

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

1. Details of External Examiner

Name

Dr. Harveen Singh (9888813133)

2. Award under consideration (please tick)

BDS



MDS

Other

3. Subject

Periodontics

4. Date of Examination

09/09/2021

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 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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)

Examination was conducted as per university guidelines. Had a pleasant experience.

External Examiner's signature:

[Signature]

Date:

9/9/21

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 KAPIL SINGLA

2. Award under consideration (please tick)

BDS ☐ MDS ☐ Other ☒ Dental Mechanics

3. Subject.


Dental Mechanic

4. Date of Examination

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?	<u>✓</u> <u>YES</u>		
Was the venue and environment suitable for such an examination?	<u>✓</u>		
Was the timing of the examination appropriate?	<u>✓</u>		
Were refreshments available?	<u>✓</u>		
Were the refreshments adequate?	<u>✓</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	<u>✓</u>		



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:	07/09/21		

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. VAIBHAV TANDON

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject.

PUBLIC HEALTH DENTISTRY

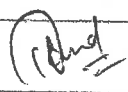
4. Date of Examination

14-9-21

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 checked="" type="checkbox"/>	
Were you happy with the presentation of the thesis?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	✓		
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
External Examiner's signature:			
Date:	14-09-2021		

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

1. Details of External Examiner

Name: Sandeep Kumar Bains

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject

oral Histology

4. Date of Examination

13/9/2021

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 type="checkbox"/>	<input checked="" type="checkbox"/>	

Signature

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

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 SUNNY MITTAL**

2. Award under consideration (please tick)

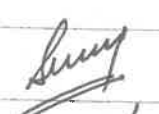
BDS ☒ MDS ☐ Other ☐

3. Subject: **Orthodontics + Dentofacial Orthopaedics.** 4. Date of Examination: **6/9/21.**

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"/>	



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:	6/9/21		

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. MADHU BATA**

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject.

Pediatric & Reventive Dentistry

4. Date of Examination

11-9-2021

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"/>		



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:	[Signature]		
Date:	11/9/21		

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. Varun Nagpal

2. Award under consideration (please tick)

BDS



MDS

Other

3. Subject

Oral Surgery

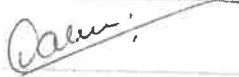
4. Date of Examination

10/9/21

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"/>	
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"/>		

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:	10/9/21		

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 LITIK MITTAL

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject.

CONSERVATIVE DENTISTRY


4. Date of Examination

08/09/2021

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?			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	<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?	✓		
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
<p>more emphasis can be given on clinical teaching.</p>			
External Examiner's signature:			
Date:	<p>08/09/2021</p>		

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. KAPIL SINGLA

2. Award under consideration (please tick)

BDS



MDS

Other

3. Subject.

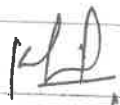
PROSTHODONTICS

4. Date of Examination

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?	—	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:			
Date:	07/09/21		

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. VINEK SINGH DAHIYA

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject.

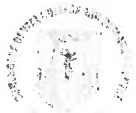
ORAL PATHOLOGY

4. Date of Examination

3/09/2021

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?			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	<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?		✓	NO, PROPER STAYING ARRANGEMENT FOR PROFESSOR & HEAD,
Would be willing to be an external examiner again at some time in the future?		✓	QUANTITY OF FOOD WAS NOT APPROPRIATE. NEVER WILL VISIT. AGAIN.
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
External Examiner's signature:	✓ <i>[Signature]</i>		
Date:	03/09/2021		

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. GHASIA-UZAIR

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

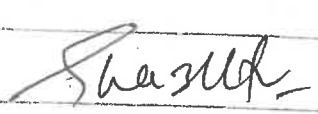
3. Subject. General Surgery 4. Date of Examination

1-9-2021

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?			
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:			

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. SHAILUSH TOMER

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject

MEDICINE

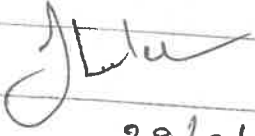
4. Date of Examination

29/8/21

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"/>	NA
Were you happy with the presentation of the thesis?	<input checked="" 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	<input type="checkbox"/>	<input 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?	✓		
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
External Examiner's signature:			
Date:	29/8/21		

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. Vaun Arora

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject.

Pedodontics

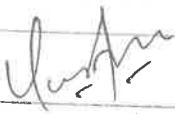
4. Date of Examination

04/09/21

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"/>		



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:	04/09/2021		

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. Valun Aunla,

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject.

DENTAL MATERIALS


4. Date of Examination

05/09/2021

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"/>		



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:	05/09/2021		

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. Virender Singh

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject.

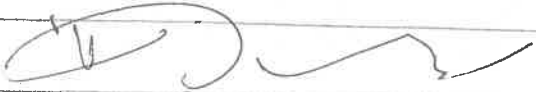
4. Date of Examination

Pathology & Microbiology 02/9/21

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?			— 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	<input checked="" type="checkbox"/>		



examination?			
Was the Chair objective?	Yes		
Did the Chair manage the examination in accordance with university procedures?	Yes		
Was the examination conducted in a manner that did not disadvantage the student?	Yes		
Did examination progress satisfactorily?	Yes		
Did any unusual events occur which could have disadvantaged the student?	NO		
Did you enjoy the examination experience?	Yes		
Would be willing to be an external examiner again at some time in the future?	Yes		
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
External Examiner's signature:			
Date:	2nd Sept 2021.		

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:

Mandeep Kaur

2. Award under consideration (please tick)

BDS



MDS

Other

3. Subject

4. Date of Examination


Pharmacology

1/9/21

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?			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	<input checked="" type="checkbox"/>		



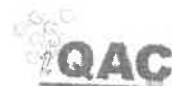
examination?			
Was the Chair objective?	✓		
Did the Chair manage the examination in accordance with university procedures?	✓		
Was the examination conducted in a manner that did not disadvantage the student?	✓		
Did examination progress satisfactorily?	✓		
Did any unusual events occur which could have disadvantaged the student?		✓	
Did you enjoy the examination experience?	✓		
Would be willing to be an external examiner again at some time in the future?	✓		
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
<p>Nice experience</p>			
External Examiner's signature:			
Date:	<p>1/9/21</p>		

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. Gurdeep Singh CuiU

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject.

Conservative dentistry & Endodontics

4. Date of Examination

28/8/2021

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 type="checkbox"/>	<input type="checkbox"/>	Not applicable
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"/>	



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:	[Signature]		
Date:	28/8/2021		

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. HARNKAWAL PREET SINGH.

2. Award under consideration (please tick)

BDS



MDS

Other

3. Subject.

4. Date of Examination

ORAL PATHOLOGY DASH

02/9/21

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?			- 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	<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?	✓	no	
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:	Haldhantprust Singh		
Date:	02/03/2018		

Thank you for completing this form.

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IQC

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

1. Details of External Examiner

Name: Dr RUCHITA VASUDEVA

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject.

4. Date of Examination

PHYSIOLOGY

11/9/21

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?	✓		
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:	R. M. S.		
Date:	1/9/21.		

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 NAVITA AGGARWAL**

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject. **ANATOMY**

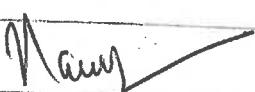
4. Date of Examination

28/8/21

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 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	<input type="checkbox"/>	<input 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?	✓		
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
External Examiner's signature:			
Date:	28/8/2021		

Thank you for completing this form.

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SURENDRA DENTAL COLLEGE & RESEARCH INSTITUTE
EXTERNAL EXAMINER FEED BACK FORM – MDS EXAM JULY 2021

Date	Name of External Examiner	Phone Number	Email Id	Awards under consideration	Subject	Date of Examination	Were the instructions and examinations provided to you in a timely manner?	Were you happy with the presentation of the thesis?	Were the instructions appropriate for you to fulfill your role as an external examiner?	Was the venue suitable for such an examination?	Was the timing of the examination appropriate?	Were the referees competent and available?	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 procedure?	Was the examination conducted in a manner that did not disadvantage the student?	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 sometime in the future?
2021/07/19	Shiveta Verma	9418476681	dshwetaverma053@gmail.com	MDS	Conservative Dentistry and Endodontics	19-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/07/20	Dr Deeptri Jindal	9872605676	drdeeptrigarg08@gmail.com	MDS	Oral Pathology	19-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/07/20	Ramandeep Singh Punia	8146669514	ramandeepmde@gmail.com	MDS	Oral Medicine and Radiology	20-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes
2021/07/20	Dr Vinay Mohan	7351129259	drvinaymohan@rediffmail.com	MDS	oral medicine and radiology	20-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes
2021/07/20	Dr Munish Singh	9824145816	munishsinghacdo@yahoo.com	MDS	Endodontics	18-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/07/23	Dr Vinita goel	9501200919	vinitagoel@gmail.com	MDS	Periodontology	23-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/07/23	Dr Arun Garg	88314909501	doc7602@gmail.com	MDS	Periodontology & oral implantology	23-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/07/23	PRITESH SINGLA	9988233386	drpriteshsingla98@gmail.com	MDS	Orthodontics	23-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/07/23	Dr parul jain	9815399811	paruldr@gmail.com	MDS	Orthodontics and dental facial orthopaedics	23-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/07/23	Neeraj Mittal	9671602935	dr.neerajmittal@yahoo.com	MDS	Prosthodontics	23-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/07/23	Pardeep kumar Bansal	9814282284	drpardeepbansal@yahoo.com	MDS	Prosthodontics	23-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/07/27	Ashish singla	9997438027	drashishsingla@gmail.com	MDS	Public health dentistry	27-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/07/29	Dr Bhuvandeep Gupta	9650757561	Bhuvandentist@gmail.com	MDS	Public health dentistry	26-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/07/31	Dr Ramandeep Singh Brar	8146669520	dr.ramanbrar@yahoo.com	MDS	ORAL AND MAXILLOFACIAL SURGERY	30-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/08/01	Dr Sumir Gandhi	9814433393	sumirgandhi@gmail.com	MDS	Oral and Maxillofacial Surgery	01-08-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/08/02	Dr Pushottam Jasuja	9928097123	pushottamj@gnail.com	MDS	Pediatric and Preventive Dentistry	01-08-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/08/02	Dr. Avinder kaur	9814319434	avinder21@gmail.com	MDS	Pediatric and preventive dentistry	31-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes
2021/08/02	Dr Ram Ballabh	9654366333	ramballabhd@gmail.com	MDS	Oral pathology	19-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	Yes	Yes

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

1. Details of External Examiner

Name: DR. VINAY MOHAN

2. Award under consideration (please tick)


BDS ☐ MDS ☒ Other ☐

3. Subject: Oral Medicine & Radiology.

4. Date of Examination 19/20-07-2021.

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"/>	

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:			

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. RAMANDEEP SINGH PUNIA

2. Award under consideration (please tick)

BDS

MDS



Other

3. Subject

4. Date of Examination


ORAL MEDICINE & RADIO.

19/20 - 07-2021

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"/>	



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 <i>(Please provide any other comments you consider would enable the institution to enhance the examination process)</i>			
External Examiner's signature:			
Date:	19/7/2021		

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. Sumir Gargali

2. Award under consideration (please tick)

BDS

MDS

☒

Other

3. Subject.

4. Date of Examination

Oral + maxillofacial Surgery


31-7-21 to 1-8-21

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"/>	



Buy

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:			

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. Ramandeep Singh

2. Award under consideration (please tick)

BDS

MDS

☒

Other

3. Subject.

4. Date of Examination

Oral & Maxillofacial Surgery

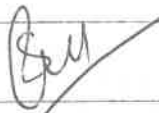
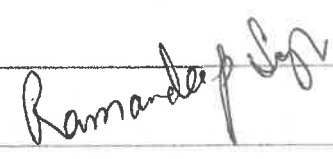
31-7-21 to 1-8-21

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"/>	



Ramandeep Singh
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)			
<div style="text-align: center; margin-bottom: 20px;">_____</div> <div style="display: flex; justify-content: space-between;"> <div>External Examiner's signature:</div> <div>   </div> </div> <div>Date:</div>			

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. Pritesh Singh

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject.

Endodontics

4. Date of Examination

22/7/21 - 23/7/21

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"/>	

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)			
Examination was conducted according to the protocol of university.			
External Examiner's signature:	H. Singh		
Date:	23/7/21		

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 PARUL JAIN

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐


3. Subject.

4. Date of Examination

ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

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"/>	

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:			

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. Anurag

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

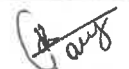
3. Subject.

4. Date of Examination

Periodontology

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?	✓		
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? - very good	✓		
Did any unusual events occur which could have disadvantaged the student?		✓	
Did you enjoy the examination experience? Gvt	✓		
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)			
<p>The practical examination was a Gvt experience. All the Staff members & Para staff members are very co-operative</p> <p>Best <u>Best</u></p>			
External Examiner's signature:			
Date:	22 nd & 23 rd July 2021		

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 VINIYI GOEL

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject

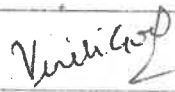
4. Date of Examination

PERIODONTOLOGY & ORAL IMPLANTOLOGY

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"/>	



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)			
<p>The Examination had a proper code of conduct. It went Satisfactory</p>			
External Examiner's signature:			
Date:	22 & 23 rd July 2021.		

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. SHWETA VERMA

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject. CONSERVATIVE DENTISTRY & ENDOODONTICS 4. Date of Examination

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"/>	All thesis and instructions for examination were provided well in time
Were you happy with the presentation of the thesis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All the thesis topics were latest, well performed and presented
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All the instructions were given well in advance.
Was the venue and environment suitable for such an examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Surely it was very neat and clean environment with great hospitality
Was the timing of the examination appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comfortable timing
Were refreshments available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Available adequately
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"/>	All the procedures to be performed during examination were explained well and in detail

examination?			
Was the Chair objective?	✓		
Did the Chair manage the examination in accordance with university procedures?	✓		All the procedures were sequenced in accordance with university procedures.
Was the examination conducted in a manner that did not disadvantage the student?	✓		All the students were fairly evaluated and given equal opportunity.
Did examination progress satisfactorily?	✓		Examination went on smoothly in a fair manner.
Did any unusual events occur which could have disadvantaged the student?		✓	No unusual event occurred.
Did you enjoy the examination experience?	✓		Experience was enjoyable as well as learning.
Would be willing to be an external examiner again at some time in the future?	✓		Surely would love to visit the institution again.
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
External Examiner's signature:	Shweta Vansh		
Date:	19/07/2021		

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 MUNISH SINGLA

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐


3. Subject. ENDODONTICS

4. Date of Examination

19/7/21 + 20/7/21

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"/>	Provided at the start of examination
Were you happy with the presentation of the thesis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Well presented
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Detail instructions were provided
Was the venue and environment suitable for such an examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comfortable for both patients students & examiners
Was the timing of the examination appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes according to the prescribed norms
Were refreshments available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Were the refreshments adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good quality
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"/>	Well explained

examination?			
Was the Chair objective?	✓		Yes
Did the Chair manage the examination in accordance with university procedures?	✓		Yes according to university norms
Was the examination conducted in a manner that did not disadvantage the student?	✓		Student Friendly
Did examination progress satisfactorily?	✓		VERY SATISFACTORY
Did any unusual events occur which could have disadvantaged the student?		✓	NO
Did you enjoy the examination experience?	✓		VERY MUCH
Would be willing to be an external examiner again at some time in the future?	✓		YES
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
External Examiner's signature:			
Date:	20/7/21		

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. Arvinder Kaur

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject

4. Date of Examination

Pediatric & Preventive Dentistry

31 July & 1st Aug, 2021

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?	✓		
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)			
<p>Examination was conducted as per University and DEI guidelines.</p> <p><u>Anvireh</u></p>			
External Examiner's signature:	<u>Anvireh</u>		
Date:	01 st Aug, 2021.		

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. Purneshwar Jaiswal

2. Award under consideration (please tick)

BDS

MDS



Other

3. Subject. *Pediatric & Preventive Dentistry*

4. Date of Examination

31 July & 1st Aug, 2021

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"/>	



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)			
Over all good performance			
External Examiner's signature:	P. Laxmi		
Date:	1/8/21		

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:

Neesar Mithal

2. Award under consideration (please tick)

BDS

MDS

✓

Other

3. Subject.

Prosthodontics indirectly crown & bridge

4. Date of Examination

23/7/21
24/7/21

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?	✓		
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)			
Exam conduct was in a smooth manner & paper allocation			
External Examiner's signature:	Neeshi Mittal		
Date:	24/7/21		

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 Pardeep Bansal

2. Award under consideration (please tick)

BDS

☒ MDS

Other

23/7/21 - 24/7/21


3. Subject.

4. Date of Examination

PROSTHODONTICS

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"/>	

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)			
Exam conducted as per University / SDC protocol			
External Examiner's signature:			
Date:	24/7/21		

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. Ram Ballabh

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

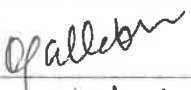
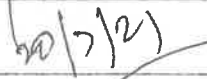
3. Subject: Oral Pathology

4. Date of Examination

19/07/21

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?	✓		
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)			
<p>- Examination process was upto the mark & followed all the guidelines.</p> <p>- Seminar hall needs major improvements into projector & lights.</p>			
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. Deepthi Jindal*

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject.

4. Date of Examination

Oral Pathology.

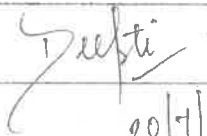
19/07/21

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 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 type="checkbox"/>	<input type="checkbox"/>	



Deepthi
20/7/21

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:	20/7/21		

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. ASHISH SINGLA

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject.

PUBLIC HEALTH DENTISTRY

4. Date of Examination

26th & 27th July 2021

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"/>	

सुरेन्द्रा डेन्टल कॉलेज एण्ड रिसर्च इन्स्टीट्यूट

श्रीगंगानगर (राजस्थान)
दांत निकलवाने के लिए सहमति पत्र

ओ.पी.डी. संख्या

दिनांक

रोगी का नाम उम्र लिंग
पिता/पति का नाम
पता
फोन नं. मोबाइल नं.
रोग

1. मैं अपना दांत निकलवाने के लिए अपनी सहमति देता/देती हूँ।
2. मुझे दांत निकलवाने की विधि व जटिलताओं के बारे में समझा दिया गया है।
3. मुझे सुन्न करने के लिए टीके (लोकल एनस्थेजिया) की विधि व जटिलताओं के बारे में समझा दिया गया है।
4. उपरोक्त तथ्य को जानते हुए मैं दांत निकलवाने के लिए अपनी सहमति देता/देती हूँ।

स्वाह के हस्ताक्षर

रोगी के हस्ताक्षर

अंगूठे का निशान

सुरेन्द्रा डेन्टल कॉलेज एण्ड रिसर्च इन्स्टीट्यूट

श्रीगंगानगर (राजस्थान)
दांत निकलवाने के लिए सहमति पत्र

ओ.पी.डी. संख्या

दिनांक

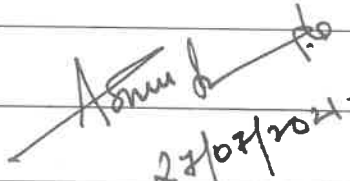
रोगी का नाम उम्र लिंग
पिता/पति का नाम
पता
फोन नं. मोबाइल नं.
रोग

1. मैं अपना दांत निकलवाने के लिए अपनी सहमति देता/देती हूँ।
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स्वाह के हस्ताक्षर

रोगी के हस्ताक्षर

अंगूठे का निशान

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:	22/03/2021		

Thank you for completing this form.

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

सुरेन्द्रा डेन्टल कॉलेज एण्ड रिसर्च इन्स्टीट्यूट

श्रीगंगानगर (राजस्थान)
दांत निकलवाने के लिए सहमति पत्र

ओ.पी.डी. संख्या

दिनांक

रोगी का नाम

उम्र

लिंग

पिता/पति का नाम

पता

फोन नं. मोबाइल नं.

रोग

1. मैं अपना दांत निकलवाने के लिए अपनी सहमति देता/देती हूँ।
2. मुझे दांत निकलवाने की विधि व जटिलताओं के बारे में समझा दिया गया है।
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4. उपरोक्त तथ्य को जानते हुए मैं दांत निकलवाने के लिए अपनी सहमति देता/देती हूँ।

ग्याह के हस्ताक्षर

रोगी के हस्ताक्षर

अंगूठे का निशान

सुरेन्द्रा डेन्टल कॉलेज एण्ड रिसर्च इन्स्टीट्यूट

श्रीगंगानगर (राजस्थान)
दांत निकलवाने के लिए सहमति पत्र

ओ.पी.डी. संख्या

दिनांक

रोगी का नाम

उम्र

लिंग

पिता/पति का नाम

पता

फोन नं. मोबाइल नं.

रोग

1. मैं अपना दांत निकलवाने के लिए अपनी सहमति देता/देती हूँ।
2. मुझे दांत निकलवाने की विधि व जटिलताओं के बारे में समझा दिया गया है।
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ग्याह के हस्ताक्षर

रोगी के हस्ताक्षर

अंगूठे का निशान

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

1. Details of External Examiner

Name:

DR. BHUVAN DEEP GUPTA

2. Award under consideration (please tick)

BDS

MDS



Other

3. Subject.

4. Date of Examination

PUBLIC HEALTH DENTISTRY

26th & 27th July 2024

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?	✓		
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	✓		

सुरेन्द्रा डेन्टल कॉलेज एण्ड रिसर्च इन्स्टीट्यूट

श्रीगंगानगर (राजस्थान)
दांत निकलवाने के लिए सहमति पत्र

ओ.पी.डी. संख्या

दिनांक

रोगी का नाम उम्र लिंग

पिता/पति का नाम

पता

फोन नं. मोबाइल नं.

रोग

1. मैं अपना दांत निकलवाने के लिए अपनी सहमति देता/देती हूँ।
2. मुझे दांत निकलवाने की विधि व जटिलताओं के बारे में समझा दिया गया है।
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गवाह के हस्ताक्षर

रोगी के हस्ताक्षर

अंगूठे का निशान

सुरेन्द्रा डेन्टल कॉलेज एण्ड रिसर्च इन्स्टीट्यूट

श्रीगंगानगर (राजस्थान)
दांत निकलवाने के लिए सहमति पत्र

ओ.पी.डी. संख्या

दिनांक

रोगी का नाम उम्र लिंग

पिता/पति का नाम

पता

फोन नं. मोबाइल नं.

रोग

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4. उपरोक्त तथ्य को जानते हुए मैं दांत निकलवाने के लिए अपनी सहमति देता/देती हूँ।

गवाह के हस्ताक्षर

रोगी के हस्ताक्षर

अंगूठे का निशान

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:	B. Prasad 26/7/2021		
Date:	21 st July 2021		

Thank you for completing this form.

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



सुरेन्द्रा डेन्टल कॉलेज एण्ड रिसर्च इन्स्टीट्यूट

श्रीगंगानगर (राजस्थान)

दांत निकलवाने के लिए सहमति पत्र

ओ.पी.डी. संख्या

दिनांक

रोगी का नाम

उम्र

लिंग

पिता/पति का नाम

पता

फोन नं. मोबाइल नं.

रोग

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ग्याह के हस्ताक्षर

रोगी के हस्ताक्षर

अंगूठे का निशान

सुरेन्द्रा डेन्टल कॉलेज एण्ड रिसर्च इन्स्टीट्यूट

श्रीगंगानगर (राजस्थान)

दांत निकलवाने के लिए सहमति पत्र

ओ.पी.डी. संख्या

दिनांक

रोगी का नाम

पिता/पति का नाम

उम्र

लिंग

पता

फोन नं. मोबाइल नं.

रोग

1. मैं अपना दांत निकलवाने के लिए अपनी सहमति देता/देती हूँ।
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ग्याह के हस्ताक्षर

रोगी के हस्ताक्षर

अंगूठे का निशान

(Regular batch)
BDS Exam Feb 2021

Time	Name of External Examiner	Phone Number	Email Id	Awards under consideration	Subject	Date of Examination	Were the thesis and instructions for the examinations provided to you in a timely manner?	Were you happy with the presentation of the thesis?	Were the instructions for the examinations appropriate for you to fulfill 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?	Did the Chair make an explicit statement as to the purpose of the examination and the processes objective?	Did the chair manage the examination in accordance with university procedure?	Was the examination conducted in a manner that did not disadvantage the student?	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?
28-02-2021	Dr. Shailesh Tomar	9812082928	dr.shailesh_tomar@rediffmail.com	BDS	General Medicine	28-02-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
01-03-2021	Dr. Ghazi Usairi	9417615093	drghaziusairi@gmail.com	BDS	Gen.surgery	01-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
02-03-2021	Dr. Vinitha goel	9501200919	vinithagoel@gmail.com	BDS	Periodontics&Oral implantology	01-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
04-03-2021	Dr. Kapil Singh	9463455518	drkapilsingh42@gmail.com	BDS	Prosthodontics	04-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
04-03-2021	Dr. Ritesh Gupta	9872540977	dr.riteshgupta888@gmail.com	MDS	oral and maxillofacial surgery	03-03-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
06-03-2021	Dr. Sukhpal kaur	7099933744	doc284@gmail.com	BDS	Orthodontics and dentofacial orthopaedics	06-03-2021	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
16-03-2021	Dr. Likh Mittal	8059540396	likhmittal@yahoo.com	BDS	Pre Clinical Conservative Dentistry	15-03-2021	Yes	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
17-03-2021	Dr. Rajni Arora	9983173034	arora.k.rajni@gmail.com	BDS	Physiology	16-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
17-03-2021	Dr. MANDEEP KAUR	9888083526	mandeeparzi@gmail.com	BDS	Pharmacology	17-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
18-03-2021	Dr. Sunita Choudhury	946193528	sunitachoudhary.sgr@gmail.com	BDS	Pre Prosthodontics	18-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
21-03-2021	Dr. Navita Aggarwal	9855424777	navita22a@gmail.com	BDS	Anatomy	21-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
23-03-2021	Dr. Bhavna Arora	9501006779	aroradibhavna@gmail.com	BDS	Pediatric and preventive dentistry	09-03-2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
23-03-2021	Dr. Rajnish Jindal	90234 44553	rajnish11185@gmail.com	BDS	public health dentistry	07-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
23-03-2021	Dr. Sudhir Rishi	9878294000	drsudhir09@gmail.com	BDS	oral medicine and Radiology	06-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
24-03-2021	Dr. Sunita Choudhary	9461933228	sunitachoudhary.sgr@gmail.com	BDS	Dental materials	20-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
24-03-2021	Dr. S.K. Basu	919E11	basu0072k@gmail.com	BDS	Oral pathology	26-02-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
24-03-2021	Dr. Piyush Gerdhi	919E11	drpiyushgerdhi86@yahoo.in	BDS	Dental Anatomy and Histology	17-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
24-03-2021	Dr. Harleen Kaur	9501116000	drharleenkaur11@gmail.com	BDS	Conservative dentistry and endodontics	01-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
01-04-2021	Dr. Deepak Arora	9781567806	dreepakarora78@gmail.com	BDS	Pathology and Microbiology	20-03-2021	Not Applicable	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes

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

1. Details of External Examiner

Name:

DR NAVITA AGGARWAL

2. Award under consideration (please tick)

BDS



MDS

Other

3. Subject.

ANATOMY

4. Date of Examination

20th, 21st
March
21

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 type="checkbox"/>	<input type="checkbox"/>	N.A.
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"/>	



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:	Mauls		
Date:	21/3/2017		

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 (HRS) RAJNI K. ARORA

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject. 1

4. Date of Examination

Physiology Biochemistry Practical + oral viva examination 16, 17/3/2021

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>N-A</u>
Were you happy with the presentation of the thesis?			<u>N-A</u>
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?			<u>good</u>
Was the venue and environment suitable for such an examination?			<u>good</u>
Was the timing of the examination appropriate?			<u>good</u>
Were refreshments available?			<u>good</u>
Were the refreshments adequate?			<u>good</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			<u>Yes</u>



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QAC

examination?			good
Was the Chair objective?			No
Did the Chair manage the examination in accordance with university procedures?			Yes
Was the examination conducted in a manner that did not disadvantage the student?			Yes
Did examination progress satisfactorily?			Yes
Did any unusual events occur which could have disadvantaged the student?			No
Did you enjoy the examination experience?			Yes
Would be willing to be an external examiner again at some time in the future?			Yes
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
Satisfactory, no further comments			
External Examiner's signature:	Rajni K. Arora		
Date:	17/03/2021		

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: PIYUSH GANDHI

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject

DENTAL ANATOMY AND ORAL HISTOLOGY

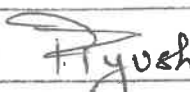
4. Date of Examination

17/03/2021 and 18/03/2021

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?	NR		
Were you happy with the presentation of the thesis?	NR		
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?	NR		
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)			
<p>Students were very well mannered, well behaved and well dressed. They were well disciplined and the examination went chaos free. The staff was extremely co-operative in terms of conducting the examination, managing the students..</p>			
External Examiner's signature:			
Date:	17/03/2021	18/03/2021	

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9781566786
dr deepak arora 78
@gmail.com

Internal Quality Assurance Cell – External Examiner's Feedback on Conduct of Practical Examination			
1. Details of External Examiner			
Name:		Deepak Arora	
2. Award under consideration (please tick)			
BDS	<input checked="" type="checkbox"/>	MDS	<input type="checkbox"/>
3. Subject.		4. Date of Examination	
Microbiology Pathology		19th/20th March 2021	
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?			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	<input checked="" type="checkbox"/>		



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IQC

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:	D. Upadhyay		
Date:	20.3.21		

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. Mandeep Kaur

2. Award under consideration (please tick)

BDS



MDS

Other

3. Subject.

P
PHARMACOLOGY

4. Date of Examination

16/17 March 21

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	<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)			
Great experience			
External Examiner's signature:	A. Dan		
Date:	17/3/21		

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

1. Details of External Examiner

Name:

Dr. Sunita choudhary

2. Award under consideration (please tick)

BDS



MDS



Other



3. Subject

Dental Materials

4. Date of Examination

19th / 20th March 2021

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 checked="" type="checkbox"/>	NA -
Were you happy with the presentation of the thesis?	<input checked="" type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input 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)			
<p><i>Sunil</i> 20/3/17</p>			
External Examiner's signature:			
Date:			

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. - *Surita chandelhary*

2. Award under consideration (please tick)

BDS



MDS

Other

3. Subject.

Pre - prosth

4. Date of Examination

17/18th March 2021

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"/>	NA -
Were you happy with the presentation of the thesis?	<input checked="" 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	<input checked="" type="checkbox"/>	<input 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			
Date:			

Sunila
18/3/21

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 LITIK MITTAL

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject.

PRE CONSERVATIVE DENTISTRY

4. Date of Examination

15-03-2021, 16-03-2021

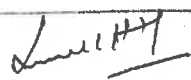
5. As part of the Institution's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the oral examination by answering the questions below

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 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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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 examination was conducted in a professional manner and the students maintained proper discipline. The performance of students was good.			
External Examiner's signature:			
Date:	16-03-2021		

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. SHAILESH TOMAR

2. Award under consideration (please tick)

BDS



MDS

Other

3. Subject.

Gen. Medicine

4. Date of Examination

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?	<input checked="" type="checkbox"/>		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			



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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?	✓		CORONA VISION
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	Shantel		
Date	28/2/21		

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. Ghazi Uzair

2. Award under consideration (please tick)

BDS



MDS

Other

3. Subject

4. Date of Examination

Gen. Surgery - BDS 1st yr

28/2/21 to 01-3-21

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?			N.A.
Were you happy with the presentation of the thesis?			N.A.
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?			N.A.
Was the venue and environment suitable for such an examination?			Yes
Was the timing of the examination appropriate?			Yes
Were refreshments available?			Yes
Were the refreshments adequate?			Yes
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			Yes



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examination?			
Was the Chair objective?			
Did the Chair manage the examination in accordance with university procedures?			Yes
Was the examination conducted in a manner that did not disadvantage the student?			
Did examination progress satisfactorily?			Yes
Did any unusual events occur which could have disadvantaged the student?			No
Did you enjoy the examination experience?			Yes
Would be willing to be an external examiner again at some time in the future?			Yes
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
External Examiner's signature	Shankar		
Date	1-3-2021		

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. BDBU SK

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject

4. Date of Examination

ORAL PATHOLOGY & MICROBIOLOGY 28/02/2021, 27/02/2021


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?			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	<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:			
Date:	27/2/2021		

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. Harleen Kaur

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject.

Conservative Dentistry & Endodontics

4. Date of Examination

1-2/3/2021

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"/>	NA.
Were you happy with the presentation of the thesis?	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable for BDS exam.
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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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)			
<p>Every trip was appreciative. I love to be examiner with such an intelligent & intellectual teachers.</p>			
External Examiner's signature	Harleen Bar.		
Date	2/3/21		

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. VINITI GOEL

2. Award under consideration (please tick)

BDS ☐ MDS ☐ Other ☐

3. Subject: Periodontics

4. Date of Examination

1/3/21 & 2/3/21

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?			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	✓		



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Vinita Goel

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)			
Examination was satisfactory and very well conducted.			
External Examiner's signature:	Vinita Goel.		
Date:	2/3/21		

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. RITESH GUPTA

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject. ORAL AND MAXILLOFACIAL SURGERY 4. Date of Examination

3/3/21-4/3/21


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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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)			
<p>It was perfectly arranged acc. to DCI and university norms.</p>			
External Examiner's signature:			
Date:	4/3/2021		

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 KAPIL SINGH

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject

PROSTHODONTICS


4. Date of Examination

4/3/2021

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"/>	NA
Were you happy with the presentation of the thesis?	<input checked="" 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	<input checked="" type="checkbox"/>	<input 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?	✓		
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
<hr/>			
External Examiner's signature			
Date	4/3/21		

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. Sudhir Rishi

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject

Oral Medicine & Radiology

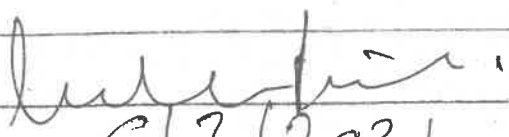
4. Date of Examination

5-6th March 21

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?			
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)			
Examination conducted well and per university norms			
External Examiner's signature:			
Date:	6/3/2021		

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. Sukhpal Kaur

2. Award under consideration (please tick)

BDS ☒ MDS ☐ Other ☐

3. Subject

Orthodontics & Vento facial Orthopaedics

4. Date of Examination

05/03/2021
06/03/2021


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 type="checkbox"/>	<input type="checkbox"/>	Not Applicable
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)			
External Examiner's signature:			
Date:	06/03/2021		

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

1. Details of External Examiner

Name:

Dr. Rajnish Jindal

2. Award under consideration (please tick)

BDS



MDS



Other



3. Subject

Public Health Dentistry

4. Date of Examination

7 Feb 2019


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?	NA	<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)			
			
External Examiner's signature:	Rajesh Indal		
Date:	8/3/21		

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

1. Details of External Examiner

Name: Dr. Bhawna Arora

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject: Pediatric Dentistry 4. Date of Examination: 8th & 9th March, 2021

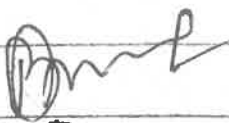
5. As part of the Institution's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the oral examination by answering the questions below

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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IQC

examination?			
Was the Chair objective?	✓	4	
Did the Chair manage the examination in accordance with university procedures?	✓	4	
Was the examination conducted in a manner that did not disadvantage the student?	✓	4	
Did examination progress satisfactorily?	✓	4	
Did any unusual events occur which could have disadvantaged the student?	✓	4	
Did you enjoy the examination experience?	✓	4	
Would be willing to be an external examiner again at some time in the future?	✓	4	
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)			
External Examiner's signature:			
Date:	9th March, 2021		

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. RAVUDAI SINGH JABBAL

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject,

4. Date of Examination

PROSTHODONTICS & CROWN AND BRIDGE

13th & 14th / 07 / 2020

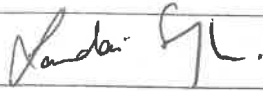
5. As part of the Institution's programme of continuous improvement, it would be appreciated if you could provide feedback on your experience of the conduct of the oral examination by answering the questions below

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 checked="" type="checkbox"/>	
Were you happy with the presentation of the thesis?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Was the venue and environment suitable for such an examination?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Was the timing of the examination appropriate?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Were refreshments available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Were the refreshments adequate?	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	



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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 which could have disadvantaged the student?	<input checked="" type="checkbox"/>	
Did you enjoy the examination experience?	<input checked="" type="checkbox"/>	
Would be willing to be an external examiner again at some time in the future?	<input checked="" type="checkbox"/>	
6. Further comments (Please provide any other comments you consider would enable the institution to enhance the examination process)		
<p>Examination was conducted in a time bound & orderly manner as per prescribed protocols.</p>		
External Examiner's signature:		
Date:	14/7/20	

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

1. Details of External Examiner

Name: Dr Shweta

2. Award under consideration (please tick)

BDS ☐ MDS ☒ Other ☐

3. Subject.

Prosthodontics

4. Date of Examination

13 & 14th July '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"/>	



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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:			
Date:	14th July 2020		

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