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

1. Details of External Examiner

Name: Dr Leena Tomer

2. Award under consideration *(please tick)*

BDS		MDS	✓	Other	

3. Subject.

Prosthodontics

4. Date of Examination

25th & 26th May 2018

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)* Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	
Date:	26/5/18

Thank you for completing this form.

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

QAC

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

1. Details of External Examiner

Name: Dr. Mandeep Kumar

2. Award under consideration *(please tick)*

BDS	✓	MDS		Other	

3. Subject.

4. Date of Examination

Pre-clinical Prosthodontics (BDS 2nd yr) 29th, 30th / 8 / 18

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)* Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	Manoj
Date:	30/8/18

Thank you for completing this form.

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

IQAC

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

1. Details of External Examiner

Name: Dr. Kapil Singla

2. Award under consideration *(please tick)*

BDS	✓	MDS		Other	

3. Subject.

Dental Materials (BDS 2nd yr)

4. Date of Examination

29/8/18 & 30/8/18

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)* Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?	
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:	
Date:	30/8/18

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 Reeta Jain.

2. Award under consideration *(please tick)*

BDS	✓	MDS		Other	

3. Subject.

Prosthodontics (BDS Final yr)

4. Date of Examination

3/9/18 & 4/9/18

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)* Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	
Date:	04/9/18

Thank you for completing this form.

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

IQAC-104R/11

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

1. Details of External Examiner

Name: Dr. Inderpreet Kaur

2. Award under consideration *(please tick)*

BDS	✓	MDS		Other	

3. Subject: Pre-clinical Prosthodontics (BDS 2nd yr)

4. Date of Examination: 29/03/18

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)* Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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	✓		

IQAC

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:	[illegible]
Date:	29/3/18

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 Archana Jastuna

2. Award under consideration *(please tick)*

BDS	✓	MDS		Other	

3. Subject. 4.Date of Examination

Dental Materials (BDS 2nd yr) 02/04/18

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	Yes *(please tick)*	No	Comments/details
Were the thesis and instructions for the examination provided to you in a timely manner?	—		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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	T Sutava
Date:	01/04/18

Thank you for completing this form.

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

IQAC

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

1. Details of External Examiner

Name: Dr. Varun Arora

2. Award under consideration *(please tick)*

BDS	✓	MDS		Other	

3. Subject: Prosthodontics (BDS Final yr)

4. Date of Examination: 09/4/18

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)* Yes	No	Comments/details
Were the thesis and instructions for the examination provided to you in a timely manner?	—		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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	Varun Arora
Date:	09/4/18

Thank you for completing this form.

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

IQAC

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

1. Details of External Examiner

Name: Dr. Roma Gotiwala

2. Award under consideration *(please tick)*

BDS		MDS	✓	Other	

3. Subject.

Prosthodontics

4.Date of Examination

25th & 26th May 2018

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)* Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	
Date:	26/5/18

Thank you for completing this form.

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

QAC

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

1. Details of External Examiner

Name: Dr. Manoleep Kumar

2. Award under consideration *(please tick)*

BDS	✓	MDS		Other	

3. Subject. Pre-clinical Prosthodontics (BDS 2nd yr)

4. Date of Examination 29th & 30th / 8 / 18

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) Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	
Date:	30/8/18

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. Leena Tomer

2. Award under consideration *(please tick)*

BDS		MDS	✓	Other	

3. Subject. Prosthodontics

4.Date of Examination 25th & 26th May 2018

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) Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	
Date:	26/5/18

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. Roma Goswami

2. Award under consideration *(please tick)*

BDS		MDS	✓	Other	

3. Subject.

Prosthodontics

4.Date of Examination

25th & 26th May 2018

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)* Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	
Date:	26/5/18

Thank you for completing this form.

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

IQAC - 104/11

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

1. Details of External Examiner

Name: Dr. Inderpreet Kaur

2. Award under consideration *(please tick)*

BDS	✓	MDS		Other	

3. Subject.

Pre-clinical Prosthodontics (BDS 2nd yr)

4. Date of Examination 19/07/18

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) Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	Independent Board
Date:	29/3/18

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. Rudrani Jadhava

2. Award under consideration *(please tick)*

BDS	✓	MDS		Other	

3. Subject. Dental Materials (BDS 2nd yr)

4. Date of Examination 02/04/18

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)* Yes	No	Comments/details
Were the thesis and instructions for the examination provided to you in a timely manner?	—		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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	I Jatana
Date:	01 | 04 | 18

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. Varun Arora

2. Award under consideration *(please tick)*

BDS	✓	MDS		Other	

3. Subject. Prosthodontics (BDS Final yr)

4. Date of Examination 09/4/18

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) Yes	No	Comments/details
Were the thesis and instructions for the examination provided to you in a timely manner?	—		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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	Vahan Arora
Date:	09 | 4 | 18

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 Reeta Jain.

2. Award under consideration *(please tick)*

BDS	✓	MDS		Other	

3. Subject. Prosthodontics (BDS Final yr)

4. Date of Examination 3/9/18 & 4/9/18

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)* Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	
Date:	04/9/18

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 Kapil Singla

2. Award under consideration *(please tick)*

BDS		MDS	✓	Other	

3. Subject. Dental Materials (BDS 2nd yr)

4. Date of Examination 29/8/18 & 30/8/18

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)* Yes	No	Comments/details
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?	✓		
Was the venue and environment suitable for such an examination?	✓		
Was the timing of the examination appropriate?	✓		
Were refreshments available?	✓		
Were the refreshments adequate?	✓		
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?			
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:	
Date:	30/8/18

Thank you for completing this form.

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