every time
- ◉ 3 – Usually
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- ○ 1 – Rarely
- ○ 0– Never

7. The institute takes active interest in promoting internship, student exchange, field visit opportunities for students. *

- ○ 4 – Regularly
- ◉ 3 – Often
- ○ 2 – Sometimes
- ○ 1 – Rarely
- ○ 0– Never

8. The teaching and mentoring process in your institution facilitates you in cognitive, social and emotional growth. *

- ○ 4 – Significantly
- ◉ 3 – Very well
- ○ 2 – Moderately
- ○ 1 – Marginally
- ○ 0– Not at all

9. The institution provides multiple opportunities to learn and grow. *

- ○ 4 – Strongly agree
- ◉ 3 – Agree
- ○ 2 – Neutral
- ○ 1 – Disagree
- ○ 0– Strongly disagree

10. Teachers inform you about your expected competencies, course outcomes and program outcomes. *

- ○ 4 – Every time
- ◉ 3 – Usually
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11. Your mentor does a necessary follow-up with an assigned task to you. *

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**poojachavan038@gmail.com**) was recorded on submission of this form.

Email *

poojachavan038@gmail.com

NAME OF THE STUDENT *

Pooja chavan

Date of Birth *

MM DD YYYY

11 / 02 / 2000

ROLL NUMBER *

06

EMAIL ID *

poojachavan038@gmail.com

CONTACT NO. *

9284389067

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**mahendrachaudhari751@gmail.com**) was recorded on submission of this form.

Email *

mahendrachaudhari751@gmail.com

NAME OF THE STUDENT *

Mahendra Ramesh Chaudhari

Date of Birth *

MM DD YYYY

03 / 01 / 1999

ROLL NUMBER *

6

EMAIL ID *

mahendrachaudhari751@gmail.com

CONTACT NO. *

7218561808

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- (●) II Year
- ( ) III Year
- ( ) IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**sukanyamalkar1305@gmail.com**) was recorded on submission of this form.

Email *

sukanyamalkar1305@gmail.com

NAME OF THE STUDENT *

Sukanya Sanjay Malkar

Date of Birth *

MM DD YYYY

05 / 13 / 2000

ROLL NUMBER *

15

EMAIL ID *

sukanyamalkar1305@gmil.com

CONTACT NO. *

9579530962

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**poojajadhav73635@gmail.com**) was recorded on submission of this form.

Email *

poojajadhav73635@gmail.com

NAME OF THE STUDENT *

Pooja pandurang jadhav

Date of Birth *

MM DD YYYY

07 / 16 / 2001

ROLL NUMBER *

25

EMAIL ID *

poojajadhav73635@gmail.com

CONTACT NO. *

7972496625

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**afifapatel2001@gmail.com**) was recorded on submission of this form.

Email *

afifapatel2001@gmail.com

NAME OF THE STUDENT *

Afifa Shakeel Patel

Date of Birth *

MM DD YYYY

11 / 18 / 2001

ROLL NUMBER *

26

EMAIL ID *

afifapatel2001@gmail.com

CONTACT NO. *

9798997866

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**bhaveshmahajan118@gmail.com**) was recorded on submission of this form.

Email *

bhaveshmahajan118@gmail.com

NAME OF THE STUDENT *

Bhavesh Ravindra Mahajan

Date of Birth *

MM DD YYYY

08 / 11 / 2000

ROLL NUMBER *

20

EMAIL ID *

bhaveshmahajan118@gmail.com

CONTACT NO. *

8806756975

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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1.How much of the syllabus was covered in the class? *

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- ( ) 0– Never

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Google Forms

Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**akashtivari45@gmail.com**) was recorded on submission of this form.

Email *

akashtivari45@gmail.com

NAME OF THE STUDENT *

Akash tiwari

Date of Birth *

MM DD YYYY

11 / 04 / 2000

ROLL NUMBER *

41

EMAIL ID *

akashtivari45@gmail.com

CONTACT NO. *

7039773094

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
- ( ) IV Year

1.How much of the syllabus was covered in the class? *

- (●) 4 – 85 to 100%
- ( ) 3 – 70 to 84%
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- ( ) 2 – 55 to 69%
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- ( ) 0– Very poor communication

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- ( ) 3 – Very good
- ( ) 2 – Good
- ( ) 1 – Fair
- ( ) 0– Poor

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- (●) 4 – Always fair
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- ( ) 2 – Sometimes unfair
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- ( ) 2 – Moderately
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Google Forms

Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**sononerutuja45@gmail.com**) was recorded on submission of this form.

Email *

sononerutuja45@gmail.com

NAME OF THE STUDENT *

Rutuja Vijay Sonone

Date of Birth *

MM DD YYYY

09 / 05 / 2000

ROLL NUMBER *

39

EMAIL ID *

sononerutuja45@gmail.com

CONTACT NO. *

8080904346

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**batherutuja@gmail.com**) was recorded on submission of this form.

Email *

batherutuja@gmail.com

NAME OF THE STUDENT *

Rutuja Suresh Bathe

Date of Birth *

MM DD YYYY

01 / 09 / 2000

ROLL NUMBER *

04

EMAIL ID *

batherutuja@gmail.com

CONTACT NO. *

7767855465

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**9158340298L@gmail.com**) was recorded on submission of this form.

Email *

9158340298L@gmail.com

NAME OF THE STUDENT *

Laxman Maroti Chavan

Date of Birth *

MM DD YYYY

06 / 30 / 1996

ROLL NUMBER *

4

EMAIL ID *

9158340298L@gmail.com

CONTACT NO. *

9158340298

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2019-20

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

The respondent's email (**sudarshansanap577@gmail.com**) was recorded on submission of this form.

Email *

sudarshansanap577@gmail.com

NAME OF THE STUDENT *

Sudarshan sanap

Date of Birth *

MM DD YYYY

11 / 09 / 2000

ROLL NUMBER *

36

EMAIL ID *

sudarshansanap577@gmail.com

CONTACT NO. *

9028235433

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
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- ( ) III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ashwini Satish Hingane

Date of Birth *

MM DD YYYY

02 / 23 / 2000

ROLL NUMBER *

08

EMAIL ID *

ashwinihingane2000@gmail.com

CONTACT NO. *

8080849800

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Rhushika Ganesh Patil

Date of Birth *

MM DD YYYY

03 / 31 / 2002

ROLL NUMBER *

31

EMAIL ID *

2002rhushikapatil@gmail.com

CONTACT NO. *

8459124281

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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- ( ) 0– Never

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Anushka Patil

Date of Birth *

MM DD YYYY

02 / 05 / 2002

ROLL NUMBER *

24

EMAIL ID *

anushkapatil0502@gmail.com

CONTACT NO. *

7977663919

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
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Google Forms

Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Payal Netkar

Date of Birth *

MM DD YYYY

03 / 11 / 2001

ROLL NUMBER *

23

EMAIL ID *

payalnetkar1@gmail.com

CONTACT NO. *

7410582575

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhavana Patil

Date of Birth *

MM DD YYYY

08 / 28 / 2001

ROLL NUMBER *

25

EMAIL ID *

bhavanapatil570@gmail.com

CONTACT NO. *

8830974201

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shweta Yuvraj Deore

Date of Birth *

MM DD YYYY

04 / 28 / 2000

ROLL NUMBER *

1

EMAIL ID *

shwetadeore28@gmail.com

CONTACT NO. *

7776047181

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ashwini Anil chaudhari

Date of Birth *

MM DD YYYY

10 / 20 / 1999

ROLL NUMBER *

03

EMAIL ID *

ashwinichaudhari7621@gmail.com

CONTACT NO. *

6265901054

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Falguni Dinesh Chavan

Date of Birth *

MM DD YYYY

11 / 19 / 2001

ROLL NUMBER *

20

EMAIL ID *

falgunichavan789@gmail.com

CONTACT NO. *

8329628656

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sayali Vilas Gaikwad

Date of Birth *

MM DD YYYY

04 / 25 / 2002

ROLL NUMBER *

31

EMAIL ID *

svgaikwad002@gmail.com

CONTACT NO. *

9373509449

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vasant Sharad Badgujar

Date of Birth *

MM DD YYYY

04 / 19 / 1999

ROLL NUMBER *

2

EMAIL ID *

vasantbadgujaruvo53@gmail.com

CONTACT NO. *

9561880411

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- (●) III Year
- ( ) IV Year

1.How much of the syllabus was covered in the class? *

- (●) 4 – 85 to 100%
- ( ) 3 – 70 to 84%
- ( ) 2 – 55 to 69%
- ( ) 1– 30 to 54%
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2. How well did the teachers prepare for the classes? *

- ○ 4 –Thoroughly
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- ◉ 3 – Sometimes effective
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- ○ 1 – Fair
- ○ 0– Poor

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Google Forms

Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

MUKTAI SUNIL DHANDE

Date of Birth *

MM DD YYYY

11 / 23 / 2002

ROLL NUMBER *

17

EMAIL ID *

muktaidhande2002@gmail.com

CONTACT NO. *

8010799296

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

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Google Forms

Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Trupti vanjari

Date of Birth *

MM DD YYYY

09 / 29 / 2000

ROLL NUMBER *

38

EMAIL ID *

truptisanap29@gmail.com

CONTACT NO. *

7666049134

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pravin Rajale

Date of Birth *

MM DD YYYY

01 / 13 / 2002

ROLL NUMBER *

62

EMAIL ID *

rajalepravin@gmail.com

CONTACT NO. *

9518362583

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- (●) III Year
- ( ) IV Year

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhagyashree chandrashekhar dode

Date of Birth *

MM DD YYYY

08 / 24 / 1999

ROLL NUMBER *

06

EMAIL ID *

bhagyashreedode@gmail.com

CONTACT NO. *

8830582455

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mrunal Nagesh Surwade

Date of Birth *

MM DD YYYY

07 / 04 / 2001

ROLL NUMBER *

40

EMAIL ID *

mrunal.nsurwade04@gmail.com

CONTACT NO. *

8888006056

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sarang chaudhari

Date of Birth *

MM DD YYYY

07 / 24 / 2000

ROLL NUMBER *

12

EMAIL ID *

chaudharisarang012@email.com

CONTACT NO. *

9518540278

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Devyani sahebrao patil

Date of Birth *

MM DD YYYY

04 / 05 / 2000

ROLL NUMBER *

5

EMAIL ID *

devyanispatil00@gmail.com

CONTACT NO. *

8999343407

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pooja Labde

Date of Birth *

MM DD YYYY

10 / 21 / 2000

ROLL NUMBER *

13

EMAIL ID *

poojalabade4444@gmail.com

CONTACT NO. *

9834010123

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pratiksha Kailas Kapre

Date of Birth *

MM DD YYYY

09 / 26 / 1999

ROLL NUMBER *

10

EMAIL ID *

pratukapre26@gmail.com

CONTACT NO. *

7038990393

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nayak rohit subhash

Date of Birth *

MM DD YYYY

11 / 23 / 2000

ROLL NUMBER *

22

EMAIL ID *

rohitnayak20181@gmail.com

CONTACT NO. *

7057490863

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- (●) II Year
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Lokhande Nagsen

Date of Birth *

MM DD YYYY

10 / 26 / 1998

ROLL NUMBER *

15

EMAIL ID *

lokhandenagsen458@gmail.com

CONTACT NO. *

8208578806

Gender *

- (●) Male
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Srushti Santosh Patil

Date of Birth *

MM DD YYYY

12 / 10 / 2000

ROLL NUMBER *

32

EMAIL ID *

srushtipatilsp10@gmail.com

CONTACT NO. *

8080339866

Gender *

- ○ Male
- ◉ Female
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YEAR OF STUDY *

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Prerna Sanjay Tayade

Date of Birth *

MM DD YYYY

10 / 12 / 2002

ROLL NUMBER *

82

EMAIL ID *

prernatayade12@gmail.com

CONTACT NO. *

8999929705

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Kunal Panditrao Deshmukh

Date of Birth *

MM DD YYYY

11 / 05 / 2001

ROLL NUMBER *

18

EMAIL ID *

shyamdeshmukh151@gmail.com

CONTACT NO. *

9834365400

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Anchal Nagrale

Date of Birth *

MM DD YYYY

11 / 28 / 2000

ROLL NUMBER *

52

EMAIL ID *

nagraleanchal@gmail.com

CONTACT NO. *

7620747486

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Tanvi Subhash Sonune

Date of Birth *

MM DD YYYY

03 / 31 / 2000

ROLL NUMBER *

34

EMAIL ID *

tanvissonune3130@gmail.com

CONTACT NO. *

9552253891

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhagyashri Sanjay Manure

Date of Birth *

MM DD YYYY

09 / 29 / 2001

ROLL NUMBER *

35

EMAIL ID *

bhagyashrimanure2000@gmail.com

CONTACT NO. *

9022266790

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vaishnavi Sarangdhar Vyavhare

Date of Birth *

MM DD YYYY

04 / 05 / 2001

ROLL NUMBER *

70

EMAIL ID *

vaishnavivyavahare717@gmail.com

CONTACT NO. *

9552595144

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

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- ◉ I Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Malik saleha sadique

Date of Birth *

MM DD YYYY

07 / 24 / 2003

ROLL NUMBER *

34

EMAIL ID *

salehamaliksadique@gmail.com

CONTACT NO. *

9422109972

Gender *

- ○ Male
- ◉ Female
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YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mayuri Sudhakar Shimpi

Date of Birth *

MM DD YYYY

11 / 03 / 1999

ROLL NUMBER *

31

EMAIL ID *

mayurishimpi31199@gmail.com

CONTACT NO. *

9130497734

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sushama shalikram bari

Date of Birth *

MM DD YYYY

04 / 09 / 2002

ROLL NUMBER *

4

EMAIL ID *

sushmabari9422@gmail.com

CONTACT NO. *

9422919764

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Tejaswini kamble

Date of Birth *

MM DD YYYY

02 / 29 / 2000

ROLL NUMBER *

28

EMAIL ID *

kambletejaswini98@gmail.com

CONTACT NO. *

8286442769

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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1.How much of the syllabus was covered in the class? *

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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Prerana dongre

Date of Birth *

MM DD YYYY

07 / 03 / 2001

ROLL NUMBER *

18

EMAIL ID *

preranadongare19@gmail.com

CONTACT NO. *

8421665243

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Lata Yadav

Date of Birth *

MM DD YYYY

01 / 05 / 2001

ROLL NUMBER *

42

EMAIL ID *

lata51372@gmail.com

CONTACT NO. *

9324160408

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

priteebu10@gmail.com

Date of Birth *

MM DD YYYY

05 / 16 / 2002

ROLL NUMBER *

46

EMAIL ID *

priteebu10@gmail.com

CONTACT NO. *

7058462280

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

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- ○ I Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nida kausar Mohammed Ahmad

Date of Birth *

MM DD YYYY

07 / 05 / 2001

ROLL NUMBER *

24

EMAIL ID *

nidakausar359@gmail.com

CONTACT NO. *

9561347448

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

PRASHANT MAHENDRA PATIL

Date of Birth *

MM DD YYYY

07 / 25 / 2001

ROLL NUMBER *

30

EMAIL ID *

PRASHANTMHENDRAPATIL@GMAIL.COM

CONTACT NO. *

9702675431

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- (●) II Year
- ( ) III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Divya Amrut Badgujar

Date of Birth *

MM DD YYYY

06 / 16 / 2001

ROLL NUMBER *

1

EMAIL ID *

divyabadgujar1606@gmail.com

CONTACT NO. *

8830831250

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shital Laxman Tandulkar

Date of Birth *

MM DD YYYY

04 / 30 / 2000

ROLL NUMBER *

13

EMAIL ID *

shitaltandulkarmku@gmail.com

CONTACT NO. *

9146306569

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
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2. How well did the teachers prepare for the classes? *

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- ○ 2 – 55 to 69%
- ○ 2 – Poorly
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- ○ 4 – Always effective
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Gokhale Yaminee Ravindra

Date of Birth *

MM DD YYYY

01 / 25 / 1998

ROLL NUMBER *

03

EMAIL ID *

yamineegokhale@gmail.com

CONTACT NO. *

9309101439

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sapana Chavan

Date of Birth *

MM DD YYYY

04 / 11 / 2002

ROLL NUMBER *

21

EMAIL ID *

sapnachavan1104@gmail.com

CONTACT NO. *

9028711422

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mahendra Ramesh Chaudhari

Date of Birth *

MM DD YYYY

03 / 01 / 1999

ROLL NUMBER *

5

EMAIL ID *

mahendrachaudhari751@gmail.com

CONTACT NO. *

7218561808

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sukanya Sanjay Malkar

Date of Birth *

MM DD YYYY

05 / 13 / 2000

ROLL NUMBER *

15

EMAIL ID *

sukanyamalkar1305@gmail.con

CONTACT NO. *

9579530962

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ankush Harihar Khunte

Date of Birth *

MM DD YYYY

07 / 15 / 1999

ROLL NUMBER *

10

EMAIL ID *

ankushkhunte143@gmail.com

CONTACT NO. *

8483814671

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- (●) III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sakshi Shrikrushna Khiralkar

Date of Birth *

MM DD YYYY

10 / 05 / 2002

ROLL NUMBER *

41

EMAIL ID *

sakshikhiralkar0103@gmail.com

CONTACT NO. *

9284343224

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Khushi Thombare

Date of Birth *

MM DD YYYY

02 / 01 / 2003

ROLL NUMBER *

69

EMAIL ID *

khushithombare2003@gmail.com

CONTACT NO. *

7796311261

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ◉ 4 – 85 to 100%
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shraddha pravin patil

Date of Birth *

MM DD YYYY

08 / 28 / 2002

ROLL NUMBER *

50

EMAIL ID *

patilshraddha7014@gmail.com

CONTACT NO. *

7385460591

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Jayashri G.Bhusari

Date of Birth *

MM DD YYYY

11 / 21 / 2001

ROLL NUMBER *

14

EMAIL ID *

jbhusari2001@gmail.com

CONTACT NO. *

7558525602

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

HYALIJ SURAJ SHANTARAM

Date of Birth *

MM DD YYYY

06 / 04 / 2002

ROLL NUMBER *

25

EMAIL ID *

surajvyas462002@gmail.com

CONTACT NO. *

7030403645

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Afifa Shakeel Patel

Date of Birth *

MM DD YYYY

11 / 18 / 2001

ROLL NUMBER *

26

EMAIL ID *

afifapatel2001@gmail.com

CONTACT NO. *

9798997866

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhavesh Ravindra Mahajan

Date of Birth *

MM DD YYYY

08 / 11 / 2000

ROLL NUMBER *

19

EMAIL ID *

bhaveshmahajan118@gmail.com

CONTACT NO. *

8806756975

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vanshika darshanlal bagjai

Date of Birth *

MM DD YYYY

06 / 03 / 2000

ROLL NUMBER *

6

EMAIL ID *

Benf3867@gmail.com

CONTACT NO. *

8421285332

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Aishwarya Devidas bari

Date of Birth *

MM DD YYYY

06 / 24 / 2002

ROLL NUMBER *

7

EMAIL ID *

bariaishwarya98@gmail.com

CONTACT NO. *

9403324103

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ◉ 4 – 85 to 100%
- ○ 3 – 70 to 84%
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2. How well did the teachers prepare for the classes? *

- (●) 4 –Thoroughly
- ( ) 3 – Satisfactorily
- ( ) 2 – 55 to 69%
- ( ) 2 – Poorly
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- (●) 4 – Always effective
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sumit Ambre

Date of Birth *

MM DD YYYY

10 / 01 / 2002

ROLL NUMBER *

1

EMAIL ID *

sumitambre69@gmail.com

CONTACT NO. *

8329413352

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harsha Chhotu Wagh

Date of Birth *

MM DD YYYY

10 / 29 / 2002

ROLL NUMBER *

13

EMAIL ID *

waghharsha63@gmail.com

CONTACT NO. *

9421013569

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Akash tiwari

Date of Birth *

MM DD YYYY

11 / 04 / 2000

ROLL NUMBER *

41

EMAIL ID *

akashtivari45@gmail.com

CONTACT NO. *

7039773094

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- (●) II Year
- ( ) III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Rutuja Vijay Sonone

Date of Birth *

MM DD YYYY

09 / 05 / 2000

ROLL NUMBER *

39

EMAIL ID *

sononerutuja45@gmail.com

CONTACT NO. *

39

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Prachi Barnwal

Date of Birth *

MM DD YYYY

12 / 08 / 2001

ROLL NUMBER *

09

EMAIL ID *

prachibarnwal24@gmail.com

CONTACT NO. *

8591227356

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pooja Agrawal

Date of Birth *

MM DD YYYY

08 / 22 / 2002

ROLL NUMBER *

01

EMAIL ID *

puja.agrawal9422@gmail.com

CONTACT NO. *

7721916484

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Basit Safura Nasiruddin

Date of Birth *

MM DD YYYY

01 / 30 / 2001

ROLL NUMBER *

10

EMAIL ID *

basitsafura3001@gmail.com

CONTACT NO. *

9423596959

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

ANSARI YAHYA MASOOD AHMAD

Date of Birth *

MM DD YYYY

10 / 20 / 1997

ROLL NUMBER *

05

EMAIL ID *

ansariyahya50@gmail.com

CONTACT NO. *

7385489093

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
- ( ) IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Jayashri Jojan

Date of Birth *

MM DD YYYY

05 / 13 / 2001

ROLL NUMBER *

36

EMAIL ID *

jayshreejojan13@gmail.com

CONTACT NO. *

7039255468

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Suryakant Belkhede

Date of Birth *

MM DD YYYY

11 / 18 / 2000

ROLL NUMBER *

11

EMAIL ID *

BELKHEDESURYA585@GMAIL.COM

CONTACT NO. *

7507041201

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Kshitija Madhao Gaikwad

Date of Birth *

MM DD YYYY

06 / 20 / 2001

ROLL NUMBER *

29

EMAIL ID *

kshitijagaikwad35@gmail.com

CONTACT NO. *

9075740118

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Saniya Anis Deshmukh

Date of Birth *

MM DD YYYY

02 / 09 / 2000

ROLL NUMBER *

24

EMAIL ID *

anisdeshmukh42@gmail.com

CONTACT NO. *

7038715979

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ankush Udesing Bhelka

Date of Birth *

MM DD YYYY

12 / 23 / 2000

ROLL NUMBER *

13

EMAIL ID *

ankushubhelka@gmail.com

CONTACT NO. *

7620877350

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Rutuja Suresh Bathe

Date of Birth *

MM DD YYYY

01 / 09 / 2000

ROLL NUMBER *

04

EMAIL ID *

batherutuja@gmail.com

CONTACT NO. *

7767855465

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Laxman Maroti Chavan

Date of Birth *

MM DD YYYY

06 / 30 / 1996

ROLL NUMBER *

4

EMAIL ID *

9158340298L@gmail.com

CONTACT NO. *

9158340298

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- (●) II Year
- ( ) III Year
- ( ) IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2020-21

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sudarshan sanap

Date of Birth *

MM DD YYYY

11 / 09 / 2000

ROLL NUMBER *

36

EMAIL ID *

sudarshansanap577@gmail.com

CONTACT NO. *

9028235433

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- (●) II Year
- ( ) III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ashwini Satish Hingane

Date of Birth *

MM DD YYYY

02 / 23 / 2000

ROLL NUMBER *

08

EMAIL ID *

ashwinihingane2000@gmail.com

CONTACT NO. *

8080849800

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Rhushika Ganesh Patil

Date of Birth *

MM DD YYYY

03 / 31 / 2002

ROLL NUMBER *

31

EMAIL ID *

2002rhushikapatil@gmail.com

CONTACT NO. *

8459124281

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Anushka Patil

Date of Birth *

MM DD YYYY

02 / 05 / 2002

ROLL NUMBER *

26

EMAIL ID *

anushkapatil0502@gmail.com

CONTACT NO. *

7977663919

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Payal Netkar

Date of Birth *

MM DD YYYY

03 / 11 / 2001

ROLL NUMBER *

23

EMAIL ID *

payalnetkar1@gmail.com

CONTACT NO. *

7410582575

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhavana Patil

Date of Birth *

MM DD YYYY

08 / 28 / 2001

ROLL NUMBER *

26

EMAIL ID *

bhavanapatil570@gmail.com

CONTACT NO. *

8830974201

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ashwini Anil chaudhari

Date of Birth *

MM DD YYYY

10 / 20 / 1999

ROLL NUMBER *

03

EMAIL ID *

ashwinichaudhari7621@gmail.com

CONTACT NO. *

6265901054

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

1.How much of the syllabus was covered in the class? *

- ◉ 4 – 85 to 100%
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Devashri sandeep bhangale

Date of Birth *

MM DD YYYY

09 / 23 / 2002

ROLL NUMBER *

09

EMAIL ID *

dsbnbhangale2302@gmail.com

CONTACT NO. *

9359265368

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vanshika vinod bansal

Date of Birth *

MM DD YYYY

12 / 18 / 2002

ROLL NUMBER *

06

EMAIL ID *

contactvanshi7@gmail.com

CONTACT NO. *

9782631794

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vasant Sharad Badgujar

Date of Birth *

MM DD YYYY

04 / 19 / 1999

ROLL NUMBER *

2

EMAIL ID *

vasantbadgujaruvo53@gmail.com

CONTACT NO. *

9561880411

Gender *

- (●) Male
- ( ) Female
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YEAR OF STUDY *

- ( ) I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Kidwai Albeena Altaf

Date of Birth *

MM DD YYYY

06 / 17 / 1999

ROLL NUMBER *

36

EMAIL ID *

Kidwaialbeena@gmail.com

CONTACT NO. *

9834473844

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nursaba shekh

Date of Birth *

MM DD YYYY

08 / 09 / 2002

ROLL NUMBER *

40

EMAIL ID *

nursabashekh@gmail.com

CONTACT NO. *

8698362686

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shweta Yuvraj Deore

Date of Birth *

MM DD YYYY

04 / 28 / 2000

ROLL NUMBER *

1

EMAIL ID *

shwetadeore28@gmail.com

CONTACT NO. *

7776047181

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ketaki devkant patil

Date of Birth *

MM DD YYYY

09 / 03 / 2002

ROLL NUMBER *

54

EMAIL ID *

ketakipatil849@gmail.com

CONTACT NO. *

7666836379

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhagyashree chandrashekhar dode

Date of Birth *

MM DD YYYY

08 / 24 / 1999

ROLL NUMBER *

06

EMAIL ID *

bhagyashreedode@gmail.com

CONTACT NO. *

8830582455

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mrunal Nagesh Surwade

Date of Birth *

MM DD YYYY

07 / 04 / 2001

ROLL NUMBER *

40

EMAIL ID *

mrunal.nsurwade04@gmail.com

CONTACT NO. *

8888006056

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ashwini patil

Date of Birth *

MM DD YYYY

12 / 20 / 2002

ROLL NUMBER *

51

EMAIL ID *

ashwinipatil20377@gmail.com

CONTACT NO. *

9579801464

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Komal Rajendra Nimone

Date of Birth *

MM DD YYYY

06 / 08 / 2002

ROLL NUMBER *

52

EMAIL ID *

komalnimone2@gmail.com

CONTACT NO. *

7410175647

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Devyani sahebrao patil

Date of Birth *

MM DD YYYY

04 / 05 / 2000

ROLL NUMBER *

5

EMAIL ID *

devyanispatil00@gmail.com

CONTACT NO. *

8999343407

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pooja Labde

Date of Birth *

MM DD YYYY

10 / 21 / 2000

ROLL NUMBER *

13

EMAIL ID *

Poojalabade4444@gmail.com

CONTACT NO. *

9834010123

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nayak rohit subhash

Date of Birth *

MM DD YYYY

11 / 23 / 2000

ROLL NUMBER *

22

EMAIL ID *

rohitnayak20181@gmail.com

CONTACT NO. *

7057490863

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- (●) III Year
- ( ) IV Year

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Lokhande Nagsen

Date of Birth *

MM DD YYYY

10 / 26 / 1998

ROLL NUMBER *

15

EMAIL ID *

lokhandenagsen458@gmail.com

CONTACT NO. *

15

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Srushti Santosh Patil

Date of Birth *

MM DD YYYY

12 / 10 / 2000

ROLL NUMBER *

32

EMAIL ID *

srushtipatilsp10@gmail.com

CONTACT NO. *

8080339866

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bayas gunjan mahendrasing

Date of Birth *

MM DD YYYY

04 / 04 / 2003

ROLL NUMBER *

08

EMAIL ID *

gunjanbayas44@gmail.com

CONTACT NO. *

8984812162

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Prashant pawar

Date of Birth *

MM DD YYYY

02 / 05 / 2001

ROLL NUMBER *

61

EMAIL ID *

patil417654@gmail.com

CONTACT NO. *

7620812890

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

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- ( ) I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Prerna Sanjay Tayade

Date of Birth *

MM DD YYYY

01 / 18 / 2002

ROLL NUMBER *

79

EMAIL ID *

prernatayade12@gmail.com

CONTACT NO. *

8999929705

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pravin Rajale

Date of Birth *

MM DD YYYY

01 / 13 / 2002

ROLL NUMBER *

68

EMAIL ID *

rajalepravin@gmail.com

CONTACT NO. *

8806394877

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Tanvi Subhash Sonune

Date of Birth *

MM DD YYYY

03 / 31 / 2000

ROLL NUMBER *

37

EMAIL ID *

tanvissonune3130@gmail.com

CONTACT NO. *

9552253891

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Anchal Nagrale

Date of Birth *

MM DD YYYY

11 / 28 / 2000

ROLL NUMBER *

52

EMAIL ID *

nagraleanchal@gmail.com

CONTACT NO. *

7620747486

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
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2. How well did the teachers prepare for the classes? *

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Manasi Yogesh patil

Date of Birth *

MM DD YYYY

12 / 16 / 2003

ROLL NUMBER *

61

EMAIL ID *

patilmanasi5038@gmail.com

CONTACT NO. *

7972631932

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Anjali naik

Date of Birth *

MM DD YYYY

02 / 16 / 2004

ROLL NUMBER *

45

EMAIL ID *

anaik9074@gmail.com

CONTACT NO. *

9730599426

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vaibhavi Balkrushna Khandare

Date of Birth *

MM DD YYYY

05 / 04 / 2003

ROLL NUMBER *

39

EMAIL ID *

vaibhavikhandare04@gmail.com

CONTACT NO. *

9356416806

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhagyashri Sanjay Manure

Date of Birth *

MM DD YYYY

09 / 29 / 2001

ROLL NUMBER *

35

EMAIL ID *

bhagyashrimanure2000@gmail.com

CONTACT NO. *

9022266790

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vaishnavi vyavahare

Date of Birth *

MM DD YYYY

04 / 05 / 2001

ROLL NUMBER *

70

EMAIL ID *

vaishnavivyavahare717@gmail.com

CONTACT NO. *

9552595144

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harshada Jagtap

Date of Birth *

MM DD YYYY

12 / 31 / 2001

ROLL NUMBER *

26

EMAIL ID *

harshadajagtap31@gmail.com

CONTACT NO. *

7385403299

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sadgee pravin patil

Date of Birth *

MM DD YYYY

06 / 29 / 2003

ROLL NUMBER *

64

EMAIL ID *

sadgeepat@gmail.com

CONTACT NO. *

9890758091

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ◉ 4 – 85 to 100%
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mayuri Sudhakar Shimpi

Date of Birth *

MM DD YYYY

11 / 03 / 1999

ROLL NUMBER *

31

EMAIL ID *

mayurishimpi31199@gmail.com

CONTACT NO. *

9130497734

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sushama shalikram bari

Date of Birth *

MM DD YYYY

04 / 09 / 2002

ROLL NUMBER *

4

EMAIL ID *

sushmabari9422@gmail.com

CONTACT NO. *

9422919764

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Tejaswini kamble

Date of Birth *

MM DD YYYY

02 / 29 / 2000

ROLL NUMBER *

28

EMAIL ID *

kambletejaswini98@gmail.com

CONTACT NO. *

8286442769

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Prerna dongre

Date of Birth *

MM DD YYYY

07 / 03 / 2001

ROLL NUMBER *

18

EMAIL ID *

preranadongare19@gmail.com

CONTACT NO. *

8421665243

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

MUKTAI SUNIL DHANDE

Date of Birth *

MM DD YYYY

11 / 23 / 2002

ROLL NUMBER *

17

EMAIL ID *

muktaidhande2002@gmail.com

CONTACT NO. *

801079296

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nikita Gajanan Shelke

Date of Birth *

MM DD YYYY

05 / 29 / 2003

ROLL NUMBER *

70

EMAIL ID *

shelkenikita38@gmail.com

CONTACT NO. *

7083565635

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shraddha Rajuappa Awate

Date of Birth *

MM DD YYYY

04 / 10 / 2003

ROLL NUMBER *

04

EMAIL ID *

shrddhaawate@gmail.com

CONTACT NO. *

9356828152

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Lata Yadav

Date of Birth *

MM DD YYYY

01 / 05 / 2001

ROLL NUMBER *

43

EMAIL ID *

lata51372@gmail.com

CONTACT NO. *

9324160408

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pritee Bhagwan Umbarkar

Date of Birth *

MM DD YYYY

05 / 16 / 2002

ROLL NUMBER *

49

EMAIL ID *

priteebu10@gmail.com

CONTACT NO. *

7058462280

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Laxman Maroti Chavan

Date of Birth *

MM DD YYYY

06 / 30 / 1996

ROLL NUMBER *

4

EMAIL ID *

9158340298L@gmail.com

CONTACT NO. *

9158340298

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nida kausar Mohammed Ahmad

Date of Birth *

MM DD YYYY

07 / 05 / 2001

ROLL NUMBER *

24

EMAIL ID *

nidakausar359@gmail.com

CONTACT NO. *

9561347448

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

PRASHANT MAHENDRA PATIL

Date of Birth *

MM DD YYYY

07 / 25 / 2001

ROLL NUMBER *

30

EMAIL ID *

PRASHANTMHENDRAPATIL@GMAIL.COM

CONTACT NO. *

9702675431

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Payal kashwani

Date of Birth *

MM DD YYYY

02 / 19 / 2003

ROLL NUMBER *

35

EMAIL ID *

dkashwani1@gmail.com

CONTACT NO. *

9763132449

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sakshi Nilesh Patil

Date of Birth *

MM DD YYYY

06 / 20 / 2003

ROLL NUMBER *

66

EMAIL ID *

sakshipatilbsl@gmail.com

CONTACT NO. *

8928657880

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ◉ 4 – 85 to 100%
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Divya Amrut Badgujar

Date of Birth *

MM DD YYYY

06 / 16 / 2001

ROLL NUMBER *

1

EMAIL ID *

divyabadgujar1606@gmail.com

CONTACT NO. *

8830831250

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Modal janu Rathod

Date of Birth *

MM DD YYYY

03 / 26 / 2002

ROLL NUMBER *

74

EMAIL ID *

modalrathod7869@gmail.com

CONTACT NO. *

8788138685

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shital Laxman Tandulkar

Date of Birth *

MM DD YYYY

04 / 30 / 2000

ROLL NUMBER *

13

EMAIL ID *

shitaltandulkarmku@gmail.com

CONTACT NO. *

9146306569

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Trupti vanjari

Date of Birth *

MM DD YYYY

09 / 29 / 2000

ROLL NUMBER *

34

EMAIL ID *

truptisanap29@gmail.com

CONTACT NO. *

7666049134

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harshada Sahebrao Mahajan

Date of Birth *

MM DD YYYY

03 / 15 / 2003

ROLL NUMBER *

42

EMAIL ID *

mahajanharshada75@gmail.com

CONTACT NO. *

8767185122

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Gokhale Yaminee Ravindra

Date of Birth *

MM DD YYYY

10 / 25 / 1998

ROLL NUMBER *

03

EMAIL ID *

yamineegokhale@gmail.com

CONTACT NO. *

9309101439

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sapana Chavan

Date of Birth *

MM DD YYYY

04 / 11 / 2002

ROLL NUMBER *

14

EMAIL ID *

sapnachavan1102@gmail.com

CONTACT NO. *

9038711422

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ◉ 4 – 85 to 100%
- ○ 3 – 70 to 84%
- ○ 2 – 55 to 69%
- ○ 1– 30 to 54%
- ○ 0 –Below 30%

2. How well did the teachers prepare for the classes? *

- (●) 4 –Thoroughly
- ( ) 3 – Satisfactorily
- ( ) 2 – 55 to 69%
- ( ) 2 – Poorly
- ( ) 0 – Won't teach at all

3. How well were the teachers able to communicate? *

- (●) 4 – Always effective
- ( ) 3 – Sometimes effective
- ( ) 2 – Just satisfactorily
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4. The teacher's approach to teaching can best be described as *

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mahendra Ramesh Chaudhari

Date of Birth *

MM DD YYYY

03 / 01 / 1999

ROLL NUMBER *

5

EMAIL ID *

mahendrachaudhari751@gmail.com

CONTACT NO. *

7218561808

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- ( ) III Year
- (●) IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sukanya Sanjay Malkar

Date of Birth *

MM DD YYYY

05 / 13 / 2000

ROLL NUMBER *

15

EMAIL ID *

sukanyamalkar1305@gmail.com

CONTACT NO. *

9579530962

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Aakanksha kishor kamnapure

Date of Birth *

MM DD YYYY

12 / 05 / 2001

ROLL NUMBER *

29

EMAIL ID *

aakankshakamnapure@gmail.com

CONTACT NO. *

9370753581

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harsha tathe

Date of Birth *

MM DD YYYY

01 / 27 / 2024

ROLL NUMBER *

35

EMAIL ID *

harshatathe22@gmail.com

CONTACT NO. *

9359696601

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Akanksha Narendra Shende

Date of Birth *

MM DD YYYY

08 / 08 / 2003

ROLL NUMBER *

82

EMAIL ID *

akankshas8106@gmail.com

CONTACT NO. *

9699992450

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pooja pandurang jadhav

Date of Birth *

MM DD YYYY

01 / 19 / 2024

ROLL NUMBER *

25

EMAIL ID *

poojajadhav73635@gmail.com

CONTACT NO. *

7972496625

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Khushi Thombare

Date of Birth *

MM DD YYYY

02 / 01 / 2003

ROLL NUMBER *

69

EMAIL ID *

khushithombare2003@gmail.com

CONTACT NO. *

7796311261

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shraddha pravin patil

Date of Birth *

MM DD YYYY

08 / 28 / 2002

ROLL NUMBER *

50

EMAIL ID *

patilshraddha7014@gmail.com

CONTACT NO. *

7385460591

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Purva chaudhari

Date of Birth *

MM DD YYYY

09 / 22 / 2002

ROLL NUMBER *

14

EMAIL ID *

purvachaudhari2209@gmail.com

CONTACT NO. *

7709809099

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Jayashri G.Bhusari

Date of Birth *

MM DD YYYY

11 / 21 / 2001

ROLL NUMBER *

14

EMAIL ID *

jbhusari2001@gmail.com

CONTACT NO. *

7558525602

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vaishali Sanjay Date

Date of Birth *

MM DD YYYY

10 / 07 / 2003

ROLL NUMBER *

18

EMAIL ID *

datevaishali90@gmail.com

CONTACT NO. *

9960217404

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Khan nida asfeen nabiyar

Date of Birth *

MM DD YYYY

06 / 30 / 2001

ROLL NUMBER *

38

EMAIL ID *

nidaasfeenkhan@gmail.com

CONTACT NO. *

7517721406

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Kazmi kulsoom Fatima Zaheer Abbas

Date of Birth *

MM DD YYYY

03 / 06 / 2002

ROLL NUMBER *

36

EMAIL ID *

kazmikulsoom760@gmail.com

CONTACT NO. *

8669873612

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

HYALIJ SURAJ SHANTARAM

Date of Birth *

MM DD YYYY

06 / 04 / 2002

ROLL NUMBER *

25

EMAIL ID *

surajvyas462002@gmail.com

CONTACT NO. *

7030403645

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shaikh sobiya shaikh nasir

Date of Birth *

MM DD YYYY

03 / 05 / 2003

ROLL NUMBER *

69

EMAIL ID *

sobishaikh104@gmail.com

CONTACT NO. *

9145017484

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harsha Rajesh Sundrani

Date of Birth *

MM DD YYYY

01 / 10 / 2003

ROLL NUMBER *

75

EMAIL ID *

harshasundrani10@gmail.com

CONTACT NO. *

9404663414

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Afifa Shakeel Patel

Date of Birth *

MM DD YYYY

11 / 18 / 2001

ROLL NUMBER *

26

EMAIL ID *

afifapatel2001@gmail.com

CONTACT NO. *

9798997866

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Rupa Sanjay Madavi

Date of Birth *

MM DD YYYY

05 / 24 / 2002

ROLL NUMBER *

46

EMAIL ID *

rupamadavi02@gmail.com

CONTACT NO. *

9307387078

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sardar Anand manikrao

Date of Birth *

MM DD YYYY

06 / 20 / 1994

ROLL NUMBER *

67

EMAIL ID *

anandsardar911@gmail.com

CONTACT NO. *

8128006867

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Maaz Aashir Mohammad Yusuf

Date of Birth *

MM DD YYYY

06 / 13 / 2001

ROLL NUMBER *

40

EMAIL ID *

mmaazaashir@gmail.com

CONTACT NO. *

9284974797

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhavesh Ravindra Mahajan

Date of Birth *

MM DD YYYY

08 / 11 / 2000

ROLL NUMBER *

18

EMAIL ID *

bhaveshmahajan118@gmail.com

CONTACT NO. *

8806756975

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- (●) III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Aishwarya Devidas bari

Date of Birth *

MM DD YYYY

06 / 24 / 2002

ROLL NUMBER *

3

EMAIL ID *

bariaishwarya98@gmail.com

CONTACT NO. *

9403324103

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sumit Ambre

Date of Birth *

MM DD YYYY

10 / 01 / 2002

ROLL NUMBER *

1

EMAIL ID *

sumitambre69@gmail.com

CONTACT NO. *

8329413352

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- (●) II Year
- ( ) III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harsha Chhotu Wagh

Date of Birth *

MM DD YYYY

10 / 29 / 2002

ROLL NUMBER *

13

EMAIL ID *

waghharsha63@gmail.com

CONTACT NO. *

9421013569

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Akash tiwari

Date of Birth *

MM DD YYYY

11 / 04 / 2000

ROLL NUMBER *

41

EMAIL ID *

akashtivari45@gmail.com

CONTACT NO. *

7039773094

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

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- ( ) I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Rutuja Vijay Sonone

Date of Birth *

MM DD YYYY

09 / 05 / 2000

ROLL NUMBER *

39

EMAIL ID *

sononerutuja45@gmail.com

CONTACT NO. *

8080904346

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pooja Agrawal

Date of Birth *

MM DD YYYY

08 / 22 / 2002

ROLL NUMBER *

01

EMAIL ID *

pooja.agrawal9422@gmail.com

CONTACT NO. *

7721916484

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

ANSARI YAHYA MASOOD AHMAD

Date of Birth *

MM DD YYYY

10 / 20 / 1997

ROLL NUMBER *

02

EMAIL ID *

ansariyahya50@gmail.com

CONTACT NO. *

7385489093

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- (●) II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Prachi Barnwal

Date of Birth *

MM DD YYYY

12 / 08 / 2001

ROLL NUMBER *

05

EMAIL ID *

prachibarnwal24@gmail.com

CONTACT NO. *

8591227356

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
- ◉ 3 – 70 to 84%
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- ○ 4 –Thoroughly
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3. How well were the teachers able to communicate? *

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sayali Vilas Gaikwad

Date of Birth *

MM DD YYYY

04 / 25 / 2002

ROLL NUMBER *

30

EMAIL ID *

svgaikwad002@gmail.com

CONTACT NO. *

30

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Basit Safura Nasiruddin

Date of Birth *

MM DD YYYY

01 / 30 / 2001

ROLL NUMBER *

06

EMAIL ID *

basitsafura3001@gmail.com

CONTACT NO. *

9423596959

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Jayashrijojan

Date of Birth *

MM DD YYYY

05 / 13 / 2001

ROLL NUMBER *

27

EMAIL ID *

jayashrijojan13@gmail.com

CONTACT NO. *

7039255468

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Falguni Chavan

Date of Birth *

MM DD YYYY

11 / 19 / 2001

ROLL NUMBER *

18

EMAIL ID *

falgunichavan789@gmail.com

CONTACT NO. *

8329628656

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Kshitija Madhao Gaikwad

Date of Birth *

MM DD YYYY

06 / 20 / 2001

ROLL NUMBER *

18

EMAIL ID *

kshitijagaikwad35@gmail.com

CONTACT NO. *

9075740118

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ankush Udesing Bhelka

Date of Birth *

MM DD YYYY

12 / 23 / 2000

ROLL NUMBER *

08

EMAIL ID *

ankushubhelka@gmail.com

CONTACT NO. *

7620877350

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Rutuja Suresh Bathe

Date of Birth *

MM DD YYYY

01 / 09 / 2000

ROLL NUMBER *

04

EMAIL ID *

batherutuja@gmail.com

CONTACT NO. *

7767855465

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sarang r chaudhari

Date of Birth *

MM DD YYYY

07 / 24 / 2000

ROLL NUMBER *

12

EMAIL ID *

chaudharisarang012@gmail.com

CONTACT NO. *

9518540278

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- (●) II Year
- ( ) III Year
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Student Feedback Form - Academic Year 2021-22

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sudarshan sanap

Date of Birth *

MM DD YYYY

11 / 09 / 2000

ROLL NUMBER *

36

EMAIL ID *

sudarshansanan577@gmail.com

CONTACT NO. *

9028235433

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ashwini Satish Hingane

Date of Birth *

MM DD YYYY

01 / 23 / 2000

ROLL NUMBER *

08

EMAIL ID *

ashwinihingane2000@gmail.com

CONTACT NO. *

8080849800

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhavana Patil

Date of Birth *

MM DD YYYY

08 / 28 / 2001

ROLL NUMBER *

24

EMAIL ID *

bhavanapatil570@gmail.com

CONTACT NO. *

8830974201

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Rhushika Ganesh Patil

Date of Birth *

MM DD YYYY

03 / 31 / 2002

ROLL NUMBER *

31

EMAIL ID *

2002rhushikapatil@gmail.com

CONTACT NO. *

8459124281

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Anushka Patil

Date of Birth *

MM DD YYYY

02 / 05 / 2002

ROLL NUMBER *

27

EMAIL ID *

anushkapatil0502@gmail.com

CONTACT NO. *

7977663919

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Payal Netkar

Date of Birth *

MM DD YYYY

03 / 11 / 2001

ROLL NUMBER *

23

EMAIL ID *

payalnetkar1@gmail.com

CONTACT NO. *

7410582575

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
- ○ 3 – 70 to 84%
- ◉ 2 – 55 to 69%
- ○ 1– 30 to 54%
- ○ 0 –Below 30%

2. How well did the teachers prepare for the classes? *

- ○ 4 –Thoroughly
- ◉ 3 – Satisfactorily
- ○ 2 – 55 to 69%
- ○ 2 – Poorly
- ○ 0 – Won't teach at all

3. How well were the teachers able to communicate? *

- ○ 4 – Always effective
- ◉ 3 – Sometimes effective
- ○ 2 – Just satisfactorily
- ○ 1– Generally ineffective
- ○ 0– Very poor communication

4. The teacher's approach to teaching can best be described as *

- ○ 4– Excellent
- ○ 3 – Very good
- ○ 2 – Good
- ◉ 1 – Fair
- ○ 0– Poor

5. Fairness of the internal evaluation process by the teachers *

- ○ 4 – Always fair
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- ○ 3 – Very well
- ○ 2 – Moderately
- ◉ 1 – Marginally
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Priyal Mandlecha

Date of Birth *

MM DD YYYY

08 / 03 / 2000

ROLL NUMBER *

19

EMAIL ID *

priyalmandalecha4010@gmail.com

CONTACT NO. *

9075680627

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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- ◉ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ashwini Anil chaudhari

Date of Birth *

MM DD YYYY

10 / 20 / 1999

ROLL NUMBER *

03

EMAIL ID *

ashwinichaudhari7621@gmail.com

CONTACT NO. *

6265901054

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vanshika vinod bansal

Date of Birth *

MM DD YYYY

12 / 18 / 2002

ROLL NUMBER *

06

EMAIL ID *

contactvanshi7@gmail.com

CONTACT NO. *

9782631794

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Anand Nana mote

Date of Birth *

MM DD YYYY

05 / 10 / 2001

ROLL NUMBER *

37

EMAIL ID *

moteanand48@gmail.com

CONTACT NO. *

9284934070

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nandini Yashwantrao Borse

Date of Birth *

MM DD YYYY

06 / 13 / 2003

ROLL NUMBER *

11

EMAIL ID *

nandiniborse132003@gmail.com

CONTACT NO. *

8468922325

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Divya Ashok Thorat

Date of Birth *

MM DD YYYY

05 / 11 / 2003

ROLL NUMBER *

78

EMAIL ID *

divyathorat66@gmail.com

CONTACT NO. *

7038141045

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Iram sayyed Aleem patwe

Date of Birth *

MM DD YYYY

01 / 20 / 2001

ROLL NUMBER *

32

EMAIL ID *

patweiram2001@gmail.com

CONTACT NO. *

9096723950

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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- ◉ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shaikh Tausif Raju

Date of Birth *

MM DD YYYY

03 / 23 / 2003

ROLL NUMBER *

69

EMAIL ID *

tausifshaikh5471@gmail.com

CONTACT NO. *

9370733054

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vasant Sharad Badgujar

Date of Birth *

MM DD YYYY

04 / 19 / 1999

ROLL NUMBER *

2

EMAIL ID *

vasantbadgujaruvo53@gmail.com

CONTACT NO. *

9561880411

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- ( ) III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mayuri Pravin Kulavmode

Date of Birth *

MM DD YYYY

03 / 24 / 2005

ROLL NUMBER *

28

EMAIL ID *

mayurikulavmode@gmail.com

CONTACT NO. *

9769606569

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Kidwai Albeena Altaf

Date of Birth *

MM DD YYYY

06 / 17 / 1999

ROLL NUMBER *

36

EMAIL ID *

Kidwaialbeena@gmail.com

CONTACT NO. *

9834473844

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pravin Rajale

Date of Birth *

MM DD YYYY

01 / 13 / 2002

ROLL NUMBER *

65

EMAIL ID *

rajalepravin@gmail.com

CONTACT NO. *

8806394877

Gender *

- (●) Male
- ( ) Female
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YEAR OF STUDY *

- ( ) I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

More Sonal Omprakash

Date of Birth *

MM DD YYYY

08 / 10 / 2001

ROLL NUMBER *

35

EMAIL ID *

smore9825@gmail.com

CONTACT NO. *

9321995284

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Khushi Vivek Bajare

Date of Birth *

MM DD YYYY

05 / 07 / 2004

ROLL NUMBER *

05

EMAIL ID *

kp513047@gmail.com

CONTACT NO. *

7741835625

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mitali Ravindra Bhalerao

Date of Birth *

MM DD YYYY

06 / 15 / 2002

ROLL NUMBER *

10

EMAIL ID *

mitalibhalerao2233@gmail.com

CONTACT NO. *

9356681162

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nursaba shekh

Date of Birth *

MM DD YYYY

08 / 09 / 2002

ROLL NUMBER *

35

EMAIL ID *

nursabashekh@gmail.com

CONTACT NO. *

8698362686

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Gauri Samadhan Chimkar

Date of Birth *

MM DD YYYY

09 / 03 / 2003

ROLL NUMBER *

16

EMAIL ID *

chimkargauri@gmail.com

CONTACT NO. *

9284137866

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shweta Yuvraj Deore

Date of Birth *

MM DD YYYY

04 / 28 / 2000

ROLL NUMBER *

1

EMAIL ID *

shwetadeore28@gmail.com

CONTACT NO. *

7776047181

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Devashri sandeep bhangale

Date of Birth *

MM DD YYYY

09 / 23 / 2002

ROLL NUMBER *

09

EMAIL ID *

dsbnbhangale2302@gmail.com

CONTACT NO. *

9359265368

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

KHAN SAMIYA KHANAM SHAMEEM AHMED kHAN

Date of Birth *

MM DD YYYY

02 / 20 / 2002

ROLL NUMBER *

25

EMAIL ID *

samiya.amravati@gmail.com

CONTACT NO. *

8459220946

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pooja Sunil Patil

Date of Birth *

MM DD YYYY

02 / 25 / 1997

ROLL NUMBER *

22

EMAIL ID *

poojapatil25297@gmail.com

CONTACT NO. *

7666247493

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vimit Sanjay more

Date of Birth *

MM DD YYYY

08 / 22 / 2024

ROLL NUMBER *

37

EMAIL ID *

vimitmore7@gmail.com

CONTACT NO. *

9404122168

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
- ( ) IV Year

1.How much of the syllabus was covered in the class? *

- ( ) 4 – 85 to 100%
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ketaki devkant patil

Date of Birth *

MM DD YYYY

09 / 03 / 2002

ROLL NUMBER *

54

EMAIL ID *

ketakipatil849@gmail.com

CONTACT NO. *

7666836379

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mrunal Nagesh Surwade

Date of Birth *

MM DD YYYY

07 / 04 / 2001

ROLL NUMBER *

40

EMAIL ID *

mrunal.nsurwade04@gmail.com

CONTACT NO. *

8888006056

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhagyashree chandrashekhar dode

Date of Birth *

MM DD YYYY

08 / 24 / 1999

ROLL NUMBER *

06

EMAIL ID *

bhagyashreedode@gmail.com

CONTACT NO. *

8830582455

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Arti sahebarao varade

Date of Birth *

MM DD YYYY

03 / 23 / 2004

ROLL NUMBER *

82

EMAIL ID *

varadev86@gmail.com

CONTACT NO. *

7875302972

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

MUKTAI SUNIL DHANDE

Date of Birth *

MM DD YYYY

11 / 23 / 2002

ROLL NUMBER *

17

EMAIL ID *

muktaidhande2002@gmail.com

CONTACT NO. *

8010799296

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sakshi Dilip Sonkul

Date of Birth *

MM DD YYYY

10 / 13 / 2003

ROLL NUMBER *

72

EMAIL ID *

sonkulsakshi@gmail.com

CONTACT NO. *

9422605109

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Google Forms

Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Gayatri Ramesh Bari

Date of Birth *

MM DD YYYY

04 / 01 / 2004

ROLL NUMBER *

07

EMAIL ID *

gayatribari4@gmail.com

CONTACT NO. *

9175863782

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
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- ○ 2 – Poorly
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhagyashri Sanjay Manure

Date of Birth *

MM DD YYYY

09 / 29 / 2001

ROLL NUMBER *

35

EMAIL ID *

bhagyashrimanure2000@gmail.com

CONTACT NO. *

9022266790

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Komal Rajendra Nimone

Date of Birth *

MM DD YYYY

06 / 08 / 2002

ROLL NUMBER *

47

EMAIL ID *

komalnimone2@gmail.com

CONTACT NO. *

7410175647

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ashwini patil

Date of Birth *

MM DD YYYY

12 / 20 / 2002

ROLL NUMBER *

51

EMAIL ID *

ashwinipatil20377@gmail.com

CONTACT NO. *

9579801464

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Devyani sahebrao patil

Date of Birth *

MM DD YYYY

04 / 05 / 2000

ROLL NUMBER *

5

EMAIL ID *

devyanispatil00@gmail.com

CONTACT NO. *

8999343407

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Trupti vanjari

Date of Birth *

MM DD YYYY

09 / 29 / 2000

ROLL NUMBER *

37

EMAIL ID *

truptisanap29@gmail.com

CONTACT NO. *

7666049134

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pratiksha Kailas Kapre

Date of Birth *

MM DD YYYY

09 / 26 / 1999

ROLL NUMBER *

10

EMAIL ID *

pratukapre26@gmail.com

CONTACT NO. *

7038990393

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sushama shalikram bari

Date of Birth *

MM DD YYYY

04 / 09 / 2002

ROLL NUMBER *

04

EMAIL ID *

sushmabari9422@gmail.com

CONTACT NO. *

9422919764

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sumit Sunil more

Date of Birth *

MM DD YYYY

04 / 09 / 2002

ROLL NUMBER *

36

EMAIL ID *

sumitsmore401@gmail.com

CONTACT NO. *

9881929081

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pooja Labde

Date of Birth *

MM DD YYYY

10 / 21 / 2000

ROLL NUMBER *

13

EMAIL ID *

poojalabade4444@gmail.com

CONTACT NO. *

9834010123

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dhanashree lanjewar

Date of Birth *

MM DD YYYY

03 / 28 / 2000

ROLL NUMBER *

14

EMAIL ID *

dhanashreelanjewar2@gmail.com

CONTACT NO. *

7391838641

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Laxman Maroti Chavan

Date of Birth *

MM DD YYYY

06 / 30 / 1996

ROLL NUMBER *

5

EMAIL ID *

9158340298L@gmail.com

CONTACT NO. *

9158340298

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Khushbu Ganesh Bhardwaj

Date of Birth *

MM DD YYYY

01 / 12 / 2003

ROLL NUMBER *

10

EMAIL ID *

bhardwajkhushbu775@gmail.com

CONTACT NO. *

9890439434

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Srushti Santosh Patil

Date of Birth *

MM DD YYYY

12 / 10 / 2000

ROLL NUMBER *

32

EMAIL ID *

srushtipatilsp10@gmail.com

CONTACT NO. *

8080339866

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Prerna Sanjay Tayade

Date of Birth *

MM DD YYYY

10 / 12 / 2002

ROLL NUMBER *

76

EMAIL ID *

prernatayade12@gmail.com

CONTACT NO. *

8999929705

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ◉ 4 – 85 to 100%
- ○ 3 – 70 to 84%
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- (●) 4 –Thoroughly
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- ( ) 2 – Poorly
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3. How well were the teachers able to communicate? *

- (●) 4 – Always effective
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

sanskruti

Date of Birth *

MM DD YYYY

01 / 29 / 2001

ROLL NUMBER *

09

EMAIL ID *

ighokarsanskruti@gmail.com

CONTACT NO. *

8805277608

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Anchal Nagrale

Date of Birth *

MM DD YYYY

11 / 28 / 2000

ROLL NUMBER *

39

EMAIL ID *

nagraleanchal@gmail.com

CONTACT NO. *

7620747486

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Aditya Chandravadan Rahane

Date of Birth *

MM DD YYYY

12 / 23 / 2001

ROLL NUMBER *

57

EMAIL ID *

rahaneca2001@gmail.com

CONTACT NO. *

8208748525

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vaishnavi vyavahare

Date of Birth *

MM DD YYYY

04 / 05 / 2001

ROLL NUMBER *

70

EMAIL ID *

vaishnavivyavahare717@gmail.com

CONTACT NO. *

9552595144

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vaibhavi Balkrushna Khandare

Date of Birth *

MM DD YYYY

05 / 04 / 2003

ROLL NUMBER *

39

EMAIL ID *

vaibhavikhandare04@gmail.com

CONTACT NO. *

9356416806

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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NAME OF THE STUDENT *

Sadgee pravin patil

Date of Birth *

MM DD YYYY

06 / 29 / 2003

ROLL NUMBER *

58

EMAIL ID *

sadgeepat@gmail.com

CONTACT NO. *

9890758091

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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NAME OF THE STUDENT *

Priyadarshani ravindra pol

Date of Birth *

MM DD YYYY

02 / 20 / 2003

ROLL NUMBER *

64

EMAIL ID *

priyadarshanipol5@gmail.com

CONTACT NO. *

9021306411

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nayak rohit subhash

Date of Birth *

MM DD YYYY

11 / 23 / 2000

ROLL NUMBER *

22

EMAIL ID *

rohitnayak20181@gmail.com

CONTACT NO. *

7057490863

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- ( ) III Year
- (●) IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harshada Jagtap

Date of Birth *

MM DD YYYY

12 / 31 / 2001

ROLL NUMBER *

26

EMAIL ID *

harshadajagtap31@gmail.com

CONTACT NO. *

7385403299

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mayuri Sudhakar Shimpi

Date of Birth *

MM DD YYYY

11 / 03 / 1999

ROLL NUMBER *

32

EMAIL ID *

mayurishimpi31199@gmail.com

CONTACT NO. *

9130497734

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Tejaswini kamble

Date of Birth *

MM DD YYYY

02 / 29 / 2000

ROLL NUMBER *

28

EMAIL ID *

kambletejaswini98@gmail.com

CONTACT NO. *

8286442769

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Prerna dongre

Date of Birth *

MM DD YYYY

07 / 03 / 2001

ROLL NUMBER *

18

EMAIL ID *

preranadongare19@gmail.com

CONTACT NO. *

8421665243

Gender *

- ○ Male
- ◉ Female
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YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nikita Gajanan Shelke

Date of Birth *

MM DD YYYY

05 / 29 / 2003

ROLL NUMBER *

70

EMAIL ID *

shelkenikita38@gmail.com

CONTACT NO. *

7083565635

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shraddha Rajuappa Awate

Date of Birth *

MM DD YYYY

04 / 10 / 2003

ROLL NUMBER *

04

EMAIL ID *

shrddhaawate@gmail.com

CONTACT NO. *

9356828152

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Lata

Date of Birth *

MM DD YYYY

01 / 05 / 2001

ROLL NUMBER *

45

EMAIL ID *

lata51372@gmail.com

CONTACT NO. *

9324160408

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Yash Satish Patil

Date of Birth *

MM DD YYYY

02 / 17 / 2003

ROLL NUMBER *

52

EMAIL ID *

syashpatil123@gmail.com

CONTACT NO. *

8329126497

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Samuel A. Salkar

Date of Birth *

MM DD YYYY

09 / 15 / 2004

ROLL NUMBER *

60

EMAIL ID *

samuelsalkar@gmail.com

CONTACT NO. *

8104040535

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Gaurav Subhash chaudhari

Date of Birth *

MM DD YYYY

03 / 29 / 2003

ROLL NUMBER *

15

EMAIL ID *

gauravsc1229@gmail.com

CONTACT NO. *

9307263179

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

SALONI SHARAD TELI

Date of Birth *

MM DD YYYY

11 / 27 / 2003

ROLL NUMBER *

77

EMAIL ID *

salonipm10@gmail.com

CONTACT NO. *

7666384858

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Om Ramesh Mali

Date of Birth *

MM DD YYYY

01 / 20 / 2003

ROLL NUMBER *

32

EMAIL ID *

maliom840897@gmail.com

CONTACT NO. *

9890437760

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
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- ( ) III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Madiha Mohammad Arif

Date of Birth *

MM DD YYYY

12 / 25 / 2003

ROLL NUMBER *

29

EMAIL ID *

madihafirdaus48@gmail.com

CONTACT NO. *

7666800525

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pritee Bhagwan Umbarkar

Date of Birth *

MM DD YYYY

05 / 16 / 2002

ROLL NUMBER *

42

EMAIL ID *

priteebu10@gmail.com

CONTACT NO. *

7058462280

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Akanksha parmeshwar Chadar

Date of Birth *

MM DD YYYY

12 / 26 / 2000

ROLL NUMBER *

13

EMAIL ID *

parmeshwar18214@gmail.com

CONTACT NO. *

8275760331

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Zoya khan

Date of Birth *

MM DD YYYY

01 / 18 / 2024

ROLL NUMBER *

26

EMAIL ID *

zoyagauharshakilkhan@gmail.com

CONTACT NO. *

9423043722

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nida kausar Mohammed Ahmad

Date of Birth *

MM DD YYYY

07 / 05 / 2001

ROLL NUMBER *

24

EMAIL ID *

nidakausar359@gmail.com

CONTACT NO. *

9561347448

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Manasi Yogesh patil

Date of Birth *

MM DD YYYY

12 / 16 / 2003

ROLL NUMBER *

54

EMAIL ID *

patilmanasi5038@gmail.com

CONTACT NO. *

7972631932

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

VAISHNAVI RAJESH NEVE

Date of Birth *

MM DD YYYY

05 / 04 / 2003

ROLL NUMBER *

39

EMAIL ID *

Vaishnavineve0695@gmail.com

CONTACT NO. *

8087966194

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Yogini Ambadas Nikam

Date of Birth *

MM DD YYYY

06 / 15 / 2003

ROLL NUMBER *

40

EMAIL ID *

yogininikam2003@gmail.com

CONTACT NO. *

9322022714

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

PRASHANT MAHENDRA PATIL

Date of Birth *

MM DD YYYY

07 / 25 / 2001

ROLL NUMBER *

30

EMAIL ID *

PRASHANTMHENDRAPATIL@GMAIL.COM

CONTACT NO. *

9702675431

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- ( ) III Year
- (●) IV Year

1.How much of the syllabus was covered in the class? *

- (●) 4 – 85 to 100%
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Payal kashwani

Date of Birth *

MM DD YYYY

02 / 19 / 2003

ROLL NUMBER *

35

EMAIL ID *

dkashwani1@gmail.com

CONTACT NO. *

9763132449

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sarah Noor Ali Sayed

Date of Birth *

MM DD YYYY

08 / 13 / 2004

ROLL NUMBER *

62

EMAIL ID *

sarah.noor.ksa19@gmail.com

CONTACT NO. *

8928583039

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sakshi Nilesh Patil

Date of Birth *

MM DD YYYY

06 / 20 / 2003

ROLL NUMBER *

59

EMAIL ID *

sakshipatilbsl@gmail.com

CONTACT NO. *

8928657880

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Hrushikesh Bhaiyasaheb More

Date of Birth *

MM DD YYYY

04 / 10 / 2003

ROLL NUMBER *

34

EMAIL ID *

hrushimore838@gmail.com

CONTACT NO. *

8483801466

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dipika krishna patil

Date of Birth *

MM DD YYYY

01 / 27 / 2004

ROLL NUMBER *

45

EMAIL ID *

dipikapatil@gmail.com

CONTACT NO. *

9284954898

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Modal janu Rathod

Date of Birth *

MM DD YYYY

03 / 26 / 2003

ROLL NUMBER *

66

EMAIL ID *

modalrathod7869@gmail.com

CONTACT NO. *

8788138685

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harshada Pravin Patil

Date of Birth *

MM DD YYYY

09 / 22 / 2003

ROLL NUMBER *

47

EMAIL ID *

harshadapatil230903@gmail.com

CONTACT NO. *

9637652415

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harshada Sahebrao Mahajan

Date of Birth *

MM DD YYYY

03 / 15 / 2003

ROLL NUMBER *

42

EMAIL ID *

mahajanharshada75@gmail.com

CONTACT NO. *

8767185122

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sapana Chavan

Date of Birth *

MM DD YYYY

04 / 11 / 2002

ROLL NUMBER *

14

EMAIL ID *

sapnachavan1102@gmail.com

CONTACT NO. *

9028711422

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Huzaif Asif Ali

Date of Birth *

MM DD YYYY

08 / 12 / 2002

ROLL NUMBER *

01

EMAIL ID *

ahuzaifali222@gmail.com

CONTACT NO. *

7498551424

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mahek Ajit Tadvi

Date of Birth *

MM DD YYYY

10 / 01 / 2003

ROLL NUMBER *

75

EMAIL ID *

mahektadvi18@gmail.com

CONTACT NO. *

7420814520

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Aakanksha kishor kamnapure

Date of Birth *

MM DD YYYY

12 / 05 / 2001

ROLL NUMBER *

29

EMAIL ID *

aakankshakamnapure@gmail.com

CONTACT NO. *

9370753581

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sakshi Mukund Charate

Date of Birth *

MM DD YYYY

05 / 12 / 2003

ROLL NUMBER *

14

EMAIL ID *

charatesakshi2@gmail.com

CONTACT NO. *

7249582941

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Priyanka Digambar Patil

Date of Birth *

MM DD YYYY

07 / 02 / 2002

ROLL NUMBER *

50

EMAIL ID *

priyankapatil02072002@gmail.com

CONTACT NO. *

9049161342

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Google Forms

Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Akanksha Narendra Shende

Date of Birth *

MM DD YYYY

08 / 08 / 2003

ROLL NUMBER *

71

EMAIL ID *

akankshas8106@gmail.com

CONTACT NO. *

9699992450

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pooja pandurang jadhav

Date of Birth *

MM DD YYYY

01 / 19 / 2024

ROLL NUMBER *

25

EMAIL ID *

poojajadhav73635@gmail.com

CONTACT NO. *

7972496625

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Anushri vasanta Chokhare

Date of Birth *

MM DD YYYY

12 / 05 / 2003

ROLL NUMBER *

17

EMAIL ID *

anushrichokhare@gmail.com

CONTACT NO. *

8459301948

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Quazi Iffat Fatma imtiyaz

Date of Birth *

MM DD YYYY

11 / 10 / 2003

ROLL NUMBER *

54

EMAIL ID *

quazifatima324@gmail.com

CONTACT NO. *

9665429823

Gender *

- ○ Male
- ◉ Female
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YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Khushi Thombare

Date of Birth *

MM DD YYYY

02 / 01 / 2003

ROLL NUMBER *

69

EMAIL ID *

khushithombare2003@gmail.com

CONTACT NO. *

7796311261

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Patil Vaishnavi Rajendrasing

Date of Birth *

MM DD YYYY

11 / 01 / 2003

ROLL NUMBER *

51

EMAIL ID *

vaishnavipatil0111@gmail.com

CONTACT NO. *

8806032277

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shraddha pravin patil

Date of Birth *

MM DD YYYY

08 / 28 / 2002

ROLL NUMBER *

50

EMAIL ID *

patilshraddha7014@gmail.com

CONTACT NO. *

7385460591

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Purva chaudhari

Date of Birth *

MM DD YYYY

09 / 22 / 2002

ROLL NUMBER *

14

EMAIL ID *

purvachaudhari2209@gmail.com

CONTACT NO. *

7709809099

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Jayashri G.Bhusari

Date of Birth *

MM DD YYYY

11 / 21 / 2001

ROLL NUMBER *

14

EMAIL ID *

jbhusari2001@gmail.com

CONTACT NO. *

7558525602

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vaishali sanjay date

Date of Birth *

MM DD YYYY

10 / 07 / 2003

ROLL NUMBER *

18

EMAIL ID *

datevaishali90@gmail.com

CONTACT NO. *

9960217404

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Neha jitendra patil

Date of Birth *

MM DD YYYY

05 / 12 / 2003

ROLL NUMBER *

48

EMAIL ID *

nehajitupatil@gmail.com

CONTACT NO. *

9022402133

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sakharam Ramesh Barela

Date of Birth *

MM DD YYYY

06 / 04 / 2024

ROLL NUMBER *

06

EMAIL ID *

sakharambarela1999@gmail.com

CONTACT NO. *

8600548772

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Khan nida asfeen nabiyar

Date of Birth *

MM DD YYYY

06 / 30 / 2001

ROLL NUMBER *

38

EMAIL ID *

nidaasfeenkhan@gmail.com

CONTACT NO. *

7517721406

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Kazmi kulsoom Fatima Zaheer Abbas

Date of Birth *

MM DD YYYY

03 / 06 / 2002

ROLL NUMBER *

31

EMAIL ID *

kazmikulsoom760@gmail.com

CONTACT NO. *

8669873612

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

surajvyas462002@gmail.com

Date of Birth *

MM DD YYYY

06 / 04 / 2002

ROLL NUMBER *

25

EMAIL ID *

surajvyas462002@gmail.com

CONTACT NO. *

7030403645

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- (●) III Year
- ( ) IV Year

1.How much of the syllabus was covered in the class? *

- ( ) 4 – 85 to 100%
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shaikh sobiya shaikh nasir

Date of Birth *

MM DD YYYY

03 / 05 / 2003

ROLL NUMBER *

69

EMAIL ID *

sobishaikh104@gmail.com

CONTACT NO. *

9145017484

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harsha Rajesh Sundrani

Date of Birth *

MM DD YYYY

01 / 10 / 2003

ROLL NUMBER *

75

EMAIL ID *

harshasundrani10@gmail.com

CONTACT NO. *

9404663414

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harshada Dhanraj Hire

Date of Birth *

MM DD YYYY

10 / 07 / 2004

ROLL NUMBER *

20

EMAIL ID *

hireharshada3@gmail.com

CONTACT NO. *

8780780502

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Afifa Shakeel Patel

Date of Birth *

MM DD YYYY

11 / 18 / 2001

ROLL NUMBER *

26

EMAIL ID *

afifapatel2001@gmail.com

CONTACT NO. *

9798997866

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

SAHIL JALIL SHAIKH

Date of Birth *

MM DD YYYY

03 / 15 / 2004

ROLL NUMBER *

68

EMAIL ID *

jllshkh@gmail.com

CONTACT NO. *

7028669961

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
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- ( ) III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Prathamesh chhaganlal wagh

Date of Birth *

MM DD YYYY

08 / 12 / 2003

ROLL NUMBER *

85

EMAIL ID *

prathameshwagh732@gmail.com

CONTACT NO. *

8459134814

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Danish shakil khatik

Date of Birth *

MM DD YYYY

12 / 30 / 1996

ROLL NUMBER *

27

EMAIL ID *

danishkhatik787@gmail.com

CONTACT NO. *

9529728284

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
- ( ) IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Iklas

Date of Birth *

MM DD YYYY

12 / 06 / 2002

ROLL NUMBER *

53

EMAIL ID *

piklas861@gmail.com

CONTACT NO. *

7709893991

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
- ( ) IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Rupa Sanjay Madavi

Date of Birth *

MM DD YYYY

05 / 24 / 2002

ROLL NUMBER *

41

EMAIL ID *

rupamadavi02@gmail.com

CONTACT NO. *

9307387078

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sardar Anand manikrao

Date of Birth *

MM DD YYYY

06 / 20 / 1994

ROLL NUMBER *

67

EMAIL ID *

anandsardar911@gmail.com

CONTACT NO. *

8128006867

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- (●) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Nikhat kausar Abdul Shakur momin

Date of Birth *

MM DD YYYY

10 / 29 / 2002

ROLL NUMBER *

33

EMAIL ID *

yaminmomin131@gmail.com

CONTACT NO. *

9518926592

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Maaz Aashir Mohammad Yusuf

Date of Birth *

MM DD YYYY

06 / 13 / 2001

ROLL NUMBER *

40

EMAIL ID *

mmaazaashir@gmail.com

CONTACT NO. *

928497497

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhavesh Ravindra Mahajan

Date of Birth *

MM DD YYYY

08 / 11 / 2000

ROLL NUMBER *

17

EMAIL ID *

bhaveshmahajan118@gmail.com

CONTACT NO. *

8806756975

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ganga Udasi

Date of Birth *

MM DD YYYY

08 / 22 / 2002

ROLL NUMBER *

79

EMAIL ID *

gangaudasi2@gmail.com

CONTACT NO. *

8767002458

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Suman Gulabchand yadav

Date of Birth *

MM DD YYYY

01 / 01 / 2024

ROLL NUMBER *

87

EMAIL ID *

sumniyadav321@gmail.com

CONTACT NO. *

6394781015

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Siddhi Lalit Gandhi

Date of Birth *

MM DD YYYY

03 / 29 / 2003

ROLL NUMBER *

19

EMAIL ID *

slgandhi2003@gmail.com

CONTACT NO. *

7058500256

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mehvish khan

Date of Birth *

MM DD YYYY

05 / 26 / 2003

ROLL NUMBER *

24

EMAIL ID *

mehvishaafrin2003@gmail.com

CONTACT NO. *

7304057115

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sumit Ambre

Date of Birth *

MM DD YYYY

10 / 01 / 2002

ROLL NUMBER *

1

EMAIL ID *

sumitambre60@gmail.com

CONTACT NO. *

8329413352

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Harsha Chhotu Wagh

Date of Birth *

MM DD YYYY

10 / 29 / 2002

ROLL NUMBER *

13

EMAIL ID *

waghharsha63@gmail.com

CONTACT NO. *

9421013569

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sayyed Mohammad Qasim Ali Asif Ali

Date of Birth *

MM DD YYYY

09 / 05 / 2003

ROLL NUMBER *

63

EMAIL ID *

qasimalisyd@gmail.com

CONTACT NO. *

9403850752

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Akash tiwari

Date of Birth *

MM DD YYYY

11 / 04 / 2000

ROLL NUMBER *

41

EMAIL ID *

akashtivari45@gmail.com

CONTACT NO. *

7039773094

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Rutuja Vijay Sonone

Date of Birth *

MM DD YYYY

09 / 05 / 2000

ROLL NUMBER *

39

EMAIL ID *

sononerutuja45@gmail.com

CONTACT NO. *

39

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ○ III Year
- ◉ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pooja Agrawal

Date of Birth *

MM DD YYYY

08 / 22 / 2002

ROLL NUMBER *

01

EMAIL ID *

pooja.agrawal9422@gmail.com

CONTACT NO. *

7721916484

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

ANSARI YAHYA MASOOD AHMAD

Date of Birth *

MM DD YYYY

10 / 20 / 1997

ROLL NUMBER *

02

EMAIL ID *

ansariyahya50@gmail.com

CONTACT NO. *

7385489093

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- (●) III Year
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1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Prachi Barnwal

Date of Birth *

MM DD YYYY

12 / 08 / 2001

ROLL NUMBER *

05

EMAIL ID *

prachibarnwal24@gmail.com

CONTACT NO. *

8591227356

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Aishwarya Devidas bari

Date of Birth *

MM DD YYYY

06 / 24 / 2002

ROLL NUMBER *

3

EMAIL ID *

bariaishwarya98@gmail.com

CONTACT NO. *

9403324103

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Jayashrijojan

Date of Birth *

MM DD YYYY

05 / 13 / 2001

ROLL NUMBER *

26

EMAIL ID *

jayshreejojan13@gmail.com

CONTACT NO. *

7039255468

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Basit Safura Nasiruddin

Date of Birth *

MM DD YYYY

01 / 30 / 2001

ROLL NUMBER *

06

EMAIL ID *

basitsafura3001@gmail.com

CONTACT NO. *

9423596959

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Google Forms

Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Falguni Chavan

Date of Birth *

MM DD YYYY

11 / 19 / 2001

ROLL NUMBER *

13

EMAIL ID *

falgunichavan789@gmail.com

CONTACT NO. *

8329628656

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ○ 4 – 85 to 100%
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sayali Vilas Gaikwad

Date of Birth *

MM DD YYYY

04 / 25 / 2002

ROLL NUMBER *

21

EMAIL ID *

svgaikwad002@gmail.com

CONTACT NO. *

9373509449

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Kshitija Madhao Gaikwad

Date of Birth *

MM DD YYYY

06 / 20 / 2001

ROLL NUMBER *

20

EMAIL ID *

kshitijagaikwad35@gmail.com

CONTACT NO. *

9075740118

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ankush Udesing Bhelka

Date of Birth *

MM DD YYYY

12 / 23 / 2000

ROLL NUMBER *

08

EMAIL ID *

ankushubhelka@gmail.com

CONTACT NO. *

7620877350

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Rutuja Suresh Bathe

Date of Birth *

MM DD YYYY

01 / 09 / 2000

ROLL NUMBER *

04

EMAIL ID *

batherutuja@gmail.com

CONTACT NO. *

7767855465

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Dipali Patil

Date of Birth *

MM DD YYYY

05 / 26 / 2003

ROLL NUMBER *

44

EMAIL ID *

dipalispatil7588@gmail.com

CONTACT NO. *

9359539696

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sarang Chaudhari

Date of Birth *

MM DD YYYY

07 / 24 / 2000

ROLL NUMBER *

12

EMAIL ID *

chaudharisarang012@email.com

CONTACT NO. *

9518540278

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
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Student Feedback Form - Academic Year 2022-23

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sudarshan sanap

Date of Birth *

MM DD YYYY

11 / 09 / 2000

ROLL NUMBER *

36

EMAIL ID *

sudarshansanap577@gmail.com

CONTACT NO. *

9028235433

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- ( ) I Year
- ( ) II Year
- ( ) III Year
- (●) IV Year

1.How much of the syllabus was covered in the class? *

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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ashwini Anil chaudhari

Date of Birth *

MM DD YYYY

10 / 20 / 1999

ROLL NUMBER *

04

EMAIL ID *

ashwinichaudhari7621@gmail.com

CONTACT NO. *

6265901054

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Vasant Sharad Badgujar

Date of Birth *

MM DD YYYY

04 / 19 / 1999

ROLL NUMBER *

2

EMAIL ID *

vasantbadgujaruvo53@gmail.com

CONTACT NO. *

9561880411

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhagyashri More

Date of Birth *

MM DD YYYY

12 / 25 / 1999

ROLL NUMBER *

12

EMAIL ID *

bhagyashribkm1225@gmail.com

CONTACT NO. *

7620589424

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Trupti vanjari

Date of Birth *

MM DD YYYY

09 / 29 / 2000

ROLL NUMBER *

38

EMAIL ID *

truptisanap29@gmail.com

CONTACT NO. *

7666049134

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Devyani sahebrao patil

Date of Birth *

MM DD YYYY

04 / 05 / 2000

ROLL NUMBER *

8

EMAIL ID *

devyanispatil00@gmail.com

CONTACT NO. *

8999343407

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Kapre Pratiksha Kailas

Date of Birth *

MM DD YYYY

09 / 26 / 1999

ROLL NUMBER *

10

EMAIL ID *

pratukapre26@gmail.com

CONTACT NO. *

7038990393

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Manasi chaudhari

Date of Birth *

MM DD YYYY

08 / 19 / 2001

ROLL NUMBER *

10

EMAIL ID *

chaudharimanasi1908@gmail.com

CONTACT NO. *

8530780631

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ○ II Year
- ◉ III Year
- ○ IV Year

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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Tanvi Subhash Sonune

Date of Birth *

MM DD YYYY

03 / 31 / 2000

ROLL NUMBER *

34

EMAIL ID *

tanvissonune3130@gmail.com

CONTACT NO. *

9552253891

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Gokhale Yaminee Ravindra

Date of Birth *

MM DD YYYY

10 / 25 / 1998

ROLL NUMBER *

07

EMAIL ID *

yamineegokhale@gmail.com

CONTACT NO. *

9309101439

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ○ I Year
- ◉ II Year
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mayuri Sudhakar Shimpi

Date of Birth *

MM DD YYYY

11 / 03 / 1999

ROLL NUMBER *

37

EMAIL ID *

mayurishimpi31199@gmail.com

CONTACT NO. *

9130497734

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Divya Amrut Badgujar

Date of Birth *

MM DD YYYY

06 / 16 / 2001

ROLL NUMBER *

1

EMAIL ID *

divyabadgujar1606@gmail.com

CONTACT NO. *

8830831250

Gender *

- ○ Male
- ◉ Female
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YEAR OF STUDY *

- ○ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Shital Laxman Tandulkar

Date of Birth *

MM DD YYYY

04 / 30 / 2000

ROLL NUMBER *

13

EMAIL ID *

shitaltandulkarmku@gmail.com

CONTACT NO. *

9146306569

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

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Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Pooja chavan

Date of Birth *

MM DD YYYY

11 / 02 / 2000

ROLL NUMBER *

06

EMAIL ID *

poojachavan038@gmail.com

CONTACT NO. *

9284389067

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Sukanya Sanjay Malkar

Date of Birth *

MM DD YYYY

05 / 13 / 2000

ROLL NUMBER *

15

EMAIL ID *

sukanyamalkar1305@gmail.com

CONTACT NO. *

9579530962

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
- ○ III Year
- ○ IV Year

1.How much of the syllabus was covered in the class? *

- ◉ 4 – 85 to 100%
- ○ 3 – 70 to 84%
- ○ 2 – 55 to 69%
- ○ 1– 30 to 54%
- ○ 0 –Below 30%

2. How well did the teachers prepare for the classes? *

- (●) 4 –Thoroughly
- ( ) 3 – Satisfactorily
- ( ) 2 – 55 to 69%
- ( ) 2 – Poorly
- ( ) 0 – Won't teach at all

3. How well were the teachers able to communicate? *

- (●) 4 – Always effective
- ( ) 3 – Sometimes effective
- ( ) 2 – Just satisfactorily
- ( ) 1– Generally ineffective
- ( ) 0– Very poor communication

4. The teacher's approach to teaching can best be described as *

- (●) 4– Excellent
- ( ) 3 – Very good
- ( ) 2 – Good
- ( ) 1 – Fair
- ( ) 0– Poor

5. Fairness of the internal evaluation process by the teachers *

- ○ 4 – Always fair
- ◉ 3 – Usually fair
- ○ 2 – Sometimes unfair
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6. Was your performance in assignments discussed with you? *

- ○ 4 – Every time
- ◉ 3 – Usually
- ○ 2 – Occasionally/Sometimes
- ○ 1 – Rarely
- ○ 0– Never

7. The institute takes active interest in promoting internship, student exchange, field visit opportunities for students. *

- ○ 4 – Regularly
- ○ 3 – Often
- ◉ 2 – Sometimes
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- ○ 0– Never

8. The teaching and mentoring process in your institution facilitates you in cognitive, social and emotional growth. *

- ○ 4 – Significantly
- ◉ 3 – Very well
- ○ 2 – Moderately
- ○ 1 – Marginally
- ○ 0– Not at all

9. The institution provides multiple opportunities to learn and grow. *

- ○ 4 – Strongly agree
- ○ 3 – Agree
- ◉ 2 – Neutral
- ○ 1 – Disagree
- ○ 0– Strongly disagree

10. Teachers inform you about your expected competencies, course outcomes and program outcomes. *

- ○ 4 – Every time
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11. Your mentor does a necessary follow-up with an assigned task to you. *

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12. The teachers illustrate the concepts through examples and applications. *

- ○ 4 – Every time
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Mahendra Ramesh Chaudhari

Date of Birth *

MM DD YYYY

03 / 01 / 1999

ROLL NUMBER *

6

EMAIL ID *

mahendrachaudhari751@gmail.com

CONTACT NO. *

7218561808

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
- ( ) IV Year

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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Ankush Harihar Khunte

Date of Birth *

MM DD YYYY

07 / 15 / 1999

ROLL NUMBER *

10

EMAIL ID *

ankushkhunte143@gmail.com

CONTACT NO. *

8483817641

Gender *

- (●) Male
- ( ) Female
- ( ) Transgender

YEAR OF STUDY *

- (●) I Year
- ( ) II Year
- ( ) III Year
- ( ) IV Year

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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Bhagyashri Sunil more

Date of Birth *

MM DD YYYY

04 / 09 / 1999

ROLL NUMBER *

2

EMAIL ID *

mbhagyashri0509@gmail.com

CONTACT NO. *

9518310495

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

- ◉ I Year
- ○ II Year
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Student Feedback Form - Academic Year 2018-19

Dr. Ulhas Patil Homeopathic Medical College & Hospital feedback form

NAME OF THE STUDENT *

Purva chaudhari

Date of Birth *

MM DD YYYY

09 / 22 / 2002

ROLL NUMBER *

14

EMAIL ID *

purvachaudhari2209@gmail.com

CONTACT NO. *

7709809099

Gender *

- ○ Male
- ◉ Female
- ○ Transgender

YEAR OF STUDY *

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