



**DHANVANTARI HOMEOPATHIC MEDICAL
COLLEGE AND HOSPITAL & RESEARCH CENTRE , NASHIK**

5.4.1 The Alumni Association is registered and holds regular meetings to plan its involvement and developmental activities with the support of the college during the last five years.

Alumini Feedback Form



**DHANVANTARI HOMEOPATHIC MEDICAL
COLLEGE AND HOSPITAL & RESEARCH CENTRE , NASHIK**

5.4.1 The Alumni Association is registered and holds regular meetings to plan its involvement and developmental activities with the support of the college during the last five years.

Alumini Feedback Form



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Bhavana Babasaheb Shingade		
Fathers Name			
Date of Birth (DD/MM/YY)			
Permanent Address	Vishwavidyalaya, Savtri CHS, plot no A, A wing R.N. 401 sector Koparkhairane 400709		
Contact No		Mobile No.	88988 61956
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4. Rate the adequacy of following as they were during your tenure as a student at		
• Laboratories & Equipments	A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
• Library	A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
• Computer Facility	A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
• Internet & Wi-Fi	A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

• Seminars & workshop

A B C D

• Online Examination

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes , please share details

11/19 - IN Debate Competition


9. Most Memorable Moment in the college

Celebration of ganpati Festival

10. Suggestion for improvements

• Department All good NO suggestions

• College All good NO suggestions



Signature of Alumni

Date :-





PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Harshada Gorhe		
Fathers Name			
Date of Birth (DD/MM/YY)	7/7/1996		
Permanent Address	Row H No. 6, Indrayani Apt. Sambhajinagar, Ashoknagar, Satpur Nashik -12		
Contact No	Mobile No.	8407928282	
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
• Laboratories & Equipments A B C D
• Library A B C D
• Computer Facility A B C D
• Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

• Seminars & workshop

A

• Online Examination

A B

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes, please share details _____

second Rank in debate competition

9. Most Memorable Moment in the college

celebration of ganeesh festival

10. Suggestion for improvements

• Department All good

• College No suggestion

Hgoshhe

Signature of Alumni)
Date :-



Ch
PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Medha Mhatre		
Fathers Name			
Date of Birth (DD/MM/YY)	1/4/1996		
Permanent Address	Flat no. 401 A wing Tulip Tower near Joshi hospital, braminali, bhiwandi, Dist-Thane		
Contact No		Mobile No.	8484964309
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. How do you rate development activities organized by the college for your overall development	A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
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• Library	A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
• Computer Facility	A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
• Internet & Wi-Fi	A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop
- Online Examination

A B C D

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details

Yes while taking part in essay competition

9. Most Memorable Moment in the college

Sports days in college

10. Suggestion for improvements

- Department all good

- College all good

Signature of Alumni
Date :-



PRINCIPAL
Dhanvantari Homoeopathic Medical Coll
and Hospital & Research Centre, Nashi



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Suvama korde		
Fathers Name			
Date of Birth (DD/MM/YY)	25/01/1996		
Permanent Address	Vaishnav vihar c flat no 9 sansari gaon deolali camp nashik.		
Contact No		Mobile No.	9527874802
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

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FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
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 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?

Yes No

6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

• Seminars & workshop

A B C D

• Online Examination

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes, please share details

Yes while taking part in sports

9. Most Memorable Moment in the college

Ganesh festival in college

10. Suggestion for improvements

• Department all good

• College No suggestion



Signature of Alumni

Date :-




PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL & RESEARCH CENTRE NASHIK

ALUMNI FEEDBACK FORM

Essential Details	
Alumni Name	Dr. Wagh Diksha
Fathers Name	
Date of Birth (DD/MM/YY)	4/8/1994
Permanent Address	B2 Siddhi row house prashant nagar pathardi phata nashik
Contact No	
	Mobile No. 8830823197
E - Mail ID	
Designation	

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
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 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical knowledge of the students.

- Seminars & workshop A B C D
- Online Examination A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details

Yes, at the time of rangoli competition.

9. Most Memorable Moment in the college

At time of Independence Day celebration

10. Suggestion for improvements

- Department all good
- College all good

Swagth

Signature of Alumni

Date :-



Swagth
PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMEOPATHIC MEDICAL
COLLEGE AND HOSPITAL & RESEARCH CENTRE , NASHIK**

5.4.1 The Alumni Association is registered and holds regular meetings to plan its involvement and developmental activities with the support of the college during the last five years.

Alumini Feedback Form

AY-2019-20



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Bhavana Babasaheb Shingade		
Fathers Name			
Date of Birth (DD/MM/YY)			
Permanent Address	Vishwavidyalaya, Savtri CHS, plot no A, A wing R.N. 401 sector Koparkhairane 400709		
Contact No		Mobile No.	8898861956
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

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FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
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• Laboratories & Equipments	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
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• Computer Facility	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Internet & Wi-Fi	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

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• Seminars & workshop

A B C D

• Online Examination

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes , please share details

11/19 - IN Debate (competition)

9. Most Memorable Moment in the college

Celebration of ganpati Festival


10. Suggestion for improvements

• Department All good NO suggestions

• College All good NO suggestions

Signature of Alumni
Date :-




PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Harshada Gorhe		
Fathers Name			
Date of Birth (DD/MM/YY)	7/7/1996		
Permanent Address	Row H No. 6, Indrayani Apt. Sambhajinagar, Ashoknagar, Satpur Nashik -12		
Contact No	Mobile No.	8407928282	
E - Mail ID			
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• Computer Facility A B C D
• Internet & Wi-Fi A B C D

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• Seminars & workshop

A

• Online Examination

A B

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second Rank in debate competition

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celebration of ganeesh festival

10. Suggestion for improvements

• Department All good

• College No suggestion

Hgoshhe

Signature of Alumni)

Date :-




PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Medha Mhatre		
Fathers Name			
Date of Birth (DD/MM/YY)	1/4/1996		
Permanent Address	Flat no. 401 A wing Tulip Tower near Joshi hospital, braminali, bhiwandi, Dist-Thane		
Contact No	Mobile No.	8484964309	
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

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FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. How do you rate development activities organized by the college for your overall development	A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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• Library	A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
• Computer Facility	A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
• Internet & Wi-Fi	A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop
- Online Examination

A B C D

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details

Yes while taking part in essay competition

9. Most Memorable Moment in the college

Sports days in college

10. Suggestion for improvements

- Department all good

- College all good

Signature of Alumni
Date :-



PRINCIPAL
Dhanvantari Homoeopathic Medical Coll
and Hospital & Research Centre, Nashi



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Suvama korde		
Fathers Name			
Date of Birth (DD/MM/YY)	25/01/1996		
Permanent Address	Vaishnav vihar c flat no 9 sansari gaon deolali camp nashik.		
Contact No		Mobile No.	9527874802
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

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FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?

Yes No

6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

• Seminars & workshop

A B C D

• Online Examination

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes, please share details

Yes while taking part in sports

9. Most Memorable Moment in the college

Ganesh festival in college

10. Suggestion for improvements

• Department all good

• College No suggestion



Signature of Alumni

Date :-




PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL & RESEARCH CENTRE NASHIK

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Wagh Diksha		
Fathers Name			
Date of Birth (DD/MM/YY)	4/8/1994		
Permanent Address	B2 Siddhi row house prashant nagar pathardi phata nashik		
Contact No		Mobile No.	8830823197
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
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• Library	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Computer Facility	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Internet & Wi-Fi	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical knowledge of the students.

- Seminars & workshop A B C D
- Online Examination A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details

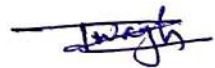
Yes, at the time of rangoli competition.

9. Most Memorable Moment in the college

At time of Independence Day celebration

10. Suggestion for improvements

- Department all good
- College all good



Signature of Alumni

Date :-




PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Diksha Madhukar Jadhav		
Fathers Name			
Date of Birth (DD/MM/YY)			
Permanent Address	Plot No 21 Pansurabe Niwas gyananagar, near shree ram nagar jain road, Nashik Road Nashik		
Contact No		Mobile No.	7448273340
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
4. Rate the adequacy of following as they were during your tenure as a student at				
• Laboratories & Equipments	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Library	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Computer Facility	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Internet & Wi-Fi	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical knowledge of the students.

- Seminars & workshop A
- Online Examination A B

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details _____

IIIrd - Dance competition.

9. Most Memorable Moment in the college

Celebration of ganesh festival

10. Suggestion for improvements

- Department All good
- College - NO Suggestion

Vadhu

Signature of Alumni)
Date :-



[Signature]
PRINCIPAL

Dhantvanti Homoeopathic Medical College and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Bhoomika Gadher		
Fathers Name			
Date of Birth (DD/MM/YY)	12/01/1995		
Permanent Address	Udhna, Surab, Gujarat		
Contact No		Mobile No.	9925154825
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

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FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

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• Library A B C D
• Computer Facility A B C D
• Internet & Wi-Fi A B C D

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- Seminars & workshop
- Online Examination

A B C D

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes , please share details

poetry competition.

9. Most Memorable Moment in the college

ganesh festival

10. Suggestion for improvements

- Department All good No suggestion

- College All good No suggestion

Signature of Alumni
Date :-



PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Prasad Nana Pawar		
Fathers Name			
Date of Birth (DD/MM/YY)			
Permanent Address	Jalgaon		
Contact No		Mobile No.	7755916188
E – Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop A B C D
- Online Examination A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes , please share details _____

Dance Competition

9. Most Memorable Moment in the college

Cultural events.

10. Suggestion for improvements

- Department All good NO suggestions.

- College All good NO suggestions.

Prunaz

Signature of Alumni

Date :-



[Signature]
PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Shreya Bhatagalikar		
Fathers Name			
Date of Birth (DD/MM/YY)			
Permanent Address	Aurangabad District Aurangabad, MH		
Contact No		Mobile No.	7498617279
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
4. Rate the adequacy of following as they were during your tenure as a student at				
• Laboratories & Equipments	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Library	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Computer Facility	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Internet & Wi-Fi	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

• Seminars & workshop

A

• Online Examination

A B

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes , please share details _____

Dance Competition

9. Most Memorable Moment in the college

Garush festival

10. Suggestion for improvements

• Department All good

• College NO suggestions.

Signature of Alumni)

Date :-



PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL & RESEARCH CENTRE NASHIK

ALUMNI FEEDBACK FORM

Essential Details	
Alumni Name	Dr. Gandhali Keni
Fathers Name	
Date of Birth (DD/MM/YY)	
Permanent Address	Dahanu, Palghor
Contact No	
E - Mail ID	
Designation	
	Mobile No. 8237694037

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop A
- Online Examination A

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes , please share details _____

Essay Competition

9. Most Memorable Moment in the college

Cultural days.

10. Suggestion for improvements

- Department All good NO suggestions.

- College All good NO suggestions.

[Handwritten Signature]

Signature of Alumni)

Date :-



[Handwritten Signature]
PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMEOPATHIC MEDICAL
COLLEGE AND HOSPITAL & RESEARCH CENTRE , NASHIK**

5.4.1 The Alumni Association is registered and holds regular meetings to plan its involvement and developmental activities with the support of the college during the last five years.

Alumini Feedback Form

AY-2020-21



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Bhavana Babasaheb Shingade		
Fathers Name			
Date of Birth (DD/MM/YY)			
Permanent Address	Vishwavidyalaya, Savtri CHS, plot no A, A wing R.N. 401 sector Koparkhairane 400709		
Contact No		Mobile No.	8898861956
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
4. Rate the adequacy of following as they were during your tenure as a student at				
• Laboratories & Equipments	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Library	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Computer Facility	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Internet & Wi-Fi	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

• Seminars & workshop

A B C D

• Online Examination

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes , please share details

11/19 - IN Debate (competition)

9. Most Memorable Moment in the college

Celebration of ganpati Festival


10. Suggestion for improvements

• Department All good NO suggestions

• College All good NO suggestions

Signature of Alumni
Date :-




PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Harshada Gorhe		
Fathers Name			
Date of Birth (DD/MM/YY)	7/7/1996		
Permanent Address	Row H No. 6, Indrayani Apt. Sambhajinagar, Ashoknagar, Satpur Nashik -12		
Contact No	Mobile No.	8407928282	
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

• Seminars & workshop

A

• Online Examination

A B

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes, please share details _____

second Rank in debate competition

9. Most Memorable Moment in the college

celebration of ganeesh festival

10. Suggestion for improvements

• Department All good

• College No suggestion

Hgoshhe

Signature of Alumni)

Date :-




PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Medha Mhatre		
Fathers Name			
Date of Birth (DD/MM/YY)	1/4/1996		
Permanent Address	Flat no. 401 A wing Tulip Tower near Joshi hospital, braminali, bhiwandi, Dist-Thane		
Contact No	Mobile No.	8484964309	
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
• Laboratories & Equipments A B C D
• Library A B C D
• Computer Facility A B C D
• Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop
- Online Examination

A B C D

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details

Yes while taking part in essay competition

9. Most Memorable Moment in the college

Sports days in college

10. Suggestion for improvements

- Department all good

- College all good

Signature of Alumni
Date :-



PRINCIPAL
Dhanvantari Homoeopathic Medical Coll
and Hospital & Research Centre, Nashi



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Suvama korde		
Fathers Name			
Date of Birth (DD/MM/YY)	25/01/1996		
Permanent Address	Vaishnav vihar c flat no 9 sansari gaon deolali camp nashik.		
Contact No		Mobile No.	9527874802
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?

Yes No

6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

• Seminars & workshop

A B C D

• Online Examination

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes, please share details

Yes while taking part in sports

9. Most Memorable Moment in the college

Ganesh festival in college

10. Suggestion for improvements

• Department all good

• College No suggestion



Signature of Alumni

Date :-




PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL & RESEARCH CENTRE NASHIK

ALUMNI FEEDBACK FORM

<u>Essential Details</u>			
Alumni Name	Dr. Wagh Diksha		
Fathers Name			
Date of Birth (DD/MM/YY)	4/8/1994		
Permanent Address	B2 Siddhi row house prashant nagar pathardi phata nashik		
Contact No		Mobile No.	8830823197
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical knowledge of the students.

- Seminars & workshop A B C D
- Online Examination A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details

Yes, at the time of rangoli competition.

9. Most Memorable Moment in the college

At time of Independence Day celebration

10. Suggestion for improvements

- Department all good
- College all good

Swagth

Signature of Alumni

Date :-



[Signature]
PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Diksha Madhukar Jadhav		
Fathers Name			
Date of Birth (DD/MM/YY)			
Permanent Address	Plot No 21 Pansurabe Niwas gyananagar, near shree ram nagar jain road, Nashik Road Nashik		
Contact No		Mobile No.	7448273340
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
4. Rate the adequacy of following as they were during your tenure as a student at				
• Laboratories & Equipments	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Library	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Computer Facility	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Internet & Wi-Fi	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical knowledge of the students.

- Seminars & workshop A
- Online Examination A B

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details _____

IIIrd - Dance competition.

9. Most Memorable Moment in the college

Celebration of ganesh festival

10. Suggestion for improvements

- Department All good
- College - NO Suggestion

Vadhu
Signature of Alumni)
Date :-



[Signature]
PRINCIPAL
Dhantvanti Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Bhoomika Gadher		
Fathers Name			
Date of Birth (DD/MM/YY)	12/01/1995		
Permanent Address	Udhna, Surab, Gujarat		
Contact No		Mobile No.	9925154825
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4. Rate the adequacy of following as they were during your tenure as a student at	A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
• Laboratories & Equipments	A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
• Library	A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
• Computer Facility	A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	
• Internet & Wi-Fi	A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop
- Online Examination

A B C D

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes , please share details

poetry competition.

9. Most Memorable Moment in the college

ganesh festival

10. Suggestion for improvements

- Department All good No suggestion

- College All good No suggestion

Signature of Alumni
Date :-



PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Prasad Nana Pawar		
Fathers Name			
Date of Birth (DD/MM/YY)			
Permanent Address	Jalgaon		
Contact No		Mobile No.	7755916188
E – Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop A B C D
- Online Examination A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes , please share details _____

Dance Competition

9. Most Memorable Moment in the college

Cultural events.

10. Suggestion for improvements

- Department All good NO suggestions.

- College All good NO suggestions.

Prunaz

Signature of Alumni

Date :-



[Signature]
PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Shreya Bhatagalikar		
Fathers Name			
Date of Birth (DD/MM/YY)			
Permanent Address	Aurangabad District Aurangabad, MH		
Contact No		Mobile No.	7498617279
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
4. Rate the adequacy of following as they were during your tenure as a student at				
• Laboratories & Equipments	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Library	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Computer Facility	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Internet & Wi-Fi	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

• Seminars & workshop

A

• Online Examination

A B

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes , please share details _____

Dance Competition

9. Most Memorable Moment in the college

Garush festival

10. Suggestion for improvements

• Department All good

• College NO suggestions.

Signature of Alumni)

Date :-



PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL & RESEARCH CENTRE NASHIK

ALUMNI FEEDBACK FORM

Essential Details	
Alumni Name	Dr. Gandhali Keni
Fathers Name	
Date of Birth (DD/MM/YY)	
Permanent Address	Dahanu, Palghor
Contact No	
E - Mail ID	
Designation	
	Mobile No. 8237694037

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop A
- Online Examination A

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes , please share details _____

Essay Competition

9. Most Memorable Moment in the college

Cultural days.

10. Suggestion for improvements

- Department All good NO suggestions.

- College All good NO suggestions.

[Handwritten Signature]

Signature of Alumni)

Date :-



[Handwritten Signature]
PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Konika Gupta		
Fathers Name			
Date of Birth (DD/MM/YY)			
Permanent Address	Vindavan Heights, Near D Mart D-103 Nalasepura (East), Vasal - Virar.		
Contact No		Mobile No.	7021803440
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical knowledge of the students.

- Seminars & workshop
- Online Examination

A
A B

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details _____

Essay competition

9. Most Memorable Moment in the college

Gapati Festival

10. Suggestion for improvements

- Department All good NO suggestions.

- College All good NO suggestions.

(Signature)

Signature of Alumni)

Date :-



(Signature)
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details		
Alumni Name	Dr. Saunabh Sanjeev Deshpande	
Fathers Name		
Date of Birth (DD/MM/YY)		
Permanent Address	Dwarka, Nashik	
Contact No	Mobile No.	7506162683
E - Mail ID		
Designation		

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop
- Online Examination

A B C D
A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes , please share details

Dance competition

9. Most Memorable Moment in the college

Cultural days

10. Suggestion for improvements

- Department All good No suggestions

- College All good No suggestions

Deshpande

Signature of Alumni
Date :-



[Signature]

PRINC
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Ajay Ramapati Kumbhar		
Fathers Name			
Date of Birth (DD/MM/YY)	10/03/1997		
Permanent Address	2d/101 Shiv Shrushti complex Raj Nagar Near Dube medical college Nalasopara East		
Contact No		Mobile No.	9139820950
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
4. Rate the adequacy of following as they were during your tenure as a student at				
• Laboratories & Equipments	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Library	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Computer Facility	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Internet & Wi-Fi	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical knowledge of the students.

- Seminars & workshop
- Online Examination

A B C D

A B C D

GENERALISED EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details _____

9. Most Memorable Moment in the college

Cultural days.

10. Suggestion for improvements

- Department *All departments are good.*
- College *no suggestion*

Alumbla

Signature of Alumni

Date :-



[Signature]

PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL & RESEARCH CENTRE NASHIK

ALUMNI FEEDBACK FORM

Essential Details	
Alumni Name	Dr. Vaishali Nirvuth Ruptakke
Fathers Name	
Date of Birth (DD/MM/YY)	10/11/1991
Permanent Address	A/P - Haregaon (D. corner) Tal - Shirampur Dist - Ahmednagar
Contact No	
	Mobile No. 99 28578426
E - Mail ID	
Designation	

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop A B C D
- Online Examination A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details During speech
competitions

9. Most Memorable Moment in the college

yanesh festival

10. Suggestion for improvements

- Department All departments are good.
- College No suggestion



Signature of Alumni

Date :-





PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



SHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL & RESEARCH CENTRE NASHIK

ALUMNI FEEDBACK FORM

Alumni Name		Essential Details	
Fathers Name		Dr. Vaibhav Sanjay Lujar	
Date of Birth (DD/MM/YY)		23/05/1998	
Permanent Address		Niphad, Nashik	
Contact No			
E - Mail ID		Mobile No.	9604449448
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ? Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical knowledge of the students.

- Seminars & workshop A B C D
- Online Examination A B C D

GENERALISED EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details During Debate
Competition

9. Most Memorable Moment in the college

Cultural days.

10. Suggestion for improvements

- Department All departments are good.
- College No suggestion

Signature of Alumni
Date :-



PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMEOPATHIC MEDICAL
COLLEGE AND HOSPITAL & RESEARCH CENTRE , NASHIK**

5.4.1 The Alumni Association is registered and holds regular meetings to plan its involvement and developmental activities with the support of the college during the last five years.

Alumini Feedback Form

AY-2021-22



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Priyanka Pawar		
Fathers Name			
Date of Birth (DD/MM/YY)	12/08/1997		
Permanent Address	Jatra hotel, nashik 422003		
Contact No	9	Mobile No.	9689300978
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
4. Rate the adequacy of following as they were during your tenure as a student at				
• Laboratories & Equipments	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Library	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Computer Facility	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>
• Internet & Wi-Fi	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical knowledge of the students.

• Seminars & workshop

A B C D

• Online Examination

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes, please share details _____

yes, In rangoli competition

9. Most Memorable Moment in the college

Sports day

10. Suggestion for improvements

• Department all good

• College no suggestions

Footka

Signature of Alumni

Date :-



[Signature]
PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Varsha Pawar		
Fathers Name			
Date of Birth (DD/MM/YY)	14/07/1995		
Permanent Address	Aurangabad		
Contact No		Mobile No.	9284790365
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
2. How do you rate development activities organized by the college for your overall development	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Are you willing to contribute to the development of the college	yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
4. Rate the adequacy of following as they were during your tenure as a student at				
• Laboratories & Equipments	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Library	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Computer Facility	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Internet & Wi-Fi	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop
- Online Examination

A B C D

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details _____

while speech competition

9. Most Memorable Moment in the college

Ganpati festival time

10. Suggestion for improvements

- Department all good

- College all good

Wase

Signature of Alumni

Date :-



[Signature]
PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details

Alumni Name	Dr. Sanjana Dubey		
Fathers Name			
Date of Birth (DD/MM/YY)	4/03/1998		
Permanent Address	Rajshri apt kamatwada nashik		
Contact No		Mobile No.	7507922936
E - Mail ID			
Designation			

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni Yes No
2. How do you rate development activities organized by the college for your overall development A B C D
3. Are you willing to contribute to the development of the college yes No
4. Rate the adequacy of following as they were during your tenure as a student at
• Laboratories & Equipments A B C D
• Library A B C D
• Computer Facility A B C D
• Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?
Yes No
6. Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

• Seminars & workshop

A B C D

• Online Examination

A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

• If yes , please share details _____

at the time of
rangoli competition

9. Most Memorable Moment in the college

sports day

10. Suggestion for improvements

• Department No suggestion

• College all good

Banjana

Signature of Alumni

Date :-



Patil
PRINC
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



**DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL & RESEARCH CENTRE NASHIK**

ALUMNI FEEDBACK FORM

Essential Details	
Alumni Name	Dr. Shivaji Patil
Fathers Name	
Date of Birth (DD/MM/YY)	25/02/1998
Permanent Address	Aashirwad pride flat no 10, Video, Nashik - 422008
Contact No	
E - Mail ID	Mobile No. 9766657703
Designation	

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

- Do you feel proud to be associated as an alumni Yes No
- How do you rate development activities organized by the college for your overall development A B C D
- Are you willing to contribute to the development of the college yes No
- Rate the adequacy of following as they were during your tenure as a student at
 - Laboratories & Equipments A B C D
 - Library A B C D
 - Computer Facility A B C D
 - Internet & Wi-Fi A B C D

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

- Have you obtained sufficient know ledge (both theory & practical) ? Yes No
- Were the HOD's & Faculties cooperative ? Yes No

7. Rate the following academic initiatives taken by the college to improve technical know ledge of the students.

- Seminars & workshop A B C D
- Online Examination A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes , please share details _____

at the times of cultural events

9. Most Memorable Moment in the college

Ganpati festival

10. Suggestion for improvements

- Department all good no suggestion

- College all good



Signature of Alumni

Date :-





PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik



DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL & RESEARCH CENTRE NASHIK

ALUMNI FEEDBACK FORM

Essential Details	
Alumni Name	Dr. Bhakti Dhikale
Fathers Name	
Date of Birth (DD/MM/YY)	04/05/1998
Permanent Address	Jail road, nashik
Contact No	
	Mobile No. 8329552957
E - Mail ID	
Designation	

Kindly select the appropriate option as per the following criteria.

A- Highly Efficient B-Efficient C-Satisfactory D-Below Satisfactory

FEEDBACK ABOUT COLLEGE (POINT NO 1- 4)

1. Do you feel proud to be associated as an alumni	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
2. How do you rate development activities organized by the college for your overall development	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3. Are you willing to contribute to the development of the college	yes <input type="checkbox"/>	No <input type="checkbox"/>		
4. Rate the adequacy of following as they were during your tenure as a student at				
• Laboratories & Equipments	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Library	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Computer Facility	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
• Internet & Wi-Fi	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>

FEEDBACK ABOUT DEPARTMENT & FACULTY (POINT 5- 7)

5. Have you obtained sufficient know ledge (both theory & practical) ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Were the HOD's & Faculties cooperative ?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Rate the following academic initiatives taken by the college to improve technical knowledge of the students.

- Seminars & workshop A B C D
- Online Examination A B C D

GENERALISEDE EXPERIENCE SHARING (POINT 8-10)

8. Have you ever been appreciated by your Faculty.

- If yes, please share details _____

at the times of essay competition

9. Most Memorable Moment in the college

cultural events

10. Suggestion for improvements

- Department all good
- College No suggestions

Prakati

Signature of Alumni

Date :-



Prakati
PRINCIPAL

Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre, Nashik