

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

1. Details of External Examiner

Name:

Neesay Mittal



IQAC 04/17R

2. Award under consideration (please tick)

BDS



MDS



Other

3. Subject.

Periothodontics


4. Date of Examination

11/10/17 - 12/10/17

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"/>		NA
Were you happy with the presentation of the thesis?			NA
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 examination?	<input checked="" type="checkbox"/>		
Was the Chair objective?			
Did the Chair manage the examination in accordance with university procedures?	<input checked="" type="checkbox"/>		
Was the examination conducted in a manner that did not disadvantage the student?	<input checked="" type="checkbox"/>		
Did examination progress satisfactorily?	<input checked="" type="checkbox"/>		
Did any unusual events occur		<input checked="" type="checkbox"/>	



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)			
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 40px; opacity: 0.5;">/</div> </div>			
External Examiner's signature:			
Date:	12/10/17		

Thank you for completing this form.

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



Rishi L.



ISQAC - 10/2/2017

12/10/17

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

1. Details of External Examiner

Name: DR SUDHIR RISHI ; Reader

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject. ORAL MEDICINE AND RADIOLOGY 4. Date of Examination

11th and 12th October 2017

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 examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Was the Chair objective?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did the Chair manage the examination in accordance with university procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Was the examination conducted in a manner that did not disadvantage the student?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did examination progress satisfactorily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did any unusual events occur?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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:

Date:

Thank you for completing this form.

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



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

1. Details of External Examiner

Name: DR RITESH GULTA

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject. ORAL AND MAXILLOFACIAL SURGERY


4. Date of Examination

9/10/17

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 examination?	<input checked="" type="checkbox"/>		
Was the Chair objective?	<input checked="" type="checkbox"/>		
Did the Chair manage the examination in accordance with university procedures?	<input checked="" type="checkbox"/>		
Was the examination conducted in a manner that did not disadvantage the student?	<input checked="" type="checkbox"/>		
Did examination progress satisfactorily?		<input checked="" type="checkbox"/>	
Did any unusual events occur	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



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?	✓		
7. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
Need to improve academics for students. Attendance criteria should be strictly followed.			
External Examiner's signature:			
Date:	10/10/17		

Thank you for completing this form.

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



Sept: ~~Considerable~~ ^{CO} ~~to~~ ^{ful} ✓

TRA: 1/17/19

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

2. Details of External Examiner

Name:

DR JATINDER

3. Award under consideration (please tick)

BDS

☒

MDS

Other


4. Date of Examination

6/10/2017 to 7/10/2017

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 of this student 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 type="checkbox"/>	<input type="checkbox"/>	NA
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 examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Was the Chair objective?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did the Chair manage the examination in accordance with university procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Was the examination conducted in a manner that did not disadvantage the student?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Did examination progress satisfactorily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



Did any unusual events occur which could have disadvantaged the student?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Did you enjoy the examination experience?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Would be willing to be an external examiner again at some time in the future?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process.)			
External Examiner's signature:			
Date:	6/14/2018		

Thank you for completing this form.

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



IGAL 02/12/18

Pat 1

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

2. Details of External Examiner

Name: Dr. RAKESH SINGH

3. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

5 Date of Examination

4. Subject

CONSERVATIVE & ENDODONTICS

6. 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 of this student 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?			
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 examination?	<input checked="" type="checkbox"/>		Yes Maximum marks have got patients of U-I cavity preparation.
Was the Chair objective?			
Did the Chair manage the examination in accordance with university procedures?	<input checked="" type="checkbox"/>		Everything was in order as specified by University
Was the examination conducted in a manner that did not disadvantage the student?	<input checked="" type="checkbox"/>		
Did examination progress satisfactorily?	<input checked="" type="checkbox"/>		



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?	✓		Yes. Definitely.
7. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
Everything went on well except there was no power supply for 5 min. ; there shld be appropriate power back-up measures in order to conduct the exam uninterrupted.			
External Examiner's signature:	<u>Reena</u>		
Date:	10/10/17		

Thank you for completing this form.

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

