STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

This questionnaire is intended to collect information relating to your satisfaction towards facilities and services provided for creating conducive atmosphere for teaching and learning. The information provided by you will be kept confidential and will be used as important feedback for quality improvement of the programme of studies/institution.

1. Course Code: NBM 755
2. Class:
3. Semester/Year/Professional:

Course Title: M. FIN.
Department: JNM CH.

Directions:
For each item please indicate your level of satisfaction with the following statement by choosing ☑ a score between 1 and 5.

(1 — strongly disagree, 2 — disagree, 3 — not sure, 4 — agree, 5 — strongly agree)

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Any other comment(s):
Hostel soon get renovated.

Chairperson
D/o Orth. Surgery
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

FORM - II(B)

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1. Course Code : PH
2. Class : 4th Year
3. Semester/Year/Professional : 2nd Year
4. Course Title : B.O.M.S.
5. Department : Orthopedics

Directions:

For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

(1 – strongly disagree, 2 - disagree, 3 – not sure, 4 – agree, 5 – strongly agree)

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Any other comment(s):
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

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1. Course Code:  
2. Class: MS ORTHO  
3. Semester/Year/Professional: 3rd Year

Directions:
For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

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Any other comment(s):

Chairperson
D/o Orth. Surgery
STUDENTS’ FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

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1. Course Code: 
2. Class: 
3. Semester/Year/Professional: 

Course Title: Orthopaedics
Department: Orthopaedics

Directions:

For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

(1 – strongly disagree, 2 - disagree, 3 – not sure, 4 – agree, 5 – strongly agree)

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Any other comment(s):

[Signature]

Chiefperson
D/o Orth. Surgery
STUDENTS’ FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

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1. Course Code :  
2. Class :  MBAS  
3. Semester/Year/Professional :  INTERNSHIP  

Course Title :  
Department :  ORTHOPEDICS

Directions:

For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

(1 – strongly disagree, 2 - disagree, 3 – not sure, 4 – agree, 5 – strongly agree)

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Any other comment(s):

[Signature]
Chairperson
Dpt Ortho Surgery
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

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1. Course Code / : MBBS
2. Class : INTERNSHIP
3. Semester/Year/Professional : INTERNSHIP

Course Title : MBBS
Department : FACULTY OF MEDICINE

Directions:

For each item please indicate your level of satisfaction with the following statement by choosing ☑ a score between 1 and 5.

(1 – strongly disagree, 2 – disagree, 3 – not sure, 4 – agree, 5 – strongly agree)

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Any other comment(s):

Chairperson
D/o Orth Surgery
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

This questionnaire is intended to collect information relating to your satisfaction towards facilities and services provided for creating conducive atmosphere for teaching and learning. The information provided by you will be kept confidential and will be used as important feedback for quality improvement of the programme of studies/institution.

1. Course Code : PG 2019
2. Class : 2019-2020
3. Semester/Year/Professional : 4th Yr. MS

Course Title : MS Orthopedics
Department : Dept. of Orthopedics

Directions:
For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

(1 – strongly disagree, 2 - disagree, 3 - not sure, 4 – agree, 5 – strongly agree)

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Any other comment(s):

Chairperson
D/o Orth. Surgery
1. Course Code: M.S. Students
2. Class: 2019
3. Semester/Year/Professional: I

**Directions:**

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Any other comment(s):

[Signature]
Chapperson
D/o Orth Surgery
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

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1. Course Code: MABS  
   Course Title: MABS
2. Class: INTERN  
   Department: ORTHOPAEDICS
3. Semester/Year/Professional:

Directions:

For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

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Any other comment(s):

Chairperson
Dio Orth Surgery
**STUDENTS' FEEDBACK**

Aligarh Muslim University, Aligarh

**FORM – II(B)**

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1. Course Code: MS ORTHO  
   Course Title:  
2. Class:  
3. Semester/Year/Professional: 2017 3R3  
   Department: ORTHOPAEDICS

**Directions:**

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Any other comment(s):

[Signature]

Chairperson  
D/o Orth. Surgery
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

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1. Course Code
2. Class
3. Semester/Year/Professional

Directions:

For each item please indicate your level of satisfaction with the following statement by choosing ☒
a score between 1 and 5.

(1 – strongly disagree, 2 – disagree, 3 – not sure, 4 – agree, 5 – strongly agree)

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Any other comment(s):

Chairperson
Dlo Orth/ Surgery
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

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1. Course Code: MBBS  
2. Class: INT-01  
3. Semester/Year/Professional: INT-01

Course Title: MBBS  
Department: FAculty of PMB

Directions:

For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

(1 – strongly disagree, 2 - disagree, 3 – not sure, 4 – agree, 5 – strongly agree)

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Any other comment(s):

Chairperson
D/o Orth Surgery
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

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1. Course Code: M.S. (A.G.)
2. Class:  
3. Semester/Year/Professional: III

Course Title: M.S.
Department: ORTHOPAEDIC SURGERY

Directions:

For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

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Any other comment(s):

[Signature]
Championson
D/o Oth. Surgery
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

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1. Course Code : ___
2. Class : ___
3. Semester/Year/Professional : ___

Course Title : ___
Department : ___

Directions:

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[Signature]
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2. Class: I 2019
3. Semester/Year/Professional: 

### Directions:
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Any other comment(s):
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

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1. Course Code
2. Class
3. Semester/Year/Professional

Course Title: Orth. Surgery
Department: Orth. Surgery

Directions:

For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

(1 – strongly disagree, 2 – disagree, 3 – not sure, 4 – agree, 5 – strongly agree)

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Any other comment(s):

[Signature]
Chairperson
D/o Orth. Surgery
STUDENTS’ FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

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1. Course Code : PH(MC ORTHO)  
2. Class :  
3. Semester/Year/Professional : III  

Course Title :  
Department : ORTHOPAEDICS

Directions:

For each item please indicate your level of satisfaction with the following statement by choosing ☒ a score between 1 and 5.

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Any other comment(s):

Chairperson
D/o Orth Surgery
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

FORM – II(B)

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1. Course Code :  
2. Class : D.O.R.M.O.  
3. Semester/Year/Professional : II  

Course Title : D. O R M O  
Department : Orthopaedic Surgery

Directions:

For each item please indicate your level of satisfaction with the following statement by choosing ☑ a score between 1 and 5.

(1 – strongly disagree, 2 – disagree, 3 – not sure, 4 – agree, 5 – strongly agree)

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Any other comment(s):

Chairperson
D/o Orth Surgery
STUDENTS' FEEDBACK
Aligarh Muslim University, Aligarh

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1. **Course Code**: INTEEN  
   **Course Title**:  
2. **Class**: INTEEN  
   **Department**:  
3. **Semester/Year/Professional**: INTEENSHIP  

**Directions:**

For each item please indicate your level of satisfaction with the following statement by choosing a score between 1 and 5.

(1 - strongly disagree, 2 - disagree, 3 - not sure, 4 - agree, 5 - strongly agree)

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Any other comment(s):

[Signature]

Chairperson
D/o Orth Surgery