

Internal Quality Assurance Cell – External Examiner's Feedback on Conduct of Practical Examination

1. Details of External Examiner

Name: Dr AJIT KUMAR

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject.

4. Date of Examination

Orthodontics & Dentofacial Orthopedics


5. As part of the Institution's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the oral examination by answering the questions below

Question	(please tick)		Comments/details
	Yes	No	
Were the thesis and instructions for the examination provided to you in a timely manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were you happy with the presentation of the thesis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Was the venue and environment suitable for such an examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Was the timing of the examination appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were refreshments available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were the refreshments adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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QAC

examination?				
Was the Chair objective?	✓			
Did the Chair manage the examination in accordance with university procedures?	✓			
Was the examination conducted in a manner that did not disadvantage the student?	✓			
Did examination progress satisfactorily?	✓			
Did any unusual events occur which could have disadvantaged the student?				
Did you enjoy the examination experience?	✓			
Would be willing to be an external examiner again at some time in the future?	✓			
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)				
Very conducive atmosphere, SDCRI Hall, excellent hospitality				
External Examiner's signature:				
Date:	12/12/20			

Thank you for completing this form.

Please return to the Internal Quality Assurance cell, Surendera Dental College & Research Institute, Sri Ganganagar, Rajasthan



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Internal Quality Assurance Cell – External Examiner's Feedback on Conduct of Practical Examination

1. Details of External Examiner

Name Dr. Rakesh Singh

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject

4. Date of Examination

Orthodontics & Dentofacial Orthopedics 13/10-7-20

5. As part of the Institution's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the oral examination by answering the questions below

Question	(please tick)		Comments/details
	Yes	No	
Were the thesis and instructions for the examination provided to you in a timely manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were you happy with the presentation of the thesis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Was the venue and environment suitable for such an examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Was the timing of the examination appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were refreshments available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were the refreshments adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Very well organized department under the able guidance of Dr. Seema. Good luck.



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Handwritten signature

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examination?	✓		
Was the Chair objective?	✓		
Did the Chair manage the examination in accordance with university procedures?	✓		
Was the examination conducted in a manner that did not disadvantage the student?	✓		
Did examination progress satisfactorily?	✓		
Did any unusual events occur which could have disadvantaged the student?			
Did you enjoy the examination experience?	✓		
Would be willing to be an external examiner again at some time in the future?	✓		

6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)

I wish all the best to the management for wonderful hospitality and appreciate the services provided by institution in every way. I am happy to be an external examiner.

External Examiner's signature: *Prady*

Date: 19/7/20

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Internal Quality Assurance Cell – External Examiner's Feedback on Conduct of Practical Examination

1. Details of External Examiner

Name

DR POONAM BALI

2. Award under consideration (please tick)

BDS



MDS



Other

3. Subject

PROSTHODONTICS

4. Date of Examination

16/3/2020

5. As part of the Institution's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the oral examination by answering the questions below

Question	(please tick)		Comments/details
	Yes	No	
Were the thesis and instructions for the examination provided to you in a timely manner?			
Were you happy with the presentation of the thesis?			
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?	<input checked="" type="checkbox"/>		
Was the venue and environment suitable for such an examination?	<input checked="" type="checkbox"/>		
Was the timing of the examination appropriate?	<input checked="" type="checkbox"/>		
Were refreshments available?	<input checked="" type="checkbox"/>		
Were the refreshments adequate?	<input checked="" type="checkbox"/>		
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the	<input checked="" type="checkbox"/>		



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examination?			
Was the Chair objective?	✓		
Did the Chair manage the examination in accordance with university procedures?	✓		
Was the examination conducted in a manner that did not disadvantage the student?	✓		
Did examination progress satisfactorily?	✓		
Did any unusual events occur which could have disadvantaged the student?		✓	
Did you enjoy the examination experience?	✓		
Would be willing to be an external examiner again at some time in the future?	✓		
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
External Examiner's signature:	Dr. Purnam Bhatti		
Date	16/2/2020		

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Internal Quality Assurance Cell - External Examiner's Feedback on Conduct of Practical Examination

1. Details of External Examiner

Name: DR PRATIK GUPTA

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject

PRE CLINICAL PROSTHODONTICS

4. Date of Examination

14/MARCH/2020

5. As part of the Institution's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the oral examination by answering the questions below

Question	(please tick)		Comments/details
	Yes	No	
Were the thesis and instructions for the examination provided to you in a timely manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were you happy with the presentation of the thesis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Was the venue and environment suitable for such an examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Very friendly environment</u>
Was the timing of the examination appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were refreshments available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were the refreshments adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Excellent</u>
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the			



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examination?			
Was the Chair objective?			
Did the Chair manage the examination in accordance with university procedures?	✓		
Was the examination conducted in a manner that did not disadvantage the student?	✓		
Did examination progress satisfactorily?	✓		
Did any unusual events occur which could have disadvantaged the student?		✓	
Did you enjoy the examination experience?	✓		
Would be willing to be an external examiner again at some time in the future?	✓		
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
The environment of the institution is very good with good and hard working teaching faculty.			
External Examiner's signature:	<i>Tejash</i>		
Date:	14/March/2020		

Thank you for completing this form.

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Internal Quality Assurance Cell – External Examiner's Feedback on Conduct of Practical Examination

1. Details of External Examiner

Name: DR. ARSHINAV KUMAR

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject

DM


4. Date of Examination

07/03/20

5. As part of the Institution's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the oral examination by answering the questions below

Question	(please tick)		Comments/details
	Yes	No	
Were the thesis and instructions for the examination provided to you in a timely manner?			<u>NA</u>
Were you happy with the presentation of the thesis?			<u>NA</u>
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?	<input checked="" type="checkbox"/>		
Was the venue and environment suitable for such an examination?	<input checked="" type="checkbox"/>		
Was the timing of the examination appropriate?	<input checked="" type="checkbox"/>		
Were refreshments available?	<input checked="" type="checkbox"/>		
Were the refreshments adequate?	<input checked="" type="checkbox"/>		
Did the Chair make an explicit statement as to the purpose of the examination and the processes and procedures that would be followed during the	<input checked="" type="checkbox"/>		



examination?			
Was the Chair objective?	✓		
Did the Chair manage the examination in accordance with university procedures?	✓		
Was the examination conducted in a manner that did not disadvantage the student?	✓		
Did examination progress satisfactorily?	✓		
Did any unusual events occur which could have disadvantaged the student?	✓		
Did you enjoy the examination experience?	✓		
Would be willing to be an external examiner again at some time in the future?			- NA -
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
External Examiner's signature:			
Date:	07/03/20		

Thank you for completing this form.

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Surendera Dental College & Research Institute, Sriganganagar

Internal Quality Assurance Cell (IQAC)

Employer Feedback form

S.No.	Particulars	0	1	2	3	4
1-	The current content of syllabus is fulfilling the need of Dental industry, sufficient to bridge the gap between dental standards with global scenario.				✓	
2-	Current syllabus adequately covers contemporary topics in dentistry.				✓	
3-	The specified teaching hours stated in syllabus is sufficient to complete the coverage of syllabus as per each course by the teachers.					✓
4-	The specified clinical hours stated in syllabus are sufficient to complete the coverage of syllabus as per each course by the Instructor.					✓
5-	Sufficient reference material and books are available for the topics mentioned in the syllabus.					✓
6-	The evaluation methods mentioned in the syllabus are sufficient for providing proper assessment.					✓
7-	The current syllabus/ curriculum meet the expectation in terms of learning skills, values, knowledge, diagnostic and treatment abilities.					✓
8-	The current syllabus/curriculum is covering inculcation of the aspects of life skills, transferable skills, cross cutting issues, gender equality, human values and professional ethics.				✓	
9-	The current syllabus/curriculum covers the aspects such as social responsibilities, human rights and national integration				✓	
10-	The current syllabus tries to build the opportunities in term of employability and entrepreneurial attitude among students					✓

Name Mrs. Rajni Aggarwal

Signature [Signature]

Date 29/7/20