



GODAVARI FOUNDATION'S  
**DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL**

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,  
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No. (0257)2366657, 2366678  
Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

No. GF/DUPMCH/IQAC/2025/164

**ALUMMUNI CIRCULAR**

Date - 11/03/2025

**Subject: Alumni Meeting of DUPMC on 29<sup>th</sup> March 2025**

Dear DUPMC Alumni,

I am pleased to inform you that an alumni meeting of DUPMC is scheduled to take place as follows. This event is a wonderful opportunity for all alumni to reconnect, reminisce, and network with fellow graduates.

Your presence and participation in this gathering will be highly appreciated as we come together to celebrate our shared experiences at DUPMC.

Time: 12:00 PM onwards

Venue: Dean Office

Hosted by: IQAC, DUPMC

**Schedule of Events**

12:00 PM – 12:15 PM | Registration & Welcome Tea

12:15 PM – 12:20 PM | Inaugural Session

Welcome Address by the Dean

Address by Chief Guest

Felicitation of Distinguished Alumni

12:20 PM – 01:00 PM | Alumni Introductions & Experience Sharing

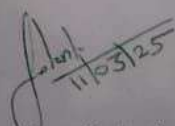
01:00 PM – 02:00 PM | Lunch & Networking

02:00 PM – 02:05 PM | Vote of Thanks & Closing Ceremony

02:05 PM onwards | Group Photos & Informal Meet-up

We look forward to seeing you there and sharing in this special occasion.

Kind regards,

  
Dr. Prashant Solanke

Dean, DUPMC, Jalgaon Kh.



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## Minutes of the Alumni Meeting

Alumni meeting convened on 29-03-2025 at College council Hall under the Chairmanship of Dr. Prashant Solanke the President of the Alumni Association. Honorable President of Godavari Foundation, Dr Ulhas Patil sir discuss with Alumnae.

### AGENDA

1. To review the last meeting proceedings.
2. To discuss about the Convocation Certificate.
3. To discuss the organizing "Employment Mela" in the Campus
4. To fix the date for the next Alumni Meeting.
5. Any other matter with the permission of the Chair.

### Members Present:

1. Dr. Prashant Solanke
2. Mr. Pramod P Bhirud
- 3 Dr. Prashant Guddetti
4. Dr. Alok Kumar Yadav
5. Dr. Sanskruti P Bhirud
6. Dr. Shrushti S Bhirud
7. Dr. Bambarse Prasad Laxaman
8. Dr. rathi Darsan Kamolthiosere
9. Dr. Vikrant Vilas Gaikwad
10. Dr. Bipin Satalkar

### The main points discussed and resolved:

1. It is discussed and decided to set up a help desk for the outgoing students to obtain convocation certificates in the college.
2. It has been resolved to conduct and organize the 'Employment Mela' in Campus.
3. It is discussed and decided to improve Multi-Gym facilities.
5. It is discussed the development and decoration of the college campus.
4. It is discussed and decided to renovate the ladies room.

Organizing person  
Date: 29<sup>th</sup> March 2025



Dean,  
Dr. Ulhas Patil Medical College  
& Hospital, Jalgaon Kh.





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## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgcable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

Full Name- Dr. Shubham Alexander Kerkar

Batch- 2022 Degree- M.D - Radiology  
Program- Residency Course- RD

Email- randurkar.shubham@gmail.com

Mobile Number- 8275004080

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam- \_\_\_\_\_

Year- \_\_\_\_\_ Registration No- \_\_\_\_\_

Roll Number- \_\_\_\_\_ Rank (if any)- \_\_\_\_\_

If you have qualified in any competitive examination; please provide application/registration number and other details

\_\_\_\_\_

If working, Please mention name of organisation and your designation \*

Organisation Name- \_\_\_\_\_ Designation- \_\_\_\_\_

Salary offered- \_\_\_\_\_ Year of joining- \_\_\_\_\_



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## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....  
.....  
.....

✚ Give your suggestions to improve the relationship between the alumni and the College

.....  
None  
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## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: Dr. Shubham Narendran

Degree obtained: MD-Radiology

Year of Passing: 2025

Current Employment: \_\_\_\_\_ Designation: Senior Resident

Name of the Organization / Institution: DUPMC

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	<input checked="" type="checkbox"/>				
2	Curriculum content interesting	<input checked="" type="checkbox"/>				
3	Curriculum fulfilling your expectation	<input checked="" type="checkbox"/>				
4	Curriculum applicable in your future practice	<input checked="" type="checkbox"/>				
5	Curriculum is relevant to meet health care of global standards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
6	Need to include skill-based content in current syllabus		<input checked="" type="checkbox"/>			
7	The assessment pattern measures your complete knowledge	<input checked="" type="checkbox"/>				
8	Do you feel the need of syllabus updation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		<input checked="" type="checkbox"/>			

Any significant feedback and suggestion:

None

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**NAAGALOGREMEDICAL**

### Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): \_\_\_\_\_ Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_ Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_



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## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

✚ Full Name-  
...Bambarse Prasad Lakman.....

✚ Batch.....2021..... Degree.....MS.....  
Program.....PG..... Course.....Orthopaedics.....

✚ Email.....p.bambarse44@gmail.com.....

✚ Mobile Number.....9766682538.....

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

.....

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year..... Registration No.....

✚ Roll Number..... Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚ .....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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✚ Give your suggestions to improve the relationship between the alumni and the College

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Name of the Alumni: Bambarse Prasad laxman

Degree obtained: M.S. Orthopaedics

Year of Passing: 2025

Current Employment: - Designation: -

Name of the Organization / Institution: -

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	<input checked="" type="checkbox"/>				
2	Curriculum content interesting	<input checked="" type="checkbox"/>				
3	Curriculum fulfilling your expectation		<input checked="" type="checkbox"/>			
4	Curriculum applicable in your future practice		<input checked="" type="checkbox"/>			
5	Curriculum is relevant to meet health care of global standards	<input checked="" type="checkbox"/>				
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7	The assessment pattern measures your complete knowledge	<input checked="" type="checkbox"/>				
8	Do you feel the need of syllabus updation?		<input checked="" type="checkbox"/>			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	<input checked="" type="checkbox"/>				

Any significant feedback and suggestion:

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**Student's Satisfaction Survey (2023-24)**

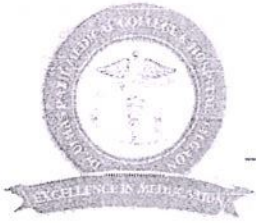
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✚ Full Name-

Rathi..... Darshan..... Kamal Kishore.....

✚ Batch.....

2021

Degree.....

M.D.

Program.....

M.D. (PG Programme)

Course.....

Pediatrics

✚ Email.....

dhr19570@gmail.com

✚ Mobile Number.....

8888 2873 88

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year.....

Registration No.....

✚ Roll Number.....

Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚

✚ If working, Please mention name of organisation and your designation \*

Organisation Name.....

Designation.....

Salary offered.....

Year of joining.....



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## Please provide your opinion in respect of following statements-

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Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

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✚ The extra curricular activities gave me an opportunity to develop my personality

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Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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✚ Give your suggestions to improve the relationship between the alumni and the College

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Name of the Alumni: Rathi Darshan Namdhishore

Degree obtained: M.D. Pediatrics

Year of Passing: 2025

Current Employment: — Designation: —

Name of the Organization / Institution: —

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Curriculum content interesting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Curriculum fulfilling your expectation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Curriculum applicable in your future practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Curriculum is relevant to meet health care of global standards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Need to include skill-based content in current syllabus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	The assessment pattern measures your complete knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you feel the need of syllabus updation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any significant feedback and suggestion:

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**Student's Satisfaction Survey (2023-24)**

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): \_\_\_\_\_ Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_ Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion:-----



GODAVARI FOUNDATION'S

# DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,  
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

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**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

✚ Full Name-  
... SAGARIKA DATTATRAYA DHAWAN .....

✚ Batch... 2021 ..... Degree... M.D .....  
Program... PG ..... Course... DERMATOLOGY .....

✚ Email... saggi21d@gmail.com .....

✚ Mobile Number... 8291574144 .....

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

.....

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year..... Registration No.....

✚ Roll Number..... Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚ .....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....

.....

.....

✚ Give your suggestions to improve the relationship between the alumni and the College

.....

.....

.....

.....



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## Alumni feedback on Curricula / Syllabus

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Name of the Alumni: SAGARIKA DATTATRAYA DHAWAN

Degree obtained: MD DERMATOLOGY

Year of Passing: 2025

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough					
2	Curriculum content interesting					
3	Curriculum fulfilling your expectation					
4	Curriculum applicable in your future practice					
5	Curriculum is relevant to meet health care of global standards					
6	Need to include skill-based content in current syllabus					
7	The assessment pattern measures your complete knowledge					
8	Do you feel the need of syllabus updation?					
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?					

Any significant feedback and suggestion:

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Name of the Student (Optional): \_\_\_\_\_

Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_

Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
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6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion: \_\_\_\_\_



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## Alumni Feedback Form

Dear Alumni

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- ✦ Full Name- Afiya Irshad Khan
- ✦ Batch- 2022 Degree- Post graduation (MS/MD)  
Program- Residency Course- Obstetrics & Gynaecology
- ✦ Email- afiyakhan1997@gmail.com
- ✦ Mobile Number- 9970718952
- ✦ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....
- ✦ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*
- ✦ Name of Exam- MUHS - Post graduation Program
- Year- 2025 Registration No. ....
- ✦ Roll Number..... Rank (if any).....
- ✦ If you have qualified in any competitive examination; please provide application/registration number and other details \*
- ✦ .....
- ✦ If working, Please mention name of organisation and your designation \*
- Organisation Name..... Designation .....
- Salary offered ..... Year of joining.....



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**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....  
..... Great Institute, Residents are preferred over  
..... to given alot of exposure  
.....

✚ Give your suggestions to improve the relationship between the alumni and the College

.....  
..... None  
.....  
.....



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**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

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Name of the Alumni: Ajaya Inehad Khan

Degree obtained: MBOB - MB/MD - OBGYN

Year of Passing: 2025

Current Employment: \_\_\_\_\_ Designation: Junior Resident

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	5				
2	Curriculum content interesting	5				
3	Curriculum fulfilling your expectation	5				
4	Curriculum applicable in your future practice	5				
5	Curriculum is relevant to meet health care of global standards	5				
6	Need to include skill-based content in current syllabus	5				
7	The assessment pattern measures your complete knowledge	5				
8	Do you feel the need of syllabus updation?	5				
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	5				

Any significant feedback and suggestion:

None

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Name of the Student (Optional): Ajya Farhad Khan Phone number/Email ID: 9970718952

Name of the Program: Junior Residency Batch No./Name: 2021

Sr. No.	Item	Please tick on the relevant cell					Opportunity given
		90 to 100 %	75 to 89% ✓	55 to 74% ✓	30 to 54%	Below 30%	
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89% ✓	55 to 74% ✓	30 to 54%	Below 30%	
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89% ✓	55 to 74% ✓	30 to 54%	Below 30%	
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89% ✓	55 to 74% ✓	30 to 54%	Below 30%	
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89% ✓	55 to 74% ✓	30 to 54%	Below 30%	
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89% ✓	55 to 74% ✓	30 to 54%	Below 30%	
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level ✓	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly ✓	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair ✓	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time ✓	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star ✓	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion:-----



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Full Name- GHAYALE PRATHAMESH MALIKARJUN.

Batch 2019 Degree MBBS  
Program..... Course.....

Email prathamghavale44@gmail.com

Mobile Number 8080081799

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam-.....

Year..... Registration No.....

Roll Number..... Rank (if any).....

If you have qualified in any competitive examination; please provide application/registration number and other details

.....

If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

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**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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✚ Give your suggestions to improve the relationship between the alumni and the College

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As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: GHAVALE PRATHAMESH MALLIKARJUN

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		✓			
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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Name of the Student (Optional): \_\_\_\_\_

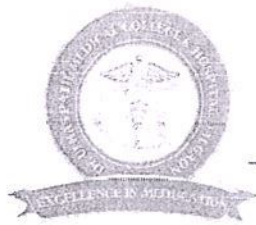
Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_

Batch No./Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
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3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
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10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion:-----



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✚ Full Name- Jayant Purushottam Wankhede

✚ Batch- 2019 Degree- MBBS  
Program- ..... Course- MBBS (2019)

✚ Email- jayant10864@gmail.com

✚ Mobile Number- 7397958025

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

.....

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year..... Registration No.....

✚ Roll Number..... Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚ .....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

Jayant



GODAVARI FOUNDATION'S

# DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,  
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013  
Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No.(0257)2366657, 2366678  
Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....  
Institution helps in building skills clinically  
and communication skills.  
.....

✚ Give your suggestions to improve the relationship between the alumni and the College

.....  
Alumni meeting should be held once every  
year.  
.....



GODAVARI FOUNDATION'S

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**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: Jayant Puroshattan Wankhede

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		✓			
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NMC ACCREDITED**

## Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): Jayant Purushottam Wankhede Phone number/Email ID: 7397958025

Name of the Program: NBBS Batch No./Name: 2019

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100%	75 to 89%	55 to 74%	30 to 54%	Below 30%	
1	How much of the Syllabus was covered in the Class in which you are studying?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion:-----



GODAVARI FOUNDATION'S

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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

↓ Full Name-  
..... ANSARI SHIREEN ALAMHIR .....

↓ Batch..... 2019 ..... Degree.....  
Program..... Course..... M.B.B.S .....

↓ Email..... ansarishireen05@gmail.com .....

↓ Mobile Number..... 9619487923 .....

↓ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....

↓ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

# Name of Exam-.....

Year..... Registration No.....

# Roll Number..... Rank (if any).....

# If you have qualified in any competitive examination; please provide application/registration number and other details

# .....

# If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

*Ansari*



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....  
strength includes increasing the level of confidence  
.....  
to building the character of people.....  
.....

✚ Give your suggestions to improve the relationship between the alumni and the College

.....  
Discuss about future goals to good interaction.  
.....  
.....  
.....



GODAVARI FOUNDATION'S

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**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: ANSARI SHIREEN ALAMQIR

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Ansari*



**DR. ULLHAS PATIL MEDICAL COLLEGE & HOSPITAL**  
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**Student's Satisfaction Survey (2023-24)**

Dear Student,  
 Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): ANSARI SHIREEN ALAMGIR Phone number/Email ID: ansari.shireen05@gmail.com  
 Name of the Program: MBBS Batch No./Name: 2019

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion:-----



GODAVARI FOUNDATION'S

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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

Full Name- ..... Dr. Dinesh Manik kulkarni .....

Batch... 2021 ..... Degree... MD dermatology .....  
Program..... Course... MD. Dermatology .....

Email... dineshkulkarni987@gmail.com .....

Mobile Number... 8459394813 .....

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

.....

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam-.....

Year..... Registration No.....

Roll Number..... Rank (if any).....

If you have qualified in any competitive examination; please provide application/registration number and other details

.....

If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....  
strength is Dr. Ulhas Patil sir,

.....  
Weakness - Not serious about department development

✚ Give your suggestions to improve the relationship between the alumni and the College

.....  
kindly focus on faculty development i.e. Proper academic  
development of PG students, which is lacking in our  
collese.  
.....



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**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

**Dear Alumni,**

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As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: DR. DINGSH MANIK KOUAL

Degree obtained: MD SKIN & VD

Year of Passing: 2024

Current Employment: Senior Resident Designation: MD SKIN & VD

Name of the Organization / Institution: DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough			✓		
2	Curriculum content interesting			✓		
3	Curriculum fulfilling your expectation			✓		
4	Curriculum applicable in your future practice			✓		
5	Curriculum is relevant to meet health care of global standards	✓			4	
6	Need to include skill-based content in current syllabus				✓	
7	The assessment pattern measures your complete knowledge					
8	Do you feel the need of syllabus updation?	✓				
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

**Any significant feedback and suggestion:**

.....

.....

.....



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## Student's Satisfaction Survey (2023-24)

Dear Student,

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Name of the Student (Optional): \_\_\_\_\_

Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_

Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_



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**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

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Name of the Alumni: MIRZA SHIFA SAJJID

Degree obtained: MS Ophthalmology

Year of Passing: 2025

Current Employment: HO, @ BYL Designation: HO  
Nair, Mumbai

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?			✓		
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

**Any significant feedback and suggestion:**

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-----  
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Dear Student,

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Name of the Student (Optional): MIRZA SAIFA SAJJAD Phone number/Email ID: 7350583244

Name of the Program: \_\_\_\_\_ Batch No./Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
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5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_



GODAVARI FOUNDATION'S

# DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,  
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No.(0257)2366657, 2366678  
Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

✚ Full Name- MIRZA SHIFA SAJJID

✚ Batch..... 2021-2022 ..... Degree..... MS OPHTHALMOLOGY  
Program..... ..... Course..... OPHTHALMOLOGY

✚ Email..... mirzabaig.shifa5@gmail.com

✚ Mobile Number..... 9350533244

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year..... Registration No.....

✚ Roll Number..... Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚ .....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... BYL Nais .....

Designation..... HO (House officer)

Salary offered..... ₹ 81,572/- .....

Year of joining..... 2025



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**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

Strengths → Excellent student, teacher and management relation  
Weaknesses - no weakness  
opportunities - Hands on training

✚ Give your suggestions to improve the relationship between the alumni and the College

Regular academic meets.



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## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

Full Name- Maitreyee Bhagwan Birudkar

Batch 2021 Degree Post graduation  
Program ..... Course General surgery

Email- maitreyeebirudkar0@gmail.com

Mobile Number 8408831202

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam- Neet JJ

Year 2021 Registration No.....

Roll Number..... Rank (if any) 6th

If you have qualified in any competitive examination; please provide application/registration number and other details  
.....

If working, Please mention name of organisation and your designation \*  
Organisation Name..... Designation.....  
Salary offered..... Year of joining.....



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

Good

✚ Give your suggestions to improve the relationship between the alumni and the College

All good, nothing to change.

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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: Maitreyee Bhagywan Birmala  
Degree obtained: Post graduate - M.S. General Surgery  
Year of Passing: 2025  
Current Employment: - Designation: -  
Name of the Organization / Institution: -

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		/			
2	Curriculum content interesting		/			
3	Curriculum fulfilling your expectation		/			
4	Curriculum applicable in your future practice		/			
5	Curriculum is relevant to meet health care of global standards		/			
6	Need to include skill-based content in current syllabus		/			
7	The assessment pattern measures your complete knowledge		/			
8	Do you feel the need of syllabus updation?		/			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		/			

Any significant feedback and suggestion:

All good.



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**Student's Satisfaction Survey (2023-24)**

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): Natrayee Bredar Phone number/Email ID: 9408831202

Name of the Program: P.G. General Surgery Batch No./Name: 2021.

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion: No, all good



GODAVARI FOUNDATION'S

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**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

- ✦ Full Name- LOKHANDE AMEY AVINASH
- ✦ Batch..... Degree M.S., M.B.B.S.  
Program..... Course GENERAL SURGERY
- ✦ Email ameylokhandeunderscore@gmail.com
- ✦ Mobile Number 9158115828
- ✦ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.
- .....
- ✦ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*
- ✦ Name of Exam- No
- Year..... Registration No.....
- ✦ Roll Number..... Rank (if any).....
- ✦ If you have qualified in any competitive examination; please provide application/registration number and other details
- ✦ No
- ✦ If working, Please mention name of organisation and your designation \*
- Organisation Name..... Designation .....
- Salary offered..... Year of joining.....

*(Handwritten signature)*



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**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr. Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

STRENGTH → GOOD LEADERSHIP & MAINTAINENCE.

WEAKNESS → NONE, OPPORTUNITIES - NONE, THREATS -

NONE

✚ Give your suggestions to improve the relationship between the alumni and the College

nil.



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: LOKHANDE AMEY AVINASH.

Degree obtained: M.B. GENERAL SURGERY

Year of Passing: 2025

Current Employment: - Designation: -

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?	✓				
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

nil

*(Signature)*



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**NAAC ACCREDITED**

## Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): \_\_\_\_\_

Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_

Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion:-----



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**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

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✚ Full Name- Harikesh krishayath Sonwane

✚ Batch 2022 Degree MD  
Program..... Course Anaes thesiology

✚ Email Sonwaneharikesh@gmail.com

✚ Mobile Number 7020652077

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

MUHS, MD anaesthesiology, 2022-2025

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year..... Registration No.....

✚ Roll Number..... Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚ .....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

- Disagree
- Indifferent
- Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

- Disagree
- Indifferent
- Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

- Disagree
- Indifferent
- Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

- Disagree
- Indifferent
- Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....

.....

.....

✚ Give your suggestions to improve the relationship between the alumni and the College

.....

.....

.....



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**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: Dr. Harikesh Sonwane

Degree obtained: MD Anaesthesia

Year of Passing: 2025

Current Employment: \_\_\_\_\_ Designation: JR.

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?	✓				
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

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-----  
-----



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): Harkesh Sonwane Phone number/Email ID: 7020662077

Name of the Program: MD Batch No./Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_



GODAVARI FOUNDATION'S

# DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,  
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No.(0257)2366657, 2366678

Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

- ↓ Full Name-  
..SAMIKSHA GOWARDHAN LENDE.....
- ↓ Batch.....2019..... Degree.....MBBS.....  
Program..... Course.....
- ↓ Email.....Samikshalendess@gmail.com.....
- ↓ Mobile Number.....8669080099.....
- ↓ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....
- ↓ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*
- ↓ Name of Exam-.....  
Year..... Registration No.....
- ↓ Roll Number..... Rank (if any).....
- ↓ If you have qualified in any competitive examination; please provide application/registration number and other details  
.....
- ↓ If working, Please mention name of organisation and your designation \*
- Organisation Name..... Designation .....
- Salary offered ..... Year of joining.....

*Lende*

# DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....  
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.....

Give your suggestions to improve the relationship between the alumni and the College

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**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: SAMIKSHA . GOWARDHAN LENDE .

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: — Designation: —

Name of the Organization / Institution: —

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		✓			
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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*Blende*



GODAVARI FOUNDATION'S

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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): \_\_\_\_\_

Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_

Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell					
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 % <input checked="" type="checkbox"/>	75 to 89%	55 to 74%	30 to 54%	Below 30%	
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 % <input checked="" type="checkbox"/>	75 to 89%	55 to 74%	30 to 54%	Below 30%	
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 % <input checked="" type="checkbox"/>	75 to 89%	55 to 74%	30 to 54%	Below 30%	
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 % <input checked="" type="checkbox"/>	75 to 89%	55 to 74%	30 to 54%	Below 30%	
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level <input checked="" type="checkbox"/>	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly <input checked="" type="checkbox"/>	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair <input checked="" type="checkbox"/>	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time <input checked="" type="checkbox"/>	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star <input checked="" type="checkbox"/>	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion: \_\_\_\_\_

*Shinde*



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

Full Name- JAGTAP PRANAY MAHENDRA

Batch... 2019 ..... Degree... MBBS .....  
Program..... Course.....

Email... Pranayjagtap001@gmail.com .....

Mobile Number... 8169430876 .....

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam-.....

Year..... Registration No.....

Roll Number..... Rank (if any).....

If you have qualified in any competitive examination; please provide application/registration number and other details

.....

If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

JAGTAP



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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✚ Give your suggestions to improve the relationship between the alumni and the College

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*Handwritten signature*



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**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: JAYTAP PRANAY MAHENDRA

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		✓			
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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*[Handwritten Signature]*



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): \_\_\_\_\_ Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_ Batch No./Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

Full Name- ..... *Bhuvate Prachi Nepal* .....

Batch..... *2019* ..... Degree..... *MBBS* .....  
Program..... ..... Course..... .....

Email..... *prachi.bhuvate.1@gmail.com* .....

Mobile Number..... *9307826692* .....

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

.....

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam-.....

Year..... Registration No.....

Roll Number..... Rank (if any).....

If you have qualified in any competitive examination; please provide application/registration number and other details

.....

If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

*Prachi*



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

- Disagree
- Indifferent
- Agree
- Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

- Disagree
- Indifferent
- Agree
- Strongly Agree

✚ The college played an important role in increasing my level of confidence

- Disagree
- Indifferent
- Agree
- Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

- Disagree
- Indifferent
- Agree
- Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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✚ Give your suggestions to improve the relationship between the alumni and the College

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.....



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

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As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: Bhownate Rishi Nepal

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		✓			
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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*Rishi*



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Name of the Student (Optional): Bhosale Prachi Nepal Phone number/Email ID: 9307826692

Name of the Program: \_\_\_\_\_ Batch No./Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
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4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
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7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_

*Prachi*



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowldgcable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

† Full Name- DR. SMRUTI PRAKASH. BHOSALE

† Batch..... Degree..... MS MBS  
Program..... Course..... GENERAL SURGERY

† Email..... smrutibhosale341@gmail.com

† Mobile Number..... 9604030761

† If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

† Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

† Name of Exam-.....

Year..... Registration No.....

† Roll Number..... Rank (if any).....

† If you have qualified in any competitive examination; please provide application/registration number and other details

† .....

† If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

STRENGTH - good leadership & maintenance

WEAKNESS - NONE

OPPORTUNITIES - Good Learning

THREATS - NONE

✚ Give your suggestions to improve the relationship between the alumni and the College

Nil

*[Signature]*



GODAVARI FOUNDATION'S

# DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,  
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No. (0257)2366657, 2366678  
Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: DR. SMRUTI PRAKASH BHUSAWANE

Degree obtained: MS. MBBS (GENERAL SURGERY.)

Year of Passing: 2025

Current Employment: - Designation: -

Name of the Organization / Institution: DR ULHAS PATIL MEDICAL COLLEGE & HOSPITAL.

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?	✓				
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

Nil

*[Signature]*



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in



## Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): DR. SMRUTI RAICASH. SHUDAN Phone number/Email ID: 900020361

Name of the Program: GENERAL SURGERY Batch No./Name: - 2021

Sr. No.	Item	Please tick on the relevant cell					
1	How much of the Syllabus was covered in the Class in which you are studying?	<input checked="" type="checkbox"/> 90 to 100 %	<input type="checkbox"/> 75 to 89%	<input type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	<input type="checkbox"/> Below 30%	
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	<input checked="" type="checkbox"/> 90 to 100 %	<input type="checkbox"/> 75 to 89%	<input type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	<input type="checkbox"/> Below 30%	
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	<input checked="" type="checkbox"/> 90 to 100 %	<input type="checkbox"/> 75 to 89%	<input type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	<input type="checkbox"/> Below 30%	
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	<input checked="" type="checkbox"/> 90 to 100 %	<input type="checkbox"/> 75 to 89%	<input type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	<input type="checkbox"/> Below 30%	
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	<input checked="" type="checkbox"/> 90 to 100 %	<input type="checkbox"/> 75 to 89%	<input type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	<input type="checkbox"/> Below 30%	
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	<input checked="" type="checkbox"/> High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	<input checked="" type="checkbox"/> Regularly	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	<input checked="" type="checkbox"/> Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	<input checked="" type="checkbox"/> Every Time	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	<input checked="" type="checkbox"/> Five Star	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion:-----



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

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✚ Full Name- BIRHADE NILIJA DILIP

✚ Batch 2021 Degree MS  
Program PG Course OBGY

✚ Email nilijabirhade8@gmail.com

✚ Mobile Number 9167785912

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year..... Registration No.....

✚ Roll Number..... Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚ .....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....

.....

.....

✚ Give your suggestions to improve the relationship between the alumni and the College

.....

.....

.....

.....



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Name of the Alumni: BERHADE NILIJA DILIP

Degree obtained: M.S. OBGY

Year of Passing: 2025

Current Employment: \_\_\_\_\_ Designation: M.S. 4

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		✓			
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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**Student's Satisfaction Survey (2023-24)**

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): Birhade Nilija Dilip Phone number/Email ID: 9167785912

Name of the Program: post graduation Batch No./Name: 2022

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89% <input checked="" type="checkbox"/>	55 to 74%	30 to 54%	Below 30%	
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89% <input checked="" type="checkbox"/>	55 to 74%	30 to 54%	Below 30%	
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89% <input checked="" type="checkbox"/>	55 to 74%	30 to 54%	Below 30%	
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89% <input checked="" type="checkbox"/>	55 to 74%	30 to 54%	Below 30%	
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89% <input checked="" type="checkbox"/>	55 to 74%	30 to 54%	Below 30%	
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level <input checked="" type="checkbox"/>	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly <input checked="" type="checkbox"/>	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair <input checked="" type="checkbox"/>	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time <input checked="" type="checkbox"/>	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star <input checked="" type="checkbox"/>	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion:-----



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**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

✚ Full Name- ..... Vishal Khushal Bilade .....

✚ Batch..... 2018 ..... Degree..... MBBS .....  
Program..... MBBS ..... Course..... MBBS .....

✚ Email..... vishalbilade@gmail.com .....

✚ Mobile Number..... 9579499209 .....

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

.....

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-..... - .....

Year..... - ..... Registration No..... - .....

✚ Roll Number..... - ..... Rank (if any)..... .....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

.....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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**NAAC ACCREDITED**

### Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

✚ Give your suggestions to improve the relationship between the alumni and the College



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Full Name- SAHIL PREM NATH KAMBLE

Batch- 2019 Degree- M.B.B.S  
Program- Course-

Email- sahil.kos@gmail.com

Mobile Number- 8177995828

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam-

Year- Registration No-

Roll Number- Rank (if any)-

If you have qualified in any competitive examination; please provide application/registration number and other details

If working, Please mention name of organisation and your designation \*

Organisation Name- Designation -

Salary offered - Year of joining-



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### Please provide your opinion in respect of following statements-

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Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

..... This institution has always presented with .....  
..... all possible opportunities, which would boost my .....  
..... Confidence and help to build my character. ....

✚ Give your suggestions to improve the relationship between the alumni and the College

..... I would like to suggest that college should .....  
..... keep doing the amazing work it is doing .....  
..... to gather students all around. ....



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Name of the Alumni: Sahil Premnath Kamble

Degree obtained: \_\_\_\_\_

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?			✓		
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*[Handwritten signature]*



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Name of the Student (Optional): \_\_\_\_\_ Phone number/Email ID: 877995828

Name of the Program: \_\_\_\_\_ Batch No. /Name: 2019 Bch.

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
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6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_



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Full Name- Nale Tushar Maruti

Batch- 2019 Degree- MBBS  
Program- ..... Course- MBBS

Email- tusharnale2016@gmail.com

Mobile Number- 9028074198

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam-.....

Year..... Registration No.....

Roll Number..... Rank (if any).....

If you have qualified in any competitive examination; please provide application/registration number and other details

.....

If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

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Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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✚ Give your suggestions to improve the relationship between the alumni and the College

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GODAVARI FOUNDATION'S

# DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,  
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No.(0257)2366657, 2366678  
Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: Nale Tushar Maruti

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		✓			
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Student's Satisfaction Survey (2023-24)**

Dear Student,  
 Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): Nale Tushar Manats Phone number/Email ID: 9028074198

Name of the Program: \_\_\_\_\_ Batch No. /Name: Jayictw 2019

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
1	How much of the Syllabus was covered in the Class in which you are studying?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	<input checked="" type="checkbox"/>	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion:-----



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

Full Name- Mauli Pandurang Ingle

Batch- 2019 Degree- MBBS  
Program..... Course.....

Email- maulinglet@gmail.com

Mobile Number- 8626007770

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam-.....

Year..... Registration No.....

Roll Number..... Rank (if any).....

If you have qualified in any competitive examination; please provide application/registration number and other details

.....

If working, Please mention name of organisation and your designation \*

*M. Ingle*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....





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## Alumni feedback on Curricula / Syllabus

Dear Alumni,

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Name of the Alumni: Mauli Pandurang Ingle

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?	✓				
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

*Ingle*



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**Student's Satisfaction Survey (2023-24)**

Dear Student,

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Name of the Student (Optional): Mawli Pandurang Angle Phone number/Email ID: 8626007770

Name of the Program: \_\_\_\_\_ Batch No./Name: 2019

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion:-----



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**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

# Full Name- ..... Akash Janusing Jadhao .....

# Batch.....2021..... Degree.....MD Respiratory Medicine  
 Program..... Course.....Respiratory Medicine

# Email.....akashjadhao1990@gmail.com.....

# Mobile Number.....9922555791.....

# If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....

# Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

# Name of Exam-.....

Year..... Registration No.....

# Roll Number..... Rank (if any).....

# If you have qualified in any competitive examination; please provide application/registration number and other details

# .....

# If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

I have analysed our institution is esteem institution in maharashtra. our strength is our discipline and our dedication to our academics through which give our best to our parent case. In my view their less weakness. and we gave lots of opportunities to us to study and give our best.

✚ Give your suggestions to improve the relationship between the alumni and the College

There should be alumni meet is every 3-5 years that we build or strengthen our relationship. we will get opportunity to interact with each other. so we can share our academic & personal experience in



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**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

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As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: Dr. Akash Jansing Jadhav

Degree obtained: MD Respiratory medicine

Year of Passing: 2025

Current Employment: - Designation: Resident

Name of the Organization / Institution: Dr. Ulhas patil medical college & hospital Jalgaon -

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	<input checked="" type="checkbox"/>				
2	Curriculum content interesting	<input checked="" type="checkbox"/>				
3	Curriculum fulfilling your expectation	<input checked="" type="checkbox"/>				
4	Curriculum applicable in your future practice	<input checked="" type="checkbox"/>				
5	Curriculum is relevant to meet health care of global standards	<input checked="" type="checkbox"/>				
6	Need to include skill-based content in current syllabus	<input checked="" type="checkbox"/>				
7	The assessment pattern measures your complete knowledge	<input checked="" type="checkbox"/>				
8	Do you feel the need of syllabus updation?	<input checked="" type="checkbox"/>				
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	<input checked="" type="checkbox"/>				

Any significant feedback and suggestion:

I am very glad to get an opportunity to study in Jalgaon Dupmc. I am very thankful to Dr. Ulhas patil for they taught us our life lessons. They help us to build discipline in our day to day life.



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**NAAC ACGRETTED**

## Student's Satisfaction Survey (2023-24)

Dear Student,

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Name of the Student (Optional): Dr. Akash J. Jadhav Phone number/Email ID: akashjadhav1990@gmail.com

Name of the Program: MD Respiratory medicine Batch No./Name: 2021

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
1	How much of the Syllabus was covered in the Class in which you are studying?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level <input checked="" type="checkbox"/>	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly <input checked="" type="checkbox"/>	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair <input checked="" type="checkbox"/>	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually <input checked="" type="checkbox"/>	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star <input checked="" type="checkbox"/>	Three Star	Two Star	One Star	

Any significant feedback and suggestion:-----

*Thanks to institution. I hope you will provide every refer & guidance that will improve our career. Thanking you*



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**NAAC ACCREDITED**

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Dear Alumni

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Full Name- Naik Kunal Garrawing

Batch- 2018 Degree- -  
Program- - Course- -

Email- Kunalnaik911@gmail.com

Mobile Number- 9588654747

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
-

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam- -

Year- - Registration No- -

Roll Number- - Rank (if any)- -

If you have qualified in any competitive examination; please provide application/registration number and other details

-

If working, Please mention name of organisation and your designation \*

Organisation Name- - Designation -

Salary offered - Year of joining -

*Kunal G Naik  
13/05/25  
KND*



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## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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✚ Give your suggestions to improve the relationship between the alumni and the College

Support students for cultural and educational activities



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Name of the Alumni: Kunal Harvansing Naik

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: - Designation: -

Name of the Organization / Institution: -

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough					
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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Kunal G. Naik  
18/05/25  
KUN



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Name of the Student (Optional): Kunal Ghorvansing Naik Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_ Batch No./Name: Abhydya (2018 batch)

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_



GODAVARI FOUNDATION'S

# DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,  
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No.(0257)2366657, 2366678  
Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

- ↓ Full Name-  
..... Vishe Tanmay Ghanshyam .....
- ↓ Batch..... 2019 ..... Degree..... MBBS .....  
Program..... MBBS ..... Course..... MBBS .....
- ↓ Email..... vishetanmay@gmail.com .....
- ↓ Mobile Number..... 9112196461 .....
- ↓ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
..... - .....
- ↓ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*
- # Name of Exam-..... - .....
- Year..... - ..... Registration No..... - .....
- # Roll Number..... - ..... Rank (if any)..... - .....
- # If you have qualified in any competitive examination; please provide application/registration number and other details  
..... - .....
- # If working, Please mention name of organisation and your designation \*
- Organisation Name..... - ..... Designation..... - .....
- Salary offered..... - ..... Year of joining..... - .....

Tanmay Vishe  
TANMAY VISHE  
14/5/25



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

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### Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

Strength - Exposure to clinical practice & emphasis on discipline

Weaknesses - Need for more structured career guidance & counselling

Opportunities - Alumni network expansion for mentoring & job opportunities

Threats - Increasing competition from newer hospitals & colleges

✚ Give your suggestions to improve the relationship between the alumni and the College

Introduce an alumni mentorship program for current students



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: Vishe Tanmay Ghanshyam.

Degree obtained: MBBS.

Year of Passing: 2024

Current Employment: - Designation: -

Name of the Organization / Institution: -

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	<input checked="" type="checkbox"/>				
2	Curriculum content interesting		<input checked="" type="checkbox"/>			
3	Curriculum fulfilling your expectation	<input checked="" type="checkbox"/>				
4	Curriculum applicable in your future practice	<input checked="" type="checkbox"/>				
5	Curriculum is relevant to meet health care of global standards	<input checked="" type="checkbox"/>				
6	Need to include skill-based content in current syllabus	<input checked="" type="checkbox"/>				
7	The assessment pattern measures your complete knowledge	<input checked="" type="checkbox"/>				
8	Do you feel the need of syllabus updation?		<input checked="" type="checkbox"/>			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	<input checked="" type="checkbox"/>				

Any significant feedback and suggestion:

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*(Signature)*



**GODAVARI FOUNDATION'S**  
**DR. ULLHAS PATIL MEDICAL COLLEGE & HOSPITAL**  
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 Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmhc.ac.in

**NAAC ACCREDITED**

### Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): Vishe Tanmay Ghanshyam Phone number/Email ID: vishetanmay@gmail.com

Name of the Program: MBBS Batch No./Name: 2019 - TNVICTUS

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion: \_\_\_\_\_

*(Signature)*



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

Full Name-  
..Shukla, Pratik Rajendra prasad.....

Batch...2019..... Degree...M.B.B.S.....  
Program..... Course.....

Email...Shukla.pratik@duhsc.ac.in.....

Mobile Number...8308427677.....

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam-.....

Year..... Registration No.....

Roll Number..... Rank (if any).....

If you have qualified in any competitive examination; please provide application/registration number and other details

.....

If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

- Disagree
- Indifferent
- Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

- Disagree
- Indifferent
- Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

- Disagree
- Indifferent
- Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

- Disagree
- Indifferent
- Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....

.....

.....

✚ Give your suggestions to improve the relationship between the alumni and the College

.....

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.....



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: Shyula Pratik Rajendra Prasad

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		✓			
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): \_\_\_\_\_ Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_ Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

✚ Full Name-  
..... Akshaya Pravin Deshmukh .....

✚ Batch..... 2019 ..... Degree..... M.B.B.S .....  
Program..... ..... Course..... .....

✚ Email..... akshayadeshmukh05@gmail.com .....

✚ Mobile Number..... 9673429043 / 7666342271 .....

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year..... Registration No.....

✚ Roll Number..... Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚ .....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

Akshaya





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**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

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As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: Akshaya Pravin. Deshmukh.

Degree obtained: MBBS.

Year of Passing: 2024.

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: Dr. Ulhas Patil Medical College & Hospital

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?	✓				
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

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*Akshaya*



**GODAVARI FOUNDATION'S**  
**DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL**  
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 Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in



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Name of the Student (Optional): \_\_\_\_\_ Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_ Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
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8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
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10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

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↓ Full Name- ..... PATIL ROHIT ASHOK .....

↓ Batch... MBBS - 2019 ..... Degree... MBBS .....  
Program..... Course.....

↓ Email... rohithpatil1151998@gmail.com .....

↓ Mobile Number... 7666146628 .....

↓ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....

↓ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

↓ Name of Exam-.....

Year..... Registration No.....

↓ Roll Number..... Rank (if any).....

↓ If you have qualified in any competitive examination; please provide application/registration number and other details

↓ .....

↓ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

SIR M



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....  
.....  
.....

✚ Give your suggestions to improve the relationship between the alumni and the College

.....  
Regular meetings.  
.....  
.....

*(Handwritten signature)*



GODAVARI FOUNDATION'S

# DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,  
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No.(0257)2366657, 2366678  
Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: PATIL ROHIT ASHOK.

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: M.O. Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	<input checked="" type="checkbox"/>				
2	Curriculum content interesting	<input checked="" type="checkbox"/>				
3	Curriculum fulfilling your expectation	<input checked="" type="checkbox"/>				
4	Curriculum applicable in your future practice	<input checked="" type="checkbox"/>				
5	Curriculum is relevant to meet health care of global standards	<input checked="" type="checkbox"/>				
6	Need to include skill-based content in current syllabus	<input checked="" type="checkbox"/>				
7	The assessment pattern measures your complete knowledge	<input checked="" type="checkbox"/>				
8	Do you feel the need of syllabus updation?	<input checked="" type="checkbox"/>				
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		<input checked="" type="checkbox"/>			

Any significant feedback and suggestion:

No

Signature



**GODAVARI FOUNDATION'S**  
**DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL**  
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### Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): \_\_\_\_\_ Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_ Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_



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**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

✚ Full Name- ..... DR. NEHA ANIL PATEL .....

✚ Batch..... 2021 ..... Degree..... MS OBGY .....  
Program..... Course.....

✚ Email..... neha.patel0011@gmail.com .....

✚ Mobile Number..... 8007893335 .....

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year..... Registration No.....

✚ Roll Number..... Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚ .....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....  
.....  
.....

✚ Give your suggestions to improve the relationship between the alumni and the College

.....  
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.....



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Dear Alumni,

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Name of the Alumni: DR. NEHA ANIL PATEL

Degree obtained: MS OBGY

Year of Passing: 2025

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		✓			
2	Curriculum content interesting			✓		
3	Curriculum fulfilling your expectation			✓		
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?	✓				
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Student's Satisfaction Survey (2023-24)

Dear Student,

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Name of the Student (Optional): DR. NEHA PATEL

Phone number/Email ID: naha.patel1011@gmail.com

Name of the Program: \_\_\_\_\_ Batch No./Name: 2021

Sr. No.	Item	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion:-----



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**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowldgcable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

✚ Full Name-  
..... AGRAWAL PRITI PAVAN KUMAR .....

✚ Batch..... 2019-20 ..... Degree..... MBBS .....  
Program..... ..... Course..... MBBS .....

✚ Email..... priti.agrawal.2328@gmail.com .....

✚ Mobile Number..... 9356763916 .....

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year..... Registration No.....

✚ Roll Number..... Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚ .....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

.....

.....

.....

✚ Give your suggestions to improve the relationship between the alumni and the College

.....

.....

.....

.....



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## Alumni feedback on Curricula / Syllabus

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Name of the Alumni: AGRAWAL PRETI PAWAN KUMAR

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: - Designation: MBBS

Name of the Organization / Institution: Dr. Ulhas patil Medical college and Hospital.

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		✓			
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?			✓		
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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**Student's Satisfaction Survey (2023-24)**

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Name of the Student (Optional): \_\_\_\_\_

Phone number/Email ID: \_\_\_\_\_

Name of the Program: \_\_\_\_\_

Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion: \_\_\_\_\_



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✚ Full Name-  
..... RAKH. AJAY. DAMODAR .....

✚ Batch..... 2019 ..... Degree.....  
Program..... M.B.B.S ..... Course..... M.B.B.S .....

✚ Email..... rakhajay.278@gmail.com .....

✚ Mobile Number..... 9307584958 .....

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year..... Registration No.....

✚ Roll Number..... Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚ .....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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Name of the Alumni: AJAY DAMODAR RAICH

Degree obtained: MBBS

Year of Passing: 2014

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?	✓				
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

only suggestion from my side plz  
Improve quality of food

M. Patil



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Name of the Student (Optional): AJAY DAMODAR RAKH Phone number/Email ID: 9307584918

Name of the Program: \_\_\_\_\_ Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell					Below 30%
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
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8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion: \_\_\_\_\_



GODAVARI FOUNDATION'S

# DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,  
Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No.(0257)2366657, 2366678  
Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

✚ Full Name-

..... KRUTIKA SATISH HAKE .....

✚ Batch..... 2019 .....

Degree..... MRBS .....

Program.....

Course.....

✚ Email..... Krutikahake@gmail.com .....

✚ Mobile Number..... 9307918854 .....

✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

.....

✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✚ Name of Exam-.....

Year..... Registration No.....

✚ Roll Number..... Rank (if any).....

✚ If you have qualified in any competitive examination; please provide application/registration number and other details

✚ .....

✚ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

*Krutika*



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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✚ Give your suggestions to improve the relationship between the alumni and the College

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**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: KRUTIKA SATISH HAKE

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: \_\_\_\_\_

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus					✓
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?				✓	
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

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*Krutika*



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in



## Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): KRUTIYA S. HAKE

Phone number/Email ID: krutihakake@gmail.com

Name of the Program: \_\_\_\_\_

Batch No./Name: 2019

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100%	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100% ✓	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100% ✓	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100% ✓	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100% ✓	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100% ✓	75 to 89%	55 to 74%	30 to 54%	Below 30%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level ✓	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly ✓	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair ✓	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time ✓	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star ✓	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion:-----



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

- ✚ Full Name- ..... SATYAM GAJANAN KALE .....
- ✚ Batch..... 2024-25 ..... Degree..... M.B.B.S .....  
Program..... Course.....
- ✚ Email..... Satyomkale2000@gmail.com .....
- ✚ Mobile Number..... 8208812861 .....
- ✚ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.  
.....
- ✚ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*
- ✚ Name of Exam-.....  
Year..... Registration No.....
- ✚ Roll Number..... Rank (if any).....
- ✚ If you have qualified in any competitive examination; please provide application/registration number and other details  
.....
- ✚ If working, Please mention name of organisation and your designation \*
- Organisation Name..... Designation .....
- Salary offered ..... Year of joining.....

*Satyam Kale*



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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*Strict attendance Role*

✚ Give your suggestions to improve the relationship between the alumni and the College

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*Study oriented programme for NBET-PG*



GODAVARI FOUNDATION'S

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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: SATYAM GAJANAN KALE

Degree obtained: MBBS

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: DR. ULHAS PATIL MEDICAL COLLEGE

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

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*(Signature)*



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**NAAC ACCREDITED**

## Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): Satyam Gajanan Kale Phone number/Email ID: 8288812861

Name of the Program: \_\_\_\_\_ Batch No./Name: Batch 2019

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion:-----

*(Signature)*



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**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

✦ Full Name-

..... AZMI AREEBA SHARIB .....

✦ Batch..... 2019 .....

Degree..... UG .....

Program.....

Course..... MBBS .....

✦ Email..... areebazmi06@gmail.com .....

✦ Mobile Number..... 8080778060 .....

✦ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

.....

✦ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✦ Name of Exam-.....

Year.....

Registration No.....

✦ Roll Number.....

Rank (if any).....

✦ If you have qualified in any competitive examination; please provide application/registration number and other details

.....

✦ If working, Please mention name of organisation and your designation \*

Organisation Name.....

Designation .....

Salary offered .....

Year of joining.....



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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✚ Give your suggestions to improve the relationship between the alumni and the College

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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: AZMI AREEBA SHARIB

Degree obtained: MBBS

Year of Passing: 2025

Current Employment: - Designation: MBBS

Name of the Organization / Institution: DUPMCH

(Please tick in the relevant cell)

Sr No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?			✓		
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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*Azmi*



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Name of the Student (Optional): AREEBA AZMI SHARIB Phone number/Email ID: 8080778060

Name of the Program: \_\_\_\_\_ Batch No. /Name: 2019

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
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3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
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5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion:-----



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**NAAC ACCREDITED**

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Dear Alumni

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✦ Full Name- ..... SUTAR SAHIL DATTATRAY .....

✦ Batch..... 2019 ..... Degree..... UG .....  
Program..... ..... Course..... MBBS .....

✦ Email..... sahilsutar204@gmail.com .....

✦ Mobile Number..... 7083531321 .....

✦ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

.....

✦ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✦ Name of Exam-.....

Year..... Registration No.....

✦ Roll Number..... Rank (if any).....

✦ If you have qualified in any competitive examination; please provide application/registration number and other details

✦ .....

✦ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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✚ Give your suggestions to improve the relationship between the alumni and the College

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GODAVARI FOUNDATION'S

# DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL

Recognized by National Medical Commission, Approved by Central Govt. of India, New Delhi,

Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013

Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306]

Jalgaon-Bhusawal Road, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No.(0257)2366657, 2366678

Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni feedback on Curricula / Syllabus

Dear Alumni,

Greetings from DUPMC, Jalgaon.

As you are esteemed Alumni of this institution, we want feedback from you to improve us further. Please spare some time & give your valuable feedback on curriculum implementation and syllabus coverage. Please indicate the degree in which you agree or disagree.

Name of the Alumni: SUTAR SAHIL DATTATRAY

Degree obtained: MBBS

Year of Passing: 2025

Current Employment: - Designation: MBBS

Name of the Organization / Institution: DUPMCH

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?			✓		
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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*[Handwritten Signature]*



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## Student's Satisfaction Survey (2023-24)

Dear Student,

Greetings from DUPMC, Jalgaon. As you are esteemed student of this institution, we are conducting a Student Satisfaction Survey which will help to assess the Quality status of the Teaching Learning methods in our institution. We want feedback from you to improve us further. Please spare some time & give your valuable feedback.

Name of the Student (Optional): SUTAR SAHIL DATTATRAY Phone number/Email ID: 7083501321

Name of the Program: \_\_\_\_\_ Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	<input checked="" type="checkbox"/> 75 to 89%	<input type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	<input checked="" type="checkbox"/> 75 to 89%	<input type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	<input type="checkbox"/> 75 to 89%	<input checked="" type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	<input checked="" type="checkbox"/> 75 to 89%	<input type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	<input type="checkbox"/> 75 to 89%	<input checked="" type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion:-----



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

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↓ Full Name-  
..... SONAR AKASH BABURAO .

↓ Batch..... 2019 - 20 ..... Degree..... UG .....  
Program..... Course..... MBBS .

↓ Email..... akashsonar4420@gmail.com .

↓ Mobile Number..... 9420804635 .

↓ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

↓ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

↓ Name of Exam-.....

Year..... Registration No.....

↓ Roll Number..... Rank (if any).....

↓ If you have qualified in any competitive examination; please provide application/registration number and other details

↓ .....

↓ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

*Sonar*



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**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

✚ Give your suggestions to improve the relationship between the alumni and the College

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Name of the Alumni: SONAR AKASH BABURAO .

Degree obtained: MBBS

Year of Passing: 2025

Current Employment: - Designation: MBBS .

Name of the Organization / Institution: DUPMCH .

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting	✓				
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards	✓				
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?			✓		
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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*Sonars*



**GODAVARI FOUNDATION'S**  
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**Student's Satisfaction Survey (2023-24)**

Dear Student,

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Name of the Student (Optional): SONAR AKASH BABURAO Phone number/Email ID: 9420804635

Name of the Program: \_\_\_\_\_ Batch No./Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%
1	How much of the Syllabus was covered in the Class in which you are studying?	90 to 100 %	<input checked="" type="checkbox"/> 75 to 89%	<input type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	90 to 100 %	<input checked="" type="checkbox"/> 75 to 89%	<input type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	90 to 100 %	<input type="checkbox"/> 75 to 89%	<input checked="" type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	90 to 100 %	<input checked="" type="checkbox"/> 75 to 89%	<input type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	90 to 100 %	<input type="checkbox"/> 75 to 89%	<input checked="" type="checkbox"/> 55 to 74%	<input type="checkbox"/> 30 to 54%	Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often Fair	Sometimes Fair	Usually Unfair	Always Unfair
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

Any significant feedback and suggestion:-----



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Email ID : dupmcj@yahoo.in, dupmcj@gmail.com Website : www.dupmc.ac.in

**NAAC ACCREDITED**

## Alumni Feedback Form

Dear Alumni

We hope and believe that the time you spent with us in Dr. Ulhas Patil Medical College and Hospital, Jalgaon must have been knowledgeable and as well as cherish-able, thereby, paved your way towards a brighter future. We shall be very much thankful to you if you would spare some time to fill feedback form. With the help of following form we seek your valuable suggestions to improve college deliverables both qualitatively and quantitatively.

Full Name- Suraj Santosh Satpute

Batch- 2019-20 Degree- MBBS  
Program..... Course- MBBS

Email- Suraj.satpute556@gmail.com

Mobile Number- 9422918377

If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

Name of Exam-.....

Year..... Registration No.....

Roll Number..... Rank (if any).....

If you have qualified in any competitive examination; please provide application/registration number and other details

.....

If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

*Suraj Satpute*



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**NAAC ACCREDITED**

## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

Strongly Agree

✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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✚ Give your suggestions to improve the relationship between the alumni and the College

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Name of the Alumni: Suraj Santosh Satpute

Degree obtained: M.B.B.S

Year of Passing: 2024

Current Employment: \_\_\_\_\_ Designation: M.B.B.S

Name of the Organization / Institution: Dr. Ulhas patil medical college

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough		✓			
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation		✓			
4	Curriculum applicable in your future practice		✓			
5	Curriculum is relevant to meet health care of global standards		✓			
6	Need to include skill-based content in current syllabus		✓			
7	The assessment pattern measures your complete knowledge		✓			
8	Do you feel the need of syllabus updation?			✓		
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?		✓			

Any significant feedback and suggestion:

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*Satpute*



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Name of the Student (Optional): Suryaj Santosh Sapate Phone number/Email ID: 9422918377

Name of the Program: \_\_\_\_\_ Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell				
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10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star

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✦ Full Name- SHITAL DASU GAWIT

✦ Batch 2019 Degree MBBS  
Program..... Course.....

✦ Email shitalgawit.12@gmail.com

✦ Mobile Number 7249823056

✦ If you have opted for higher education, please mention, name of the university, course, year of admission and year of completion.

✦ Have you appeared in any competitive examination? If you have appeared in any competitive examination; please provide following details \*

✦ Name of Exam-.....

Year..... Registration No.....

✦ Roll Number..... Rank (if any).....

✦ If you have qualified in any competitive examination; please provide application/registration number and other details

✦ .....

✦ If working, Please mention name of organisation and your designation \*

Organisation Name..... Designation .....

Salary offered ..... Year of joining.....

*Shital*



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## Please provide your opinion in respect of following statements-

✚ I feel proud to be associated with Dr.Ulhas Patil Medical College and Hospital, Jalgaon.

Disagree

Indifferent

Agree

Strongly Agree

✚ I feel that the college taught me some valuable lessons in character building

Disagree

Indifferent

Agree

Strongly Agree

✚ The college played an important role in increasing my level of confidence

Disagree

Indifferent

Agree

Strongly Agree

✚ The extra curricular activities gave me an opportunity to develop my personality

Disagree

Indifferent

Agree

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✚ Kindly do a SWOT Analysis of the institution pointing out strengths, weaknesses, opportunities and threats.

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Name of the Alumni: SHITAL DASU GAVIT

Degree obtained: MBBS

Year of Passing: 2024 - March

Current Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of the Organization / Institution: DR. ULHAS PATIL MEDICAL COLLEGE

(Please tick in the relevant cell)

Sr. No.	Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
		5	4	3	2	1
1	Curriculum updated enough	✓				
2	Curriculum content interesting		✓			
3	Curriculum fulfilling your expectation	✓				
4	Curriculum applicable in your future practice	✓				
5	Curriculum is relevant to meet health care of global standards	✓	✓			
6	Need to include skill-based content in current syllabus	✓				
7	The assessment pattern measures your complete knowledge	✓				
8	Do you feel the need of syllabus updation?		✓			
9	Do you feel the syllabus helped you to improve your clinical, practical & research skills?	✓				

Any significant feedback and suggestion:

Curriculum implementation & syllabus coverage are very well implemented to be a competent doctor.

Swati



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Name of the Program: \_\_\_\_\_ Batch No. /Name: \_\_\_\_\_

Sr. No.	Item	Please tick on the relevant cell					
		90 to 100 %	75 to 89%	55 to 74%	30 to 54%	Below 30%	
1	How much of the Syllabus was covered in the Class in which you are studying?	<input checked="" type="checkbox"/>					Below 30%
2	What percentage of teachers are effectively communicating Knowledge, Soft skills and Practical Aspects in Teaching Learning process?	<input checked="" type="checkbox"/>					Below 30%
3	To What extent Clinical and Practical facilities related to your Class have been made available to you?	<input checked="" type="checkbox"/>					Below 30%
4	What extent of training you are provided in the Skill and Practical Labs, Clinical Ward Rounds and Practical exercises?	<input checked="" type="checkbox"/>					Below 30%
5	What percentage of teachers use ICT enabled methods like Multimedia (Audio-Video), Web Based materials and e-resources while teaching?	<input checked="" type="checkbox"/>					Below 30%
6	To What extent the academic environment and class room teaching has improved your creative and analytical skills	High Level	Appreciable Level	Satisfactory Level	Marginal Level	No Opportunity given	
7	How frequently your performance in academic assignments are discussed and reviewed with you by your teachers?	Regularly	Often	Sometimes	Rarely	Never	
8	What is your opinion about the fairness of the Internal Assessment Exams and evaluation process by the teachers?	Always Fair	More Often fair	Sometimes Fair	Usually Unfair	Always Unfair	
9	Do your teachers help you identify your strengths and weaknesses and help you develop or overcome them?	Every Time	Usually	Occasionally	Rarely	Never	
10	How would you rate the Quality of Teaching, Learning and Evaluation in our institute in terms of Star Rating?	Five Star	Four Star	Three Star	Two Star	One Star	

Any significant feedback and suggestion: overall very good.

*[Signature]*