

FEEDBACK FROM FRESHERS

Name : Mother tongue: _____

Age : Sex :

Residential Address :

Local address

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Thank you for taking the time to participate in the feedback. Your responses will help us strengthen the training during internship and undergraduate training. Your participation will be anonymous. Please answer all the questions to the best of your ability and understanding. Please use the key below to fill your response to each statement.

KEY: 1 – Strongly agree; 2 – Agree; 3 Disagree; 4-Strongly disagree

	Item	Response	If your response is 3 or 4 please state reasons
1.	I chose BDS as a first preference		
2.	I have read the code of conduct		
3.	I am interested in earning the local language for better communication		
4.	I am interested in participating in extracurricular activities		
5.	I am not a victim of ragging		
6.	I am able to approach my teachers without hesitation		
7.	I am able to avail library services		
8.	I am not facing difficulties in the hostel		
9.	The office staff in the college has been helpful in addressing my queries		
12.	My teachers have been helpful in helping me settle down in a new environment		

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH
KLE VK INSTITUTE OF DENTAL SCIENCES, BELGAUM
Accredited "A" Grade by NAAC
FEEDBACK FORM

1. What is your purpose of joining dentistry in KLE?

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Date :

Place :