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1. Details of External Examin	ner	300,012	
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1. Details of External Examine	r	galagerentis (in. ) aprodukt Tura, alekkingsteense	
Name: Dr SHAILES	H To	mE	2
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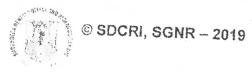
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Name: Dr. Vauur	2 ALDE	es	
2. Award under consideratio	n (pleas	e tick)	
BDS / MDS	Other	- delimination and an arrangement of the last of the l	
3. Subject.			4.Date of Examination
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Was the examination conducted	
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Did you enjoy the examination experience?	
Would be willing to be an external examiner again at some time in the future?	



1. Details of External Exami	ner		
Name: Dr. Vale	A A	inla	
2. Award under consideration	on (pleási	e tick)	
BDS MDS	Other	many print franchis	1
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nable the institution to enhance the examination process)	sider would



1. Details	s of External Ex			经常的基本的基本的
Name:	P	f Viren	Lu	Singh
2. Award	under conside	eration (please	tick)	
BDS	MDS	Other		
3. Subjec	manufacture and company and an extension of the company of			4.Date of Examinat
	PathoLi	gy 4 1	lion	shiption 02/9/2
would be	appreciated if	ion's programi you could prov xamination by	me of a	continuous improvement, lit edback on your experience o ering the questions below
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examinatio	n appropriate for	ryou		
to fulfil your	role as an exte	rinal		
examiner?				
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Did the Chair manage the examination in accordance with university procedures?	400	
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?	Ser	
Would be willing to be an external examiner again at some time in the future?	Yes.	
6. Further comments (Please pro enable the institution to enhance to	ovide any c ne examina	ther comments you consider would tion process)
External Examiner's signature:		
Pate:	2nd	Celt 2021.



Internal Quality Assurance on Conduct	e Cell - of Prac	- Exte	rnal Examiner's Feedback Examination
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Name: Mandee			
2. Award under consideration (	please ti	ick)	是有4个1000000000000000000000000000000000000
BDS / MDS	Other		
3. Subject.			4.Date of Examination
Charmacology			1/9/21
5. As part of the Institution sprawould be appreciated if you couthe conduct of the oral examina	ald prov	ide tee answe	dback on your expenence of
Question	Yes	No	Comments/details
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ate:	1	19/	) /



on Condu 1. Details of External Exami	SETTO EST	actica	ernal Examiner's Feedba I Examination
Name: Dr. Gurde		A C	.'U
2. Award under consideration	n (please	O` e tick)	
BDS V MDS	Other		
3. Subject.		June Berman have - Novelle 2 mages (see h	4.Date of Examination
Conservation dentisty & En	-d-d-1	6	28/8/2021
5. As part of the Institution's would be appreciated if you of the conduct of the oral exami	program ould pro nation by	ime of c vide fee vanswe	continuous improvement, it
Question	Yes	se tick)	Comments/details
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1. Details of External Examin	er	र जिल्ला	l Examination
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2. Award under consideration	n (please	tick)	EET WINGH.
BDS / MDS	Other	T	
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5. As part of the Institution's	program ould prov nation by	me of vide fe	continuous improvement, it edback on your experience of ering the questions below
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Interna					ernal Examiner's Feedback Examination	
1. Details	of Exte	rnal Examine	rui			
Name:		De Rucs	MITA U	ASGI	EVA	
2. Award	under c	onsideration	manifest of president comments of			
BDS	V ME	os	Other		The second secon	
3. Subjec	t.	one representation of the control of			4.Date of Examination	
PHYSI	OLOGY			4	1/9/21	
5. As par would be	t of the l	ited if you co	uld provation by	ide fee	ontinuous improvement, it dback on your experience of ring the questions below	
Question			Yes	No	Comments/details	
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		provided to				
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presentation	on of the	thesis?				
Were the i	nstruction	s for the		NA AT MANAGA	selmentine-to bysopic system, their minimizer for the religion in the con-	1
examinatio	n approp	riate for you				ł
to fulfil you	r role as	an external				•
examiner?		, a				
Was the ve	enue and	environment	***************************************			7
suitable for such an		V				
examinatio	n?					
Was the tir	ning of th	e				
examinatio	n approp	riate?				
Were refre	shments	available?	レ	,	Charles and Charle	
Were the re	efreshme	nts				
adequate?			V			
Did the Cha	air make a	an explicit			77-1-17-17-17-17-17-17-17-17-17-17-17-17	
statement a	as to the p	ourpose of		İ		
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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 in the future?  5. Further comments (Please provide any other comments you consider would mable the institution to enhance the examination process)	examination?	1					
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ternal Examiner's signature:  1/9/21.	ic.	1/9/2	1.				



1. Details of External Exam  Name: DO	word review, developed resourced and	4/3	DUARWAL	
2. Award under consideration	an Inlanca	tiols	MAKWAL	
BDS / MDS	Other	(UCK)		
3. Subject. ANA To	and the second		E FIED SWEETENSKY MARKETSKY	
	,	111-204	4.Date of Examination	28/
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external examiner again at some			
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enable the institution to enhance the	examin	ation pr	ocess)
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## SURENDERA DENTAL COLLEGE & RESEARCH INSTITUTE

EXTERNAL EXAMINER FEED BACK FORM = MDS EXAM JULY 2021

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Date	Name of External Examiner	Phone	Email 1d	Awards under consideration	Subject	Date of	Were the thesis and instructions for the examinations provided to you in a timely manner?	Were you e happy with the presental a presental a function of the function of	Were the instruction yes for the examination on the force of the force	Was the venue was the environment firming of environment the sanitable for such and environment enviro	Was the Were timing of refres the the the the seaming is just a sporopri a sale?	Did the Chair make an explicit statement as to the a to the se examination and the processes the three that would be followed during the examination examination examination that would be followed during the examination examination are an examination that would be followed during the examination examination examination examination that would be followed during the examination examination examination and examination are all the followed during the examination examination examination examination are all the examination	Was the chair objective?	Did the chair manage the examination in accordance with university procedure?	Was the examination Did conducted in examination a manner progress that did not satisfactorily disadvantage?	Did examination progress satisfactorily ?	Did any unusual events occur which could trave disadvantage the stuce.)?	Did you enjoy the examination experience?	Would be willing to be an external examiner again at sometime in the future?
21/07/19 Shweta Verma	Verma	9418476681	9418476681 drshwetaverraa053@gmail.com	NDS	Conservative Dentistry and Endodontics	19-07-2021	Yes	Yes	Yes	Yes	> >	_			;				
21/07/20 Dr Deep	Dr Deepti Jindal	9872605676	9872605676 drdeeptigarg08@gmail.com	SOW	Oral Pathology	10.07.2001	,		+	+	+	1	32	ß	x es	Yes	No No	Yes	Yes
21/07/20 TRamand	Ramandeep Singh Punia	8146669514	8   46669514 Famondament of Section		FB crosses and	1202-10-61	Yes	Yes	Yes	Yes Yes	% Yes	Yes	yes	Yes	Yes	Yes	No	Yes	Yes
			and the second s	MDS	Oral Medicine and Radiology	20-07-2021	Yes	Yes	Yes	Yes Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes	Yes
21/U//20 dr vmay	dr vinay mohan	7351129259	7351129259 drvinaymohau@rediffmail.com	MDS	oral medicine and radiology	20-07-2021	Yes	Yes	Yes	Yes Yes	s Yes	Yes	Ves	Vee	Vac	25	100	,	
21/07/20 IDr Munish Singla	ish Singla	9824145816	9824145816 munishsinglaendo@yahoo.com	MDS	Endodontics	18-07-2021	Yes	Yes	Yes	Yes Yes	, Kes	$\perp$	3074	200		3 ;	8	I GS	Yes
21/07/23 Dr viniti goel	igoel	9501200919	9501200919 vinitigoel@gmail.com	MDS	Periodontology	23-07-2021	Yes	× es	+	+	+	1	3.03	6 ;	res	X SX	oN	Yes	Yes
21/07/23 Dr Anm Garg	Garg	8814909301	8814909301 doc7602@gmail.com	MDS	Periodontology & oral implantology	23-07-2021	× ×	X ac	+	+	+		yes	Yes	Yes	Yes	No	Yes	Yes
1/07/23 PRITESI	PRITESH SINGLA	9988233386	9988233386 drpriteshsingla98@gmail.com	MDS	Dotherdonics				+	+	I GS	Yes	yes	Yes	Yes	Yes	No	Yes	Yes
I/07/23 Dr parul jain	jain	9815399811	9815399811 Instruitdr@mmoil		SAUHODONIO	23-07-2021	Yes	Yes	Yes	Yes Yes	Yes	Yes	yes	Yes	Yes	Yes	No	Yes	Yes
1/07/72 Neeroi Mittel	fitted	200000	TION THE THE THE	MUS	Orthodontics and dentifacial orthopaedics	23-07-2021	Yes	Yes	Yes	Yes Yes	Yes	Yes	yes	Yes	Yes	Yes	No	Yes	Yes
	annar.	9671602935	У671602935 dr.neerajmittal@yahoo.com	MDS	Prosthodontics	23-07-2021	Yes	Yes	Yes	Yes Yes	Yes	Yes	ves	Ves	Voe	, A		1	
1/07/23 Pardcep 1	Pardeep kumar Bansal	9814282284	9814282284 drpardeepbausal@yahoo.com	MDS	Prosthodontics	23-07-2021	Yes	× ×	Ves	Vee	+	, , , , , , , , , , , , , , , , , , ,		3 ;	6	Sall	No	Yes	Yes
1/07/27 Ashish singla	ngla	9997438027	9997438027 drashishsingla@gmail.com	MDS	Public health dentistry	27-07-2021	Yes	Yes	+	+	+	31	S A	103	Yes	Yes	92	Yes	Yes
1/07/29 Dr Bhuva	Dr Bhuvandeep Gupta	9650757561	9650757561 Bhuvandentist@gmail.com	MDS	Public health dentistry	26-07-2021	VPec	+	+	+	+	S .	yes	Yes	Yes	Yes	No	Yes	Yes
1/07/31 Dr Ramar	Dr Ramandeep singh Brar	8146669520	8146669520 dr.ramanbrar@yahoo.com	MDS	ORAL AND MAXILLOFACIAL STIRGERY	30.07.3031	3	+	+	+	Yes	Yes	yes	Yes	Yes	Yes	No	Yes	Yes
/08/01 Dr Sumir Gandhi		9814433393 8	9814433393 sumireandhi@email	Control of	137000000000000000000000000000000000000	1707-10-00	201	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	No	Yes	Yes
May my De Destate of the Company			Santaniegginali, Com	MDS	Oral and Maxillofacial Surgery	01-08-2021	Yes	Yes	Yes Y	Yes Yes	Yes	Yes	yes	Yes	Yes	Yes	No	Yes	Vec
Z TO L LIBRIII		9928097123 F	9928097123 purshottamjsj@gmail.com	MDS	Paediatric and Preventive Dentistry	01-08-2021	Yes	Yes	Yes	Yes Yes	Yes	Yes	ves	Yes	Yes	\ \ \	-		
./08/02 Dr. Avninder kaur		9814319434 a	9814319434 avninder21@gmail.com	MDS	Pediatric and preventive dentistry	31-07-2021	Yes	Yes	Yes	Yes Yes	Yes	Yes	Ves	Yes Y	2 8	6 2	ON N	Yes	Yes
/08/02 Dr Ram Ballabh		9634366333 n	9634366333 ramballabhkd@gmail.com	MDS	Oral pathology	19-07-2021	Yes	Yes	Yes	Yes	Yes	Yes	Nes .	3 3	+	83 3	0N ;	Yes	Yes
									-	-		200.1	yes	res	Yes	Yes	oN N	Yes	Yes



Internal Quality Assurance on Conduct of	of Prac	tical	Examination
1. Details of External Examiner		al participa de l'accesso de la compansión de l'accesso de la compansión de l'accesso de la compansión de l'ac	
Name: DR. VINA	AY M	OHAn	)
2. Award under consideration (	olease tid	(k)	
BDS MDS C	)ther		19/20-07- 4.Date of Examination
3. Subject. Oval Medicin	e 2 ka	21018	4.Date of Examination
5. As part of the Institution's would be appreciated if you conthe conduct of the oral examina	tion by	vide t Inswe	of continuous improvement, it eedback on your experience of ering the questions below
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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 pre enable the institution to enhance to	ovide any oth he examinatio	er comments you consider would in process)
External Examiner's signature:	D. Y	
Date:		



	uct of Pra		ernal Examiner's Feedback Examination
Name: Or RA	MANA	EEF	SINGH PUNIA
2. Award under considerati	trapersonate management of the property of the state of the section of the sectio	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, OF THE OWNER, OF THE OWNER, O	9/10/99 (1/10/7)
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5. As part of the Instituti would be appreciated if yo the conduct of the oral example.	on's progr u could pro nination by	amme ovide i answe	of continuous improvement, it
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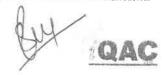
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examination in accordance wi	ith	
university procedures?		
Was the examination conducte	ed	
in a manner that did not		
disadvantage the student?		
Did examination progress		
satisfactorily?		
Did any unusual events occur		
which could have disadvantage	ed	
the student?		
Did you enjoy the examination		
experience?		
Would be willing to be an	10 to	
external examiner again at som	ne	
time in the future?		
6. Further comments (Please	provide any other comments you consider would	1
enable the institution to enhance	e the examination process)	
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External Examiner's signature:	26. 1	
Date:	19/7/2021	
	14/7/2021	1





1. Details of External Examiner  Name: Dr. Symir Gorrolli  2. Award under consideration (please tick)  BDS MDS Other	21
2. Award under consideration (please tick)	21
	21
BDS MDS Other	21
A (117)	21
3. Subject. 4.Date of Examinat	21
Osal + Maxill ofacial Surgery 31-7-21 to 1-8.	t it
5. As part of the institution's programme of continuous improvement would be appreciated if you could provide feedback on your experience the conduct of the oral examination by answering the questions below	
Question (please tick)  Yes No Comments/details	
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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?	
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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?		The second secon			W arap	
Was the Chair objective?			F# III-wanditi 417 o'un			
Did the Chair manage the						
examination in accordance with	7					
university procedures?			13			
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in a manner that did not						
disadvantage the student?						
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which could have disadvantaged		/	-			
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6. Further comments (Please pri	ovide any	other/	comment	s you co	nsider wo	uld
enable the institution to enhance the	he examil	nation	process)			
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		2	*			
External Examiner's signature:	C	H				
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2. Award under consideration (please tick)  BDS   MDS   Other    3. Subject.			A	j.
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Were the refreshments adequate?	examination appropriate?			
adequate?	Were refreshments available?			
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Did the Chair make an explicit	adequate?			
	Did the Chair make an explicit			
statement as to the purpose of	statement as to the purpose of	/		
the examination and the	the examination and the			
processes and procedures that	processes and procedures that			
would be followed during the	would be followed during the			- 4

Internal Quality Assurance Cell – External Examiner's Feedback



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examination?	1					
Was the Chair objective?						
Did the Chair manage the	President of Services					
examination in accordance with						
university procedures?						
Was the examination conducted					National State of the State of	
in a manner that did not						
disadvantage the student?						
Did examination progress						
satisfactorily?						]
Did any unusual events occur				ang kantar ngaga man tiligi agai da nga nga nga nga nga nga nga nga nga ng		
which could have disadvantaged						
the student?						
Did you enjoy the examination						
experience?						
Would be willing to be an		2				
external examiner again at some						
time in the future?						
6. Further comments (Please pl	rovide an	y other o	commen	ts you co	nsider wo	ould
enable the institution to enhance	the exam	ination p	rocess)			
Management and an incident of the second sec						
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		A	/		102	Jal 1
External Examiner's signature:		Jan J		Bon	nandar	
Date:		7				



1. Details of External Examine	er	complete a design deposition region	
Name: Da Pu			?
2. Award under consideration	(please	tick)	
BDS MDS	Other		
3. Subject.			4.Date of Examination
- El tho doutes			22/7/21 - 23/7/21
5. As part of the Institution would be appreciated if you of the conduct of the oral examination.	ation by	OVIDA	of continuous improvement, it
Question	Yes	No	Comments/details
Were the thesis and instructions for the examination provided to you in a timely manner?	<u></u>		
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?	١		
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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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Was the Chair objective?	1	o contact	And proof.		
Did the Chair manage the examination in accordance with university procedures?				Activities	
Was the examination conducted in a manner that did not disadvantage the student?	1				
Did examination progress satisfactorily?					
Did any unusual events occur which could have disadvantaged the student?					
Did you enjoy the examination experience?	أسسسا				
Would be willing to be an external examiner again at some time in the future?					
6. Further comments (Please pre enable the institution to enhance to		ta. year		you consi	der would
Exercication was Pictocal of university		netie d	accor	duj te	tuc
External Examiner's signature:	14-	nyl.			
Date:	23/				





1. Details of External Examine	er		
Name: PR F	ARUL	JAI	
2. Award under consideration	(please	tick)	
BDS MDS	Other		
3. Subject.			4.Date of Examination
ORTHODONTICS AND	TENTO	OFACI.	AL ORTHOPAETICS
5. As part of the Institution	's progr could pr ation by	amme	of continuous improvement, it
Question	Yes	No No	Comments/details
Were the thesis and instructions			
for the examination provided to you in a timely manner?	~		
Were you happy with the presentation of the thesis?	1		
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Was the venue and environment suitable for such an examination?	V		
Was the timing of the examination appropriate?	1		
Were refreshments available?			
Were the refreshments adequate?			
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examination?	1		
Was the Chair objective?	V	AMP CATA	VALV
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?	Mark .	V.	
Did you enjoy the examination experience?			
Would be willing to be an external examiner again at some time in the future?	v		
6. Further comments (Please pr	ovide an	y other	comments you consider would
enable the institution to enhance t			
External Examiner's signature:	1	1/2	
Date:		411	





Internal Quality Assuran	ce Cell t of Pra	– Exte	ernal Examiner's Feedback Examination
1. Details of External Examine		Collocat	
Name: Dr. Au	in Gi	<u>.</u>	an makada dada da na makan nguya na baraka ni maka ni maka pengapan na makada da makada na makada ni makada da
2. Award under consideration			
BDS MDS	Other		
3. Subject.			4.Date of Examination
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5. As part of the Institution'	ould pro ation by	ovide f answe	of continuous improvement, it reedback on your experience of ering the questions below
Question	Yes	e tick)	Comments/details
			Sommerns/details
Were the thesis and instructions for the examination provided to you in a timely manner?	_		
Were you happy with the presentation of the thesis?	V		
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?	V		
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? – אפיני לי נישלי			
Did any unusual events occur which could have disadvantaged the student?		~	
Did you enjoy the examination experience? 44	~		
Would be willing to be an external examiner again at some time in the future?			
6. Further comments (Please pre enable the institution to enhance to		1.1	
The proched examined: Shap nember of long sho Dearthe B	of new		1644 enference , Below
External Examiner's signature:			( a out
Date:		Zznd	\$ 23d July 2021



on Conduc	t of Pra	– Exte actical	ernal Examiner's Feedback Examination
1. Details of External Examine	er	the production of the second o	
Name: BR VI	NITI	GOEL	The state of the s
2. Award under consideration	(please	tick)	
BDS MDS	Other		
3. Subject.			4.Date of Examination
PERIODONIOLO	CAY b	OR	AL IMPLANTOLOGY.
the conduct of the oral examin	could pration by	ovide f	of continuous improvement, it eedback on your experience of ring the questions below
Question	Yes	No	Comments/details
Were the thesis and instructions for the examination provided to you in a timely manner?	/		
Were you happy with the presentation of the thesis?	~		
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?	~		
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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?			-		1000 M
Was the Chair objective?		1			11. HT 92
Did the Chair manage the examination in accordance with university procedures?					◆ Nethance In processor
Was the examination conducted in a manner that did not disadvantage the student?	V				
Did examination progress satisfactorily?	V				
Did any unusual events occur which could have disadvantaged the student?		V			,
Did you enjoy the examination experience?	V				
Would be willing to be an external examiner again at some time in the future?	~				
6. Further comments (Please pro		2 44		s you cons	ider would
The Examination ha It went Saltsfactory			S - 1   Shift - 85   11	of con	iduct.
External Examiner's signature:	V	while	P		
Date: 9	જેવ્ર	62	of 3 rd Ju	ly 208	21.



			ernal Examiner's Feedback Examination
1. Details of External Examine			
Name: Dr. Shw	VETA	VERI	иA'
2. Award under consideration			
BDS MDS	Other		
3. Subject. CONSERVATIVE DE	NTISTRY	14 81	NDDDONT(C4.Date of Examination
and the second s			
	ould pro ation by	ovide answe	of continuous improvement, it feedback on your experience of ering the questions below
Question	(please	No No	Comments/details
Question	162	140	Comments/details
Were the thesis and instructions			All thesis and
for the examination provided to	1		instructions for
you in a timely manner?			All thesis and instructions for examination were provided well in time
Were you happy with the			All the Chesis topics
presentation of the thesis?			were latest well present and fresh All the instruction
Were the instructions for the			All the instruction
examination appropriate for you	/		were given well
to fulfil your role as an external			were given well in advance.
examiner?			
Was the venue and environment			Surely it was
suitable for such an			/ /
examination?			very near and chean environment with great hospitality
Was the timing of the			1 450 110
examination appropriate?			Comfortable
Were refreshments available?			Available adeque
Were the refreshments		-	atelia
adequate?	2		J
Did the Chair make an explicit			All the procedure
statement as to the purpose of	. /		All the procedure to be performed. during examination
the examination and the			during examination
processes and procedures that		19	were explained
would be followed during the			mell and in delail



examination?		
Was the Chair objective?		
Did the Chair manage the examination in accordance with university procedures?	V	All the forecadines were sequenced in accordance with university procedures
Was the examination conducted in a manner that did not disadvantage the student?		All the Slindents were fairly evaluated and grien agual
Did examination progress satisfactorily?	~	Examination went on smoothly in a
Did any unusual events occur which could have disadvantaged the student?		No unusual event occured.
Did you enjoy the examination experience?		Enperience wers enjoyable as will
Would be willing to be an external examiner again at some time in the future?	~	Surely would love to vilit the
6. Further comments (Please page enable the institution to enhance to		y other comments you consider would ination process)
External Examiner's signature:	Shret	avers
Date:	19/0	7/2021





			ernal Examiner's Feedback Examination
1. Details of External Examine	er		
Name: DR MUN	VISH	SIN	GLA
2. Award under consideration	(please	tick)	
BDS MDS V	Other		The second control of
3. Subject. ENDODONTIO	cs		4.Date of Examination
*			197/21 +20/7/21
5. As part of the Institution would be appreciated if you of the conduct of the oral examin	ould pration by	ovide t	of continuous improvement, it feedback on your experience of ering the questions below
Question	Yes	No	Comments/details
Were the thesis and instructions for the examination provided to you in a timely manner?	/		Provided at the Start of examination
Were you happy with the presentation of the thesis?	V		Well presented
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?	V		Detail instructions Were provided
Was the venue and environment suitable for such an examination?	V		Contortabel For box Pahans Students & Examus
Was the timing of the examination appropriate?	V		Yes according to the presuped noom
Were refreshments available?	/		
Were the refreshments adequate?			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	<u> </u>		Well experind



examination?			7 7 7 7 80
Was the Chair objective?	V		Yes
Did the Chair manage the examination in accordance with university procedures?			res according to
Was the examination conducted in a manner that did not disadvantage the student?	V		& Student Francey
Did examination progress satisfactorily?	V		VERY SATI SPACTORY
Did any unusual events occur which could have disadvantaged the student?		V	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 presented the institution to enhance to	1915 (HETHER)   TO S	.2	
External Examiner's signature:	M	un	áb_
Date:			2017/21





DESTRUCTION OF THE PROPERTY OF			ernal Examiner's Feedback Examination
1. Details of External Examine	r		
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BDS MDS	Other		
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Were refreshments available?	V		
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enable the institution to enhance to	he exam	ination	process)"
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External Examiner's signature:		Awi	vel .
Date:		01StAL	7,2021





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1. Details of External Examine		Text bed day the stell	
Name: Dr Pwich	stlam	Jaser	sa
2. Award under consideration	(please t	ick)	
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3. Subject. Rediatrie & Pren	entire	Sent	istey 4. Date of Examination  31 July & 1 Ang,
			31 Tuly & 2 Aug.
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External Examiner's signature:	P.10	1'
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1. Details of External Examin	ner .		I Examination
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2. Award under consideratio	n (please	tick)	
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External Examiner's signature:	V.	essi	mild
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External Examiner's signature:	000	illebr	~ .				
Date:	100	0/7/2	1				





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1. Details of External Examine			
Name: DR. De	ephi	Jinda	af
2. Award under consideration			
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External Examiner's signature:	5	ulti				
Date:	1	20/1/21				





1. Details of External Examin	ner		
Name: DR. A	SHISH	SING	LA
2. Award under consideratio	n (please	tick)	
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3. Subject.			4.Date of Examination
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### श्रीगंगानगर (राजस्थान)

	दात निकलवान क लिए सहमार	7 47	1
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2. मुझ दात निकलवान का	विधि व जिल्लताओं के बारे में समझा दि टीके (लोकन एनसथिजिया) की विधि व	या गया है।	
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1. मैं अपना दांत निकलवाने के लिए अपनी सहमति वेला देती हूं।
2. मुझे दांत निकलवाने की विधि व जटिलताओं के बारे में समझा विया गया है।
3. मुझे सुन्न करने के लिए टीके (लोकल एनसियोजियां) की विधि व जटिलताओं के बारे में समझा दिया गया

ह। 4. जपरोक्त तथ्यं को जानते हुए में .....वितं निकलवाने के लिए अपनी सहमति देता/देती हूं।

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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?	<b>✓</b>			-	
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 pro				ou consid	der would
External Examiner's signature:		16	23/02/2	40	
Date:		Xsw	22/02/2	021	





# श्रीगंगानगर (राजस्थान) दांत निकलवाने के लिए सहमति पत्र

ओ.पी.डी. संख्या		दिनांक	
रोगी का नाम पिता/पति का नाम			*************
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् 4. <b>उपरोक्त तथ्य</b> को जानते हुए	मैं दांत निकलवा	ने के लिए अपनी प	महमति हेता हेती ह
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pInternal Quality Assurar on Conduc	nce Cell t of Pra	– Ext ctical	ernal Examiner's Feedback Examination	
1. Details of External Examine	er			Į
Name: DR. BH	UVAO	751	EEP GUPTA	
2. Award under consideration	(please t	tick)		
BDS MDS	Other			
3. Subject.			4.Date of Examination	
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5. As part of the Institution's product of the oral examination.	ould prov	ide fee answe	continuous improvement, it	
Question	Yes	No	Comments/details	
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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				





## श्रीगंगालगर (राजस्थान) दांत निकलवाने के लिए सहमति पत्र

ओ.पी.डी. संख्या			दिनांक	
रोगी का नाम		सम	लिंग	
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### श्रीगंगानगर (राजस्थान) दांत निकलवाने के लिए सहमति पत्र

ओ.पी.डी. संख्या		दिनांक	
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अंगूठे का निशान

(Franke butch) BDS Exam Feb 2021

	Would be willing to be an be an external examiner again at again at again at in the future?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes.	Yes	1 de la
2	Old you anjoy the examination experience?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Did any unusual events occur which could have diadfentage the student?	No	No	8	Yes	S	o N	No	0	S S	N <sub>O</sub>	- N	Š	No	No.	99	No	N O	NG	o No
1	Did examination progress satisfactorily?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Was the examination of conduced in a manner that did not disadvantage the student?	Yes	,ies	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Did the chair manage the chair manage the caramination in in paccodance with university procedure?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	ves.	Ves	, ves
	Was the chair objective?	yes	yes	yes	yes	yes	yes	yes	N <sub>S</sub>	yes	yes.	yes	yes	yes	yes	yes	yes	S di	yes	yes
	Did the Chair make an explicit statement as to the purpose of the purposedure processes and procedure that would processe followed during the examination?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Ves	Yes	Yes
	Were refreshments available?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Ves	sa <sub>v</sub>	ves.	Yes
	Was the trining of the examination appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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	Were the instructions for the country of the countr	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Were you happy with the presentation of the thesis?	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Yes	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Yes	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Were the their and instructions for the examinations provided to you in a timely manner?	28-02-2021 Not Applicable	Not Applicable	Not Applicable	Not Applicable	Yes	Yes	Yes	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Yes	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
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	Subject	General Medicine	Gen.surgery	Periodontics&Oral implantology	Prosthodonties ,	oral and maxillofacial surgery	Orthodontics and dentofacial orthopaedics	Pre Clinical Conservative Dentistry	Physiology	Pharmacology	Pre Prosthadontics	Anatomy	Pediatric and preventive dentistry	public health dentistry	oral medicine and Radiology	Dental materials	Oral pathology	Dental Anatomy and Pistology	Conservative dentistry and endodontics	Pathology and Microbiology
	Awards under consideration	BDS	BDS	808	SOS	MDS	BDS	808	BDS	BDS	BDS	BDS	BDS	BDS	BDS	SDS	BDS	BDS	905	BDS
	Email id	9812082928 dr.shailesh_tomar@reciffmail.com	9417615093 drghazlujair@gmail.com	9501200919 vinitigael@gmail.com	9463455518 drkapilsingla82@gmail.com	9872540977 drriteshgupta888@gmail.com	7009933744 docs284@gmall.com	8059540396 litikmittal@yahoo.com	9983173034 arora. k. rajni@gmail.com	9888083526 mandeeparzoi@gmail.com	946193328 sunitachoudhary.sgnr@gmail.com	9855424777 navita22a@gmail.com	9501006779 aroradrbhawna@gmail.com	90234 44553 rajnish11185@gmail.com	9878294400 drsudhir09@gmail.com	9461933228 sunitachoudhary.sgnr@gmail.com	9.19E+11 basv0072k@gmail.com	9.19E+11 dr.piyushganahi86@yahoc.in	9501116000 drna leenka ir111@gmail.com	978 <u>15</u> 66786 draeepakarora78@gmail.com
	Phone Number	9812082	9417615	9501200	9463455	9872540	70099337	80595403	99831730	98880835	9461933	98554247	95010067	90234 4455	98782944	94619332.	9.196+;	9.13E+:	950111600	578156678
	Name of External Examiner	28-02-2021 Dr. Shailesh Tornar	01-03-2021 Or Ghazi Uzairl	02-03-2021 Dr viniti goel	04-03-2021 Dr Kapil Single	04-03-2021 ritesh gupta	06-03-2021 Dr. Sukhpal kaur	16-03-2021 Dr Litik Mittal	17-03-2021 Dr Rajni Arora	17-03-2021 Dr. MANDEEP KAUR	18-03-2021 Dr Sunita Choudhury	21-03-2021 Dr. Navíta Aggarval	23-03-2021 Dr. Bhavna Arora	23-03-2021 Dr.Rajnish Jindal	23-03-2021 Dr. Sudhir Rishi	24-03-2021 Dr. Sunita Choudhary	Dr.S.K.Basu	24-03-2021 Dr.Piyush Gandhi	24-03-2021 Or Harleen Kaur	01-64-2021 Dr Deepak Arora
	Tine	28-02-2021	01-03-2021	02-03-2021	04-03-2021	04-03-2021	06-03-2021	16-03-2021	17-03-2021	17-03-2021	18-09-2021	21-03-2021	23-03-2021	23-03-2021	23-03-2021	24-03-2021	24-03-2021 Dr.S.K.Basu	24-03-2021	24-03-2021	01-04-2021



Internal Quality Assura	nce Cell ct of Pra	– Ext	ernal Examiner's Feedback Examination	
t. Details of External Examin	ier			
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Question	Yes	No	Comments/details	
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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?	V			
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External Examiner's signature.		(	Names					
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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?	725
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 pro enable the institution to enhance th	vide any other comments you consider would e examination process)
Satisfact	ory, no further comments
External Examiner's signature.	Rajne le Avore
Date:	17/03/2021





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Name: PIYUSH	GAND	HT		
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External Examiner's signature:	A.	jush	
Date:	17/02/	21	istoelana





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Internal Quality Assuran	ce Cell	– Ext	ernal Examiner's Feedback Examination	
1. Details of External Examina	arius il sess			2
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5. As part of the Institution's pound be appreciated if you continue the conduct of the oral examination.	ovogeami uild prov ation by	ne of c ide fee answe	continuous improvement, it	
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Date:		-	20.3.21	





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Question	Yes	No	Comments/de	tails
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External Examiner's signature:	MO	an	
Date	17	-3/2	4

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



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



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Date:	16	-03-	2021				

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1. Detail	s of Externa	Examin	or			
Name.		DR.	SHALL	LEJH	TOMAR	0.0000000000000000000000000000000000000
2. Award	under cons	ideration	(please	tiak)		
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Did any unusual events occur which dould 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 ex	amination process)
External Examiner's signature	Shuseld
Date	1-7-2021





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1. Details of External Examin	er		
Name: Dr. Rogu	SK		THE PARTY OF THE P
2. Award under consideration			
BDS / MDS	Other		
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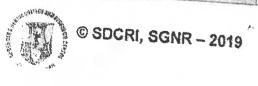
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Internal Quality Assurar	ice Cell	– Ext	ernal Examiner's Feedback I Examination
1. Details of External Examin	er	Circa	
Name: Do V.A	HP12 S	21.41.6	1
2. Award under consideration	r (please	tick)	
BDS MDS	Other		
3. Subject.		100	4.Date of Examination
5. As part of the Institution's pound be appreciated if you continue the conduct of the oral examination.	orogrami ould prov ation by	ne of c	continuous improvement, it
Question	Yes Yes	No	Comments/details
Were the thesis and instructions for the examination provided to you in a timely manner?	_		NA -
Were you happy with the presentation of the thesis?			NA-
Were the instructions for the examination appropriate for you to fulfil your role as an external examiner?			
Was the venue and environment suitable for such an examination?			.ti
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?		7		-			
Was the Chair objective?		-					
Did the Chair manage the		ļ					
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		1	-				
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 prov	vide anv	other c	omme	nts vo	Ucono	Indian	
enable the institution to enhance the	examin	ation n	OCESS	nie yo	u cons	ider we	эша .
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xternal Examiner's signature	W						
Date:	1	_					
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Please return to the Internal Quality Assurance cell, Surendera Dental College & Research Institute, Sri Ganganagar, Rajasthan



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Name: Dr.	Bullin	, D	21.1
2. Award under consideration	n (please	official .	sn,
BDS MDS	Other		
3. Subject.			
cral Medicine 2	Radi	6/094	4. Date of Examination 5-6th More
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Would be willing to be an	
external examiner again at some	
time in the future?	
	rovide any other comments you consider would
enable th <b>e i</b> nstitution to enhance	the examination process)
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External Examiner's signature:	Ville
Date:	6 3 2021

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





Internal Quality Assura on Condu	nce Ce	II – Ex	ternal	Examiner's Feedback
1. Details of External Examin	ner		ii Exan	nination
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2. Award under consideration	n (nleas	Ka e tiote	ur.	STORY OF WARRENING TO STORY
BDS / MDS	Other	CONTRACTOR BY		
3. Subject.			SFERN TUNOSES	THE CONTRACTOR OF THE PARTY OF
Orthodontics Evento Jacid	n.# 1			4.Date of Examination
5. As part of the Institution's would be appreciated if you continue the conduct of the oral examination.	progran	nme of		ous improvement it
Question	(plea	se tick) No		nents/details
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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?		1	
Did you enjoy the examination experience?			
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6. Further comments (Please enable the institution to enhance	provide a the exai	ny othe ninatio	er comments you consider would . n process)
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External Examiner's signature.	. 8	1	
Date: 15 State of the state of		1/103	1221

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1. Details of External Exa	duct of	Praction	xternal Examiner's Feedback
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2. Award under considera	Raynish	Ji.	-dal
DDS MDS			
3. Subject.	Othe		
Public Health Do lit			4.Date of Examination
5. As part of the Institution would be appreciated if you the conduct of the oral example.	's progra could pr nination	mme of ovide for	TEMM(12) continuous improvement, it seedback on your experience of vering the questions.
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External Examiner's signature:	vel.	71.5h	7
Date:	8/3	2.1	

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2. Award under consideration	n (planca	tiole	
BDS MDS ./	Other	aun)	
3. Subject. Pediatri	A		AND THE PARTY OF THE CASE OF THE PARTY OF TH
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5. As part of the Institution's would be appreciated if you continue conduct of the oral examination.	programm	ne of	continuous improvement it
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Did you enjoy the examination experience?		Y	
Would be willing to be an external examiner again at some time in the future?	y	V	
6. Further comments (Please pre-		- 11 - 20 11 - 11 11	comments you consider would a process)
External Examiner's signature:		P	~l
Date:		O TA	March 2021

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





Name: DR. R	AVUDA	Singi	1 JASSAL	
2. Award under consideration	on (plea	se tick)		115427146
BDS MDS	Other			Mary P
3. Subject.			A PARTY AND A PART	Sytatos
PROSTHODONTICS & C	PUMP	Asia Po	4.Date of Exar	
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examination?		X	
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Was the examination conducted in a manner that did not disadvantage the student?		х	
Did examination progress satisfactorily?		×	
Did any unusual events occur which could have disadvantaged the student?	×		
Did you enjoy the examination experience?	/.	×	
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6. Further comments (Please pro-			
Examination was conduct manner as per presentar	fol i	a ocls	the bord & orderly
External Examiner's signature:	- /×	anda	90.
Date:	10	17/2	0

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1. Details of External Exam	iner		al Examination	
Name:	Short	_		
2. Award under consideration	on (please	e tick)		
BDS MDS	Other			
3. Subject.	PERMISAL PROPERTY.		4 Date of E	
Prosthodontics	3 100 9 4 6		4.Date of Examination	
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