


CHETTINAD DENTAL COLLEGE AND RESEARCH INSTITUTE
FACULTY FEEDBACK FORM ON CURRICULUM

FACULTY NAME: *Dr. S. Agila*

Select your rating on the scale 1 to 4 on the basis of following aspects

[Excellent : 4 Good : 3 Satisfactory : 2 Poor: 1]

S NO	QUESTIONS	RATING
1.	Syllabus is need based	4
2.	Aims and objectives of the syllabus are well defined and clear	4
3.	Course has a good balance between theory and practical application	4
4.	Timely coverage of the syllabus is possible in mentioned number of hours	3
5.	Curriculum ensure student participation in learning process	3
6.	Course content is followed by corresponding reference materials	4
7.	Curriculum gives scope for research	3
8.	Curriculum updated enough and fulfils your expectations	4
9.	Curriculum is sufficient to cover the course outcomes	3
10.	Rate the evaluation scheme designed for the course	4


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KELAMBAKKAM - 603 103.

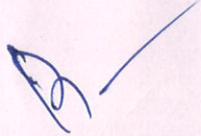
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FACULTY NAME: *Dr. D. Aishwarya*

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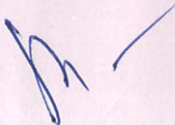
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FACULTY NAME: *Dr. N. Nachiananni*

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