

**K.E.S. LOKNETE ADV. DATTA PATIL HOMOEOPATHIC MEDICAL
COLLEGE AND HOSPITAL, VENGURLA.**

Teachers Evaluation Feedback Form

Name of the Department :- _____

Class :- _____

Name of Teacher :- _____

Subject :- _____

Total No. of Lecture delivered by Teachers :- _____

No. of classes attended by student :- _____ %

| Sr. No. | Rating | Below (Average) 01 | Average 02 | Good 03 | Very Good 04 | Excellent 05 |
|----------------|--|-----------------------------------|-----------------------|--------------------|-----------------------------|-------------------------|
| 01 | Punctuality in class | | | | | |
| 02 | Regularity in taking | | | | | |
| 03 | Students attendance | | | | | |
| 04 | Completion of syllabus | | | | | |
| 05 | Making alternate Arrangement of his class in absence | | | | | |
| 06 | Class test, Seminar | | | | | |
| 07 | Self Confidence | | | | | |
| 08 | Communication Skill | | | | | |
| 09 | Focus on syllabus | | | | | |
| 10 | Teaching & Delivery of structural Matter | | | | | |

(Fill by students whose attendance is more than 75%

Name of the Student

Signature