

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: C. Aarthi.

Year of study: 1st year MBBS.

Register no:

Batch and roll no: 2016 - 2017 and 1.

1. Theory teaching schedule - Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility - Available : Yes / No ✓

5. Remarks: null

Date: 11/21/17



Aarthi
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Abinaya Sakti* Year of study: *Ist year.*

Register no:

Batch and roll no: *2016-2017 and 2.*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks *nil*

Date *11.04.2017*



S. Abinaya

Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: M. ABIRAMI AKSHAYA

Year of study: 1st MBBS

Register no:

Batch and roll no: 2016-2017 / 05

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks NIL

Date 11.01.2017



M. Abirami Akshaya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: R.S. ABDHAVAN

Year of study: Ist MBBS

Register no:

Batch and roll no: 2016 and 4

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks - NILL

Date 11-4-17



R.S. Abdhavan
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *C. Aishwarya*

Year of study: *1st year MBBS*

Register no:

Batch and roll no: *2016-17, 5*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No

5. Remarks *Nil*

Date : *11th April 17*



C. Aishwarya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *AKHILA-S*

Year of study: *2016-17*
1st yr MBBS

Register no:

Batch and roll no: *2016-17 and 6*

1. Theory teaching schedule – Followed regularly : *Yes* / No
2. Practical demonstrations - Followed regularly : *Yes* / No
3. Hands on training - Followed regularly : *Yes* / No
4. Infrastructure facility – Available : *Yes* / No
5. Remarks *NIL*

Date *11.04.2017*



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Anthony Moses M Year of study: 1st yr MBBS

Register no:

Batch and roll no: 2016, (7)

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks

Nil

Date 11/4/17



Anthony Moses M
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: K. AKSHAYA

Year of study: 1st year

Register no:

Batch and roll no: 2016-2017, 8

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks

Nil

Date 11.04.17



K. Akshaya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *U. Amirtha Priya* Year of study: *Ist MBBS*

Register no:

Batch and roll no: *2016-2017 & 9*

1. Theory teaching schedule – Followed regularly : *Yes / No*
2. Practical demonstrations - Followed regularly : *Yes / No*
3. Hands on training - Followed regularly : *Yes / No*
4. Infrastructure facility – Available : *Yes / No*
5. Remarks *Nil*

Date *11-4-17*



U. Amirtha Priya.
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: ANJU.K

Year of study: 2016-17
1st Year MBBS


Register no:

Batch and roll no: 2016-17 and Roll no: 11

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks Nil

Date 11/4/17




Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *M. ANUSUYA*

Year of study: *Ist YEAR*
MBBS

Register no:

Batch and roll no: *2016 - 2017 212*

1. Theory teaching schedule – Followed regularly : *Yes / No*
2. Practical demonstrations - Followed regularly : *Yes / No*
3. Hands on training - Followed regularly : *Yes / No*
4. Infrastructure facility – Available : *Yes/ No*
5. Remarks *Nil*

Date *11.4.17*



Anusuya M.
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: ARBAT BOMIL PRAMOD Year of study: 1st MBBS.

Register no:

Batch and roll no: 20-16-17 Roll no: 13

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks Nil

Date 11-04-17.



Arbat
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: K-ARDUNA

Year of study: Ist year
MBBS.

Register no:

Batch and roll no: 2016 - 2017 & 14

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks Nil

Date 11/4/17



K. Aruna
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: ASHWIN KUMAR BALAJI Year of study: 1st MBBS

Register no:

Batch and roll no: 2016-2017 Roll No:- 15

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks -NIL-

Date 11-04-17



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: ASWATHY.S.PRAKASH Year of study: Ist YEAR MBBS

Register no:

Batch and roll no: 2016-2017 , Roll No: 16

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks N/A

Date 11-11-17



Aswathy S

Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *ANITHI DINESH P* Year of study: *1st year MBBS*

Register no:

Batch and roll no: *2016, (17)*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No

5. Remarks

NIL

Date *11/4/21*



[Handwritten Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: P.T. Attokheaya

Year of study: 2016-17 IVBS

Register no:

Batch and roll no: 18 - 2016-17 batch

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks - Nil

Date 11.4.17



P.T. Attokheaya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: A. BHARANI

Year of study: 1st MBB

Register no:

Batch and roll no: 2016-2017 / 19

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks Nil

Date 11.4.17



A. Bharani
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: CS BHAVANI

Year of study: Ist year

Register no:

Batch and roll no: 2016-2017 / 20

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓
5. Remarks NO

Date 11/4/17



CS. Bhavani
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: BISMARCK S

Year of study: 1st M.B.B.S.

Register no:

Batch and roll no: 2016-17, Roll: NO :- 21

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks Nil

Date 11.04.17



[Handwritten Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: N. DEVDHARSHINI Year of study: 1st Year


Register no:

Batch and roll no: 206 - 2017 and 22.

1. Theory teaching schedule - Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility - Available : Yes / No ✓
5. Remarks Nil

Date : 11.9.17




Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Dhanraj N

Year of study: Ist year

Register no:

Batch and roll no: 2016-2017/23

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks N/A

Date 11.4.17



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: DHANAVIGNESH R

Year of study: 2016 - I M.B.B.S

Register no:

Batch and roll no: 2016-17 Roll-NO: 24

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓
5. Remarks - nil -

Date 11/04/17



Dhanavignesh
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: B. DHANYA Year of study: Ist year

Register no:

Batch and roll no: 2016-17 ; 25

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks Nil

Date 11.4.17



B. Dhanya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: DHINESH .M

Year of study: 1st MBBS

Register no:

Batch and roll no: 2016-17, Roll num - 26

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks : NIL

Date 11/09/17



Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: DIVESH A

Year of study: 1st year MBBS

Register no:

Batch and roll no: 2016 27

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓
5. Remarks NIL

Date 11-04-17



A. Divesh
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: M. DIPANKAR.

Year of study: 1st YEAR MBBS.

Register no:

Batch and roll no: 2016 / 28.

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks NIL

Date 11-4-12.



M. Dipankar
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: L. DIVYA PRIYADARSHINI Year of study: Ist year

Register no:

Batch and roll no: 2016 - 2017 and 29

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks : NIL

Date 11/04/2017



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: M. ELAMATHY

Year of study: Ist MBBS

Register no:

Batch and roll no: 2016 : 30

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks - NIL

Date 11.04.2017



M. Elamathy

Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: N Farzeena

Year of study: 2016
Ist year MBBS

Register no:

Batch and roll no: 2016, Roll: 31

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks Nil

Date 11/4/2017



Farzeena

Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: GAOTHAM . P

Year of study: IYB MBBS

Register no:

Batch and roll no: 2016 BATCH

ROLL NO: 52

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks - NIL

Date 11.04.17

P. Gautham . P
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Creston Gideon Ragland* Year of study: *Ist MBBS*

Register no:

Batch and roll no: *2016-17* / *33*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No

5. Remarks

NIL

Date *11/04/2017*

[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: G GNANAGEETHAN Year of study: Iyr MBBS

Register no:

Batch and roll no: 2016 Batch
Roll no : 54

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks

Nil

Date 11/4/17



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: GOWTHAM R

Year of study: IMBBS

Register no:

Batch and roll no: 2016 Batch, 35

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks - Nil

Date

11-04-2017



G. Gowtham
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: M. S. Hari Sankaran Year of study: 2nd MBBS

Register no:

Batch and roll no: 2016 batch 36

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓
5. Remarks Nil.

Date 11/04/2017



M. S. Hari Sankaran
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: A. H. Hariharan

Year of study: 1st MBBS

Register no:

Batch and roll no: 2016 / 37

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks

Date

11-4-2017



A. H. Hariharan
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: P. Hemalatha

Year of study: 1st Year MBBS

Register no:

Batch and roll no: 2016-17 38

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks Nil

Date 11.4.17



P. Hemalatha
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: N. Hinduja

Year of study: I year
MBBS

Register no:

Batch and roll no: 2016 - 2017 Roll No: 39

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks : Nil.

Date : 11/4/17



N. Hinduja
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Ijaz Nagar

Year of study: 1st MBS

Register no:

Batch and roll no: 2016, 40

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks

Nil

Date

11/09/2017



Ijaz
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: S. Indhu Balajyothi Year of study: Ist Y^{er} MBBS

Register no:

Batch and roll no: 2016-2017 & 41

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks : Nil.

Date 11.04.17



S. Indhu Balajyothi
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: K. Indhija

Year of study: Ist /r- MBBS

Register no:

Batch and roll no: 2016-2017 and - 42

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks N/A

Date 11.04.17



K. Indhija
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: K. JAMES CHRISTIANE Year of study: 1 year


Register no:

Batch and roll no: 2016-17 Roll No: 43

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks Nil

Date 11/4/17




Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: N. JAYA GOKHRI

Year of study: 3rd YEAR MBBS

Register no: 15

Batch and roll no: 2016-2017 and 44

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓
5. Remarks NIL

Date 11-04-2017



N. JAYA GOKHRI
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Jagan Deepak* ✓ Year of study: *1st* MBBS

Register no:

Batch and roll no: *2016 Batch, 45*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks *- NIL*

Date : *11. A. 17.*



Jagan Deepak
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: R. JANABANDEYA BHARATHI Year of study: 1 year

Register no:

Batch and roll no: 2016-17 Roll No: 46

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks NIL

Date 11/4/17



N. Janabharathi
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: S. J. JOVI ALAN Year of study: I MBBS

Register no:

Batch and roll no: 2016-2017, 47

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks - Nil

Date : 11-04-2017




Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: **KALAS**

Year of study: **Ist YEAR
MBBS**

Register no: **-**

Batch and roll no: **2016-2017 (18)**

1. Theory teaching schedule – Followed regularly : **Yes / No** ✓
2. Practical demonstrations - Followed regularly : **Yes / No** ✓
3. Hands on training - Followed regularly : **Yes / No** ✓
4. Infrastructure facility – Available : **Yes / No** ✓
5. Remarks **NIL**

Date **11/4/2017**



Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Kamesh C*

Year of study: *Ist* MBBS

Register no:

Batch and roll no: *2016 Batch / Roll no: 49*

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks - *Nil*

Date : *11/4/17*



Kamesh C
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *R. S. Karpaga Priya* Year of study: *Ist year*
MBBS

Register no:

Batch and roll no: *2016-2017 Roll No: 50*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks - *N/A*

Date - *11/4/17*



R. S. Karpaga Priya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *P. Kasthurya*

Year of study: *1st yr MBBS*

Register no:

Batch and roll no: *2016-17. 51*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks *nil*

Date *11/9/17*



P. Kasthurya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: D. KAVI ANANDU

Year of study: 3rd MBBS

Register no:

Batch and roll no: 2016 P 52

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓
5. Remarks

Date : 11 - 4 - 2017



D. K. Anandu
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *D. Kaviyathaiwary* Year of study: *I yr MBBS*

Register no:

Batch and roll no: *2016-2017 and 53*

1. Theory teaching schedule – Followed regularly : *Yes / No*
2. Practical demonstrations - Followed regularly : *Yes / No*
3. Hands on training - Followed regularly : *Yes / No*
4. Infrastructure facility – Available : *Yes / No*
5. Remarks *Nil*

Date *11-04-2017*



D. Kaviyathaiwary
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Keerthi M.*

Year of study: *I MBBS*

Register no:

Batch and roll no: *2016-2017* Roll no: *54*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks *Nil*

Date *11/4/17*



Keerthi M.
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: KEERTHIKA.T.S Year of study: Ist yr
MBBS

Register no: 55

Batch and roll no: 2016-17.

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks : NIL

Date 11/4/17



Keethika T.S

Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: P. Kishore Kumar

Year of study: 1st MBB5

Register no:

Batch and roll no: 2016 : 56

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No

5. Remarks

N/A

Date

11-04-22



P. Kishore Kumar
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *P. Kowsika*

Year of study: *1st Yr M.B.B.S.*

Register no:

Batch and roll no: *2016-2017-57*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks - Nil

Date *11.04.17*



P. Kowsika
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: KRITHIKA. A

Year of study: Ist YEAR
MBS

Register no:

Batch and roll no: 2016-2017 and 58

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓

5. Remarks : NIL

Date 11.04.2017



A. Krithika
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: KUZHALI, R.

Year of study: 7th / 1st MBSBS

Register no:

Batch and roll no: 2016-2017, 59

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks

Date 11.4.17



R. Kuzhali
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *S. Leena Grace*

Year of study: *1st Y₂ MBBS*

Register no:

Batch and roll no: *2016 - 2017 260*

1. Theory teaching schedule – Followed regularly : *Yes / No* ✓
2. Practical demonstrations - Followed regularly : *Yes / No* ✓
3. Hands on training - Followed regularly : *Yes / No* ✓
4. Infrastructure facility – Available : *Yes / No* ✓

5. Remarks : *Nil*

Date *11/4/17*



S. Leena Grace
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: LINKESHWAR. A. S.

Year of study: 1st M.B.B.S

Register no:

Batch and roll no: 2016 - 61

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No

5. Remarks

Date 11/04/2017



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: **B. LOKESH**

Year of study:

Register no:

Batch and roll no: **2016-2017 and 62**

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No

5. Remarks

NIL

Date **11/4/17**



B. Lokesh
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: N. MAHESHWARAN Year of study: 1st year MBBS

Register no:

Batch and roll no: 2016 - 2017 and 63

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓

5. Remarks NIL

Date 11.04.2017



N. Maheshwaran
Signature of student

Annappoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: MAIVILI CHELVI K.M Year of study: 2016-2017

Ist year MBBS

Register no:

Batch and roll no: 2016-2017 6 64

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓

5. Remarks

NIL

Date 11/4/2017



K.M. Maivili chelvi
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: M. Hanisha

Year of study: 2016-17
Ist year MBBS

Register no:

Batch and roll no: 2016, 65

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks Nil

Date 11/4/17



Signature of student

M. Hanisha

Annappoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: P. Maran Oscar

Year of study: 1st year

Register no:

Batch and roll no: 2016 - 2017 Roll no: 66

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks - Nil

Date 11/4/17



P. Maran Oscar

Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Midhun M

Year of study: Ist yr MBBS

Register no:

Batch and roll no: 2016-2017 E 62

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No

5. Remarks NPI

Date 11/4/17



Midhun
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *K. Mutha*

Year of study: *2016-2017*
IYR MBBS

Register no:

Batch and roll no: *2016-2017*
68

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks *NIL*

11/9/2017
Date



K. Mutha
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: MOHAN SRIRAM

Year of study: Ist YEAR MBBS

Register no:

Batch and roll no: 2016-17 5. 69

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks NIL

Date 11/4/17




Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: MONIKA R

Year of study: 2016-17

Ist YEAR MBBS

Register no:

Batch and roll no: 2016-17, ROLL NO: 70

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes / No ✓
5. Remarks NIL

Date : 11/4/2017



M. Monika
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: MONISHA M

Year of study: I MBBS

Register no:

Batch and roll no: 2016-17 and 71

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks No

Date 11.4.2017



M. Monisha
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Muneef A S

Year of study: 1st yr mbbs

Register no:

Batch and roll no: 2016-2017 Roll no: 12

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks : NIL

Date 11.04.2017



[Handwritten Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: N. NAGALAKSHMI Year of study: 2016-2017

Register no: 72

Batch and roll no: 2016 - 2017 , 73

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks Nil

Date 11/4/17



N. Nagalakshmi
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: NAHEEN NAVAS

Year of study: 2016-17
Ist - Year MBBS

Register no:

Batch and roll no: 2016-17 Roll No: 74

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks NIL

Date



Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: NANDHAKUMAR

Year of study: Ist MBBS


Register no:

Batch and roll no: 2016-17 / 75

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks : NIL

Date: 11/4/17




Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *M Nandhini*

Year of study: *2016-2017*

Register no:

Batch and roll no: *2016 - 76*

1. Theory teaching schedule – Followed regularly : Yes / No

2. Practical demonstrations - Followed regularly : Yes / No

3. Hands on training - Followed regularly : Yes / No

4. Infrastructure facility – Available : Yes/ No

5. Remarks - *Nil*

Date *11/1/17*



M Nandhini
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: S. Narmadha

Year of study: 2016-17

I MBBS

Register no:

Batch and roll no: 2016, 77

1. Theory teaching schedule – Followed regularly : Yes / No

2. Practical demonstrations - Followed regularly : Yes / No

3. Hands on training - Followed regularly : Yes / No

4. Infrastructure facility – Available : Yes / No

5. Remarks

Nil

Date : 11/4/17



S. Narmadha
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: M. Minveen Raj

Year of study: Ist MBBS

Register no: 718

Batch and roll no: 2016-2017 / 78

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓

5. Remarks

-nil-

Date: 11.04.17



Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: B. Naveena

Year of study: 2016-2017
1st Year MBBS

Register no:

Batch and roll no: 2016-2017 979

1. Theory teaching schedule – Followed regularly : Yes / No

2. Practical demonstrations - Followed regularly : Yes / No

3. Hands on training - Followed regularly : Yes / No


4. Infrastructure facility – Available : Yes / No

5. Remarks

NIL

Date 11.4.2017




Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *M. Naveen Kumar* Year of study: *I MBBS*

Register no: *20*

Batch and roll no: *80*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks - *Nil*

Date : *11.4.17*



M. Naveen Kumar
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Naveen Prabhakar V.L.*

Year of study: *Ist yr MBBS*

Register no:

Batch and roll no: *2016-2017 / 81*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks : *NIL*

Date *11/6/17*



V.L.M.
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Mikshika H.P

Year of study: 2016-2017

Ist Year MBBS

Register no:

Batch and roll no: 2016-2017 / 82

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks

Date

11/4/2017



Mikshika
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: NINU · K · M

Year of study: 2016-17
Ist YEAR MBBS

Register no:

Batch and roll no: 2016-2017 Roll NO: 83

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks NIL

Date 11/2/17



Ninu K M
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Niranjana B*

Year of study: *2016 - 2017*

1st Year MBBS

Register no:

Batch and roll no: *2016 - 2017*
92 / 814

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks

Date *11.11.17*



B. Niranjana
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *E. Dithesh Kumar* Year of study: *Ist M.B.B.S*

Register no:

Batch and roll no: *2016-2017* Roll no: *85*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks *- Nil*

Date *11.4.2017*



E. Dithesh Kumar
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: **NITHIN S**

Year of study: **Ist MBBS**

Register no:

Batch and roll no: **2016-2017 & 86**

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks :- **NIL**

Date : **11/4/17**



S. Anup
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *D. Nithya*

Year of study: *2016-2017*

Register no:

Batch and roll no: *1st year, 87*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks *Nil*

Date *11-4-17*



D. Nithya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Parundani A.K Year of study: 2016-2017
1st Year MBBS

Register no:

Batch and roll no: 2016-2017 / 88

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks

Date 11/11/17



Parundani A.K
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: **R. PON RISHAB** Year of study: **I** **MBBS**

Register no:

Batch and roll no: **2016-17 and 89**

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks

Date **11.4.17**



R. Pon Rishab
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *POOJA B*

Year of study: *2016-2017*
Ist year MBBS

Register no:

Batch and roll no: *2016-2017 / 90*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No

5. Remarks

Date *11/4/17*



Pooja B
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: POOVARASAN, K

Year of study: 2016-17 (IY)

Register no:

Batch and roll no: 91 (2016-17)

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks - Nil

Date : 11.04.2017



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Prasanth P

Year of study: I year
(2016-2017)

Register no:

Batch and roll no: 92 2016-17

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes / No ✓
5. Remarks NK

Date 11.4.17



P. Prasanth
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: M. PRIYA

Year of study: 1st yr
MBBS

Register no:

Batch and roll no: 2016-17, 93

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks Nil

Date

11-4-2018



M. Priya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *M. Priyadharshini* Year of study: *I MBBS*

Register no:

Batch and roll no: *2016-2017* Roll No: *94*

1. Theory teaching schedule – Followed regularly : *Yes / No*
2. Practical demonstrations - Followed regularly : *Yes / No*
3. Hands on training - Followed regularly : *Yes / No*
4. Infrastructure facility – Available : *Yes / No*
5. Remarks *Nil*

Date *11.4.17*



M. Priyadharshini
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *S. Prigamka*

Year of study: *1st year*

Register no:

Batch and roll no: *2016-17 Roll No: 95*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks *Nil*

Date *11.4.17*



S.P.K.
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *S. Prayanka*

Year of study: *Ist year*

Register no:

Batch and roll no: *2016-2017 96*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks -

Date *11.4.17*



S. Prayanka
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *S. Prayanka*

Year of study: *1st year*

Register no:

Batch and roll no: *2016-17 ; Roll No - 97*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks —

Date *11.4.17*



S. Prayanka
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Puriyaranu

Year of study: 2016-17

Register no:

Batch and roll no: 98 (2016-17)

1. Theory teaching schedule - Followed regularly : Yes / No Yes No
2. Practical demonstrations - Followed regularly : Yes / No Yes No
3. Hands on training - Followed regularly : Yes / No Yes No
4. Infrastructure facility - Available : Yes / No Yes No
5. Remarks N/L

Date 11.04.17



S. Puriyaranu
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: E. Ragul Singh

Year of study: 2016 - 2017
I Year

Register no:

Batch and roll no: 2016-17 , 99

1. Theory teaching schedule - Followed regularly : Yes / No Yes
2. Practical demonstrations - Followed regularly : Yes / No Yes
3. Hands on training - Followed regularly : Yes / No Yes
4. Infrastructure facility - Available : Yes / No Yes
5. Remarks - NIL -

Date 11.4.17



Ragul Singh
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *R. Rajarajan*

Year of study: *I year*

Register no:

Batch and roll no: *100 (2016-2017)*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks - *nd*

Date *11/4/17*



R. Rajarajan
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: C. RAMYA

Year of study: I year
M.B.B.S

Register no:

Batch and roll no: 2016 - 2017.

Roll NO : 101

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks

Date 11.4.17



C. Ramya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: R. RAMYA

Year of study: 2016-17

Register no:

Batch and roll no: 102 (2016-17)

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks Nil

Date: 11-12-2017


Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: A. RANJITHA

Year of study: Ist year MBBS

Register no:

Batch and roll no: 2016 - 2017 A 103

1. Theory teaching schedule - Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility - Available : Yes / No ✓
5. Remarks nil

11-4-2017
Date



A. Ranjitha
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: R. Raveena Devi Year of study: 1st MBBS 2016-2017

Register no:

Batch and roll no: 2016-2017 Roll no: 104

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks

Date: 11.4.17



R. Raveena Devi
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: M. Renuka

Year of study: I year

Register no:

Batch and roll no: 2016-2017, 105

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks - NIL

Date 11.4.17

M. Renuka
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: N. Reshmikha

Year of study: 3rd yr MBBS

Register no:

Batch and roll no: 2016-2017 E 106

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks

Nil

Date

11/6/2017



NRJ
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Riya Hanza H*

Year of study: *11th year*
~~2016-2017~~

Register no:

Batch and roll no: *2016-2017*, Roll no: *107*

1. Theory teaching schedule – Followed regularly : *Yes* / No
2. Practical demonstrations - Followed regularly : *Yes* / No
3. Hands on training - Followed regularly : *Yes* / No
4. Infrastructure facility – Available : *Yes* / No

5. Remarks *nil*

Date *11-9-2017*



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Roger Valen P* Year of study: *1st year*

Register no:

Batch and roll no: *2016-17, 108*

1. Theory teaching schedule – Followed regularly : *Yes/No*
2. Practical demonstrations - Followed regularly : *Yes/No*
3. Hands on training - Followed regularly : *Yes/No*
4. Infrastructure facility – Available : *Yes/No*
5. Remarks

Date

11-4



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: R. SADHANA

Year of study: Ist YEAR,
MBBS

Register no:

Batch and roll no: 2016-2017 & 109

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes / No ✓
5. Remarks NIL

Date

11.4.2017



Signature of student

R. Sadhana

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: SANAL PRAKASH

Year of study: Ist year
MBBS

Register no:

Batch and roll no: 2016-2017, 110

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks : Nil

Date 11-4-17



Sanal
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Sangamithra. B

Year of study: T MBBS

Register no:

Batch and roll no: 2016 - IT Roll no: 111

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks Nil.

Date

11.4.2017



Sangamithra. B
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *BANJAN SURENDRAN*

Year of study: *1st year*

Register no:

Batch and roll no: *2016-17, 112*

1. Theory teaching schedule – Followed regularly : *Yes / No*
2. Practical demonstrations - Followed regularly : *Yes / No*
3. Hands on training - Followed regularly : *Yes / No*
4. Infrastructure facility – Available : *Yes / No*
5. Remarks *Nil*

Date *11-01-2017*



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *K. SATHASIVAM*

Year of study: *1st year MBBS*
2016-17

Register no:

Batch and roll no: *2016-17, 113*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks :- *N/L*

Date : *11.4.17*



K. Sathya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: M. SATHISH

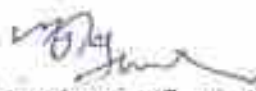
Year of study: I - MBBS

Register no:

Batch and roll no: 2016 - 2017, 114

1. Theory teaching schedule - Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility - Available : Yes / No ✓
5. Remarks NIL

Date 11-4-17


Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: P.K. SELVENDRAN Year of study: 1ST YEAR MBBS

Register no:

Batch and roll no: 2016 - 2017 , 115

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks - NIL.

Date 11/04/2017



P.K. Selvendran
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *S. shivane*

Year of study: *1st MBBs*

Register no:

Batch and roll no: *2016 - 2017 Roll no: 116*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks

Date

11.4.17



S. Shivane
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: S. SHIRUTHI

Year of study: ^{1st year} 2016-2017
M.B.B.S

Register no:

Batch and roll no: 2016-2017, Roll No: 117.

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No

5. Remarks

Date

11/11/2017



S. Shiruthi
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: R. SIBIRAJA

Year of study: Ist yr MBBS
2016-2017

Register no:

Batch and roll no: 118 (2016-17)

1. Theory teaching schedule - Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility - Available : Yes / No
5. Remarks - Nil

Date 11.4.2017



Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Sivasree*

Year of study: *1st yr*

Register no:

Batch and roll no: *2016-17 (119)*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks - *Nil*

Date

11.6.2017



Sivasree
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Sona R

Year of study: 1st year

Register no:

Batch and roll no: 2016-17.. (120)

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks : Nil

Date 1st Apr 2017



Signature of student :

Sona R

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: SONU BAEU . S

Year of study: I MBBS

Register no:

Batch and roll no: 2016-17 - 121

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks NIL

11/4/17
Date




Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: M. Soorya Ganth Year of study: 1st year MBBS

Register no:

Batch and roll no: 2016-17, 122

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No

5. Remarks M

Date 11/4/17



M. Soorya Ganth
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *G.O. Gowmuya*

Year of study: *1st year MBBS*

Register no:

Batch and roll no: *2016 - 2017 & 123*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks

No remarks

Date *11.4.2017*



G.O. Gowmuya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Sowmya V

Year of study: I year
~~2016-2017~~

Register no:

Batch and roll no: 2016-2017, 124

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓
5. Remarks Good

Date 11/4/17



Sowmya V
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Sreedh Krishnan D S Year of study: 1st year MBBS

Register no:

Batch and roll no: 2016-17, 1215

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks No remarks

Date 11/04/17



Sreedh
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: R. SUBHASHINI Year of study: Ist Year.
MBBS.

Register no:

Batch and roll no: 2016-17 & 126.

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks Good

Date 11/4/17



R. Subhashini
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *A. SUDHARMAH*

Year of study: *1st MBBS*

Register no:

Batch and roll no: *2015 - 17 4 127*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks *Nil*

Date *11/4/2017*



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *M. SUJITHA*

Year of study: *I YEAR*

Register no:

Batch and roll no: *2016 - 2017 , 128*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks *GOOD*

Date *11/4/17*



Sujitha
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: S. SOJITHA

Year of study: 1st year

Register no:

Batch and roll no: 2016-17, 129

1. Theory teaching schedule – Followed regularly : Yes / No

2. Practical demonstrations - Followed regularly : Yes / No

3. Hands on training - Followed regularly : Yes / No

4. Infrastructure facility – Available : Yes/ No

5. Remarks Good

Date 11/4/2017



S. Sojitha
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: P.SUSHMITHA

Year of study: I year

Register no:

Batch and roll no: 2016-2017, 130

1. Theory teaching schedule – Followed regularly : Yes / No

2. Practical demonstrations - Followed regularly : Yes / No

3. Hands on training - Followed regularly : Yes / No

4. Infrastructure facility – Available : Yes / No

5. Remarks

Good.

Date 11/4/2017



P. LHR
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *J. Swetha*

Year of study: *1st Yr MBBS*

Register no:

Batch and roll no: *2016-2017 and 131*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks

No remarks

Date *11/04/17*



J. Swetha
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: M.K. Thanikaivelan Year of study: 1st year MBBS

Register no:

Batch and roll no: 2016 - 2017 & 182

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks Nil

Date 11.04.2017



M.K. Thanikaivelan
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: UDHAYAN VENKATESH K Year of study: 5 - MBBS

Register no:

Batch and roll no: 2016-17 (133)

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks NIL

Date 11/04/2017



K. Uthayam
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Uma Devi B

Year of study: ~~2016-17~~ 1st yr

Register no:

Batch and roll no: 2016 - 2017 / 134

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks :- NIL

Date: 01/4/17



B. AD
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: P. VAITHEESH RAM Year of study: IST YR MBBS

Register no:

Batch and roll no: 2016 - 2017 6135

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks NTL

Date 11/04/2017



P. Vaitheesh
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: S VANAJA

Year of study: 1st year MBBS

Register no:

Batch and roll no: 2016-2017 and 136

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks GOOD

Date 11.4.17



S Vanaja
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: S. VASANTH

Year of study: I^{SE} - MBBS

Register no:

Batch and roll no: 2016-2017 # 137

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks NIL

Date 11/4/17



S. VASANTH
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *M. Venkatesh Prabhu*

Year of study: *1st year MBBS*

Register no:

Batch and roll no: *2016-17 2-138*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No

5. Remarks

Good

Date *11.4.2017*



Venkatesh
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: B.VIDHYA

Year of study: 1st year
MBBS

Register no:

Batch and roll no: 2016-2017 and 139

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks —

Date 11/4/17



B. Vidhya
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *R. Vignesh*

Year of study: *1 year*

Register no:

Batch and roll no: *2016 - 17 140*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks *NIL*

Date

11/4/17



R. Vignesh
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Vigneshwara K*

Year of study: *I Yr. MBBS*

Register no:

Batch and roll no: *2016-17 - 2 (4)*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks *Nil*

Date *11.4.17*



K. Vigneshwara
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: G. VITAYARAJA

Year of study: Ist year MBBS

Register no:

Batch and roll no: 2016-17 , 143

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes / No
5. Remarks Nil

Date : 11/4/17



G. Vitay
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: R. VIKAS

Year of study: Ist Yr MBBS

Register no:

Batch and roll no: 2016-2017 4143

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks NIL

Date : 11/04/2017



R. Vikas
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *B. Vinesh*

Year of study: *Ist* *M.B.B.S*

Register no:

Batch and roll no: *2016 - 2017* *144*

1. Theory teaching schedule – Followed regularly : *Yes / No*
2. Practical demonstrations - Followed regularly : *Yes / No*
3. Hands on training - Followed regularly : *Yes / No*
4. Infrastructure facility – Available : *Yes/ No*
5. Remarks *Nil.*

Date *11/4/2017*



B. Vinesh
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: Vishnu K Venu.

Year of study: 1st year,
M.B.B.S.

Register no:

Batch and roll no: 2016-17, 145.

1. Theory teaching schedule – Followed regularly : Yes / No ✓
2. Practical demonstrations - Followed regularly : Yes / No ✓
3. Hands on training - Followed regularly : Yes / No ✓
4. Infrastructure facility – Available : Yes/ No ✓

5. Remarks

Date 11/4/2017



Signature of student

Vishnu

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *Vishnuvarjya P*

Year of study: *2nd year M.B.B.S*
~~1st year~~

Register no:

Batch and roll no: *2016-17, 146*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks : *No remarks*

Date: *11/04/17*



[Signature]
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *M. Yogenwan*

Year of study: *Ist year*

Register no:

Batch and roll no: *2016-17 9147*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks : *Nil*

Date *11/4/2017*



M. Yogenwan
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *A. YOUNG BAI*

Year of study: *1st year*

Register no:

Batch and roll no: *2016-17 - E 148*

1. Theory teaching schedule – Followed regularly : Yes / No
2. Practical demonstrations - Followed regularly : Yes / No
3. Hands on training - Followed regularly : Yes / No
4. Infrastructure facility – Available : Yes/ No
5. Remarks *Good*

Date *11.4.17*



A. Young Bai
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: *B YUVASHALINI*

Year of study: *Ist Yr MBBS*

Register no:

Batch and roll no: *2016-2017 and 149*

1. Theory teaching schedule – Followed regularly : *Yes* / No
2. Practical demonstrations - Followed regularly : *Yes* / No
3. Hands on training - Followed regularly : *Yes* / No
4. Infrastructure facility – Available : *Yes* / No

5. Remarks

NO REMARKS

Date *11/04/17*



B. Yuvashalini
Signature of student

Annapoorana Medical College & Hospital, Salem.

Student feedback form

Name of student: YUVASRI .S

Year of study: 2nd M.B.B.S

Register no:

Batch and roll no: 2016-2017 (150)

1. Theory teaching schedule – Followed regularly : Yes / No

2. Practical demonstrations - Followed regularly : Yes / No

3. Hands on training - Followed regularly : Yes / No

4. Infrastructure facility – Available : Yes / No

5. Remarks

No remarks

Date 11/11/17




Signature of student