



CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE

(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences,

Karnataka & Recognised by Dental Council of India, New Delhi)

Bommanahalli, Hosur Road, Bangalore - 560 068.


Ph: 080-61754680 Fax: 080 - 61754693E-mail:deandirectortodc@gmail.com

Website: www.theoxford.edu

Follow up reports on the action taken and outcome analysis

Index

Sl. No.	Particulars	Page No.
2016-17		
1.	Blank Template of Parent Feedback	3
2.	Filled Template of Parent Feedback	4-23
3.	Feedback Analysis Report	24-25
4.	Action Taken on Feedback Analysis Report & meeting minutes PTA	26-28
2017-18		
5.	Blank Template of Parent Feedback.	29
6.	Filled Template of Parent Feedback	30-78
7.	Feedback Analysis Report	79-80
8.	Action Taken on Feedback Analysis Report & meeting minutes PTA	81-83
2018-19		
9.	Blank Template of Parent Feedback	84
10.	Filled Template of Parent Feedback	85-140
11.	Feedback Analysis Report	141-142
12.	Action Taken on Feedback Analysis Report & meeting minutes PTA	143-146
2019-20		
13.	Blank Template of Parent Feedback	147
14.	Filled Template of Parent Feedback	148-189
15.	Feedback Analysis Report	190-191
16.	Action Taken on Feedback Analysis Report & meeting minutes PTA	192-195
2020-21		
17.	Blank Template of Parent Feedback.	196
18.	Filled Template of Parent Feedback	197-285
19.	Feedback Analysis Report	286-288
20.	Action Taken on Feedback Analysis Report & meeting minutes PTA	289-292


Dean and Director
The Oxford Dental College, Bommanahalli,
Hosur Road Bengaluru - 560 068



CHILDREN'S EDUCATION SOCIETY (Regd.)

THE OXFORD DENTAL COLLEGE


(Recognized by the Govt. of Karnataka, Affiliated to Rajiv Gandhi University of Health Sciences,
Karnataka & Recognised by Dental Council of India, New Delhi)

Bommanahalli, Hosur Road, Bangalore - 560 068.

Ph: 080-61754680 Fax : 080 - 61754693E-mail: deandirectortodc@gmail.com

Website: www.theoxford.edu

During Parent Teacher meeting feedbacks are collected by parents and analysed. Suggestions given by parents are brought to the notice of the concerned authorities. Action taken by authorities will be intimated to parents during next meeting.



Dean and Director
The Oxford Dental College, Bommanahalli
Hosur Road Bengaluru - 560 068



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	
Name of the Student	
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	
Occupation	
Email	
Phone	
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:

PTM FEEDBACK FORM
(2016 - 2017)

Ist BDS

REGULAR BATCH



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 18/2/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	NARENDRAN. A. N.
Name of the Student	KAVITHA. A. N.
Year of the Student	I BDS/II BDS/III BDS/IV BDS/ Internship
Batch	Regular Batch / Odd Batch-
Address	ITTINA MAHAVIR APTTS, NEELADRI NAGAR, ECITY, B'LORE
Occupation	GOVERNMENT EMPLOYEE.
Email	naren1367@gmail.com.
Phone	9902280324.
Faculty Name	Dr. Lekha.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: *My daughter has to improve in 2 subjects (Biochemistry and Anatomy).*

5. Any other suggestions/feedback:

NARENDRAN. A. N.
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/2017

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K. G. Viswambasam
Name of the Student	Lakshmi Viswam
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	Kollaparambil (H), Athur, Amundapuram P.O, Kerala.
Occupation	Business
Email	lakshmi.viswam997@gmail.com.
Phone	9886173250
Faculty Name	Dr. Lecha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓		Not Required	
-----------	--	-----------	--	------	---	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 18/02/2017.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Pradeep Kumar
Name of the Student	Neha Juhí
Year of the Student	(I BDS/II BDS/III BDS/IV BDS/ Internship)
Batch	Regular Batch / Odd Batch
Address	Binodpur Katihar, Bihar
Occupation	Business
Email	mail@2k13@gmail.com
Phone	8877710289
Faculty Name	Dr. Lekha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Pradeep Kumar

Parents Signature:



The Oxford Dental College and Hospital
Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/17.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Reji MG
Name of the Student	Reya . S . Reji
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	(Regular Batch) Odd Batch
Address	#28, Anugraha, canara bkt lvt, Sahakaranaagar, Bangalore
Occupation	Civil Engineer
Email	sojareji@gmail.com
Phone	9844141542
Faculty Name	Dr. Lekha.

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

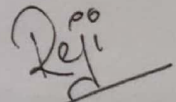
Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Dr BK Girip
Name of the Student	Harshith
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	# 7 2nd Floor 2nd Block BTM 6 th stage Bangalore
Occupation	Dentist
Email	girip.bk7@gmail.com
Phone	7892661868
Faculty Name	Dr Lekha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

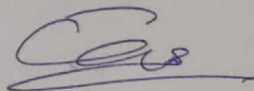
Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Dr Girip BK

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Mr. Arunan. E
Name of the Student	KOTHAI. A
Year of the Student	I-BDS / II-BDS / III-BDS / IV-BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	HG-140, Phase IX, Railway Station, Hosur
Occupation	Advocate
Email	Arunan.adv@gmail.com
Phone	9443510092
Faculty Name	Dr. Lekha.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

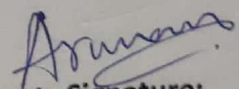
Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/17.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Dr. K. G. Narayana.
Name of the Student	Navya Narayana.
Year of the Student	(BDS) / II-BDS / III-BDS / IV-BDS / Internship
Batch	Regular Batch / Odd Batch
Address	#1289, JP Nagar 2nd Phase, B'lore - 78.
Occupation	Dentist.
Email	dknayan@gnail.com.
Phone	9845036505
Faculty Name	Dr. Leela.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/2/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	R.G. Mohan Kumar
Name of the Student	Manisha. M.K
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#101, Gauri residency, rameshwarpalayam, Basavangal
Occupation	Engineer
Email	rgmk67@gmail.com
Phone	9449386 520
Faculty Name	Dr. Lekha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

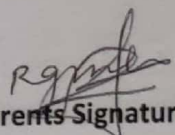
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Needs improvement in anatomy subject.

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/2/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Sunita Rana
Name of the Student	POOJA Rana
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	H 87, Crappa reddy layout, Banarwadi
Occupation	Housewife
Email	poorja1998rana@gmail.com
Phone	980662610
Faculty Name	Dr. Lekha

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	<input checked="" type="checkbox"/>	Good	Not Required
-----------	-----------	-------------------------------------	------	--------------

2. Academic progress of your ward

Excellent	Very good	<input checked="" type="checkbox"/>	Average	Need Improvement
-----------	-----------	-------------------------------------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	<input checked="" type="checkbox"/>	Good	Need Improvement
-----------	-----------	-------------------------------------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Sunita Rana
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/2/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M. Madu Sudana Reddy .
Name of the Student	M. Lalitya .
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship .
Batch	Regular Batch / Odd Batch
Address	Hno 300 mg Housing board colony, Mandya, A.p .
Occupation	Govt Teacher .
Email	Madu. Maranreddy@gmail.com
Phone	9441509615 .
Faculty Name	Dr. Lecha .

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

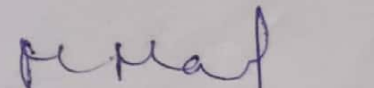
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

my daughter needs improvement in Anatomy subject.

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/2017

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	T. G. Samuel
Name of the Student	Aksha Mary Samuel
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	Thurudiyil House, Chackipurana, Punjala P.O, Puzhavathoor
Occupation	Pastor
Email	Sarathurudiyil1964@gmail.com
Phone	9447039522
Faculty Name	Dr. Lekha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Sarathurudiyil

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Manjunath. C.
Name of the Student	Bhuvanah.
Year of the Student	I BDS/II BDS/III BDS/IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	Yengal, Kolar (T) & (D), Karnataka.
Occupation	Business.
Email	Manjunathc@gmail.com.
Phone	9448218406
Faculty Name	Dr. Lepha.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

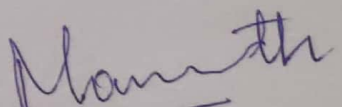
Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MUSARATH BEGUM
Name of the Student	SAALIMA SYEDA
Year of the Student	(I BDS/ II BDS/ III BDS/ IV BDS/ Internship)
Batch	Regular Batch / Odd Batch
Address	B. T. M 1ST STAGE
Occupation	HOUSE WIFE
Email	saalimasayed@gmail.com
Phone	8904926890
Faculty Name	DR. LEKHA.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Musarath Begum
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	PADMA.G
Name of the Student	RAKSHITHA.A
Year of the Student	I BDS/II-BDS/III-BDS/IV BDS/Internship
Batch	Regular Batch / Old Batch
Address	1 st CROSS, NALLURAHALLI, WHITE FIELD, B'LORE - 66
Occupation	HOUSE WIFE
Email	rakshithanakz11@gmail.com
Phone	8105250429
Faculty Name	Dr. LEKHA.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Rakshitha.A
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/2017

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Indrani Ghosh
Name of the Student	Aparajita Ghosh
Year of the Student	I-BDS/ II-BDS/ III-BDS/ IV-BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Oron Trillium apartment, Rajarajeshwari
Occupation	Housewife
Email	indrani.ghosh@gmail.com
Phone	8116603018
Faculty Name	Dr. Saha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	--------------	-------------------------------------

2. Academic progress of your ward

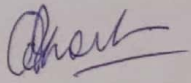
Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input checked="" type="checkbox"/>	Very good		Good		Need Improvement	
-----------	-------------------------------------	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/2/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Mala - S. Shetty
Name of the Student	Chintan - S. Shetty
Year of the Student	I BDS/ II-BDS/ III-BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Hegganur, Hosamane, Udipi
Occupation	House maker
Email	4Malashetty62@gmail.com
Phone	9483565204
Faculty Name	Dr. Liha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

My ward needs improvement in Biochemistry, Anatomy

5. Any other suggestions/feedback:

Please try to give a little more attention in the above mentioned subjects -

Mala - S. Shetty
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/2/17.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Bijay Kumar Bata
Name of the Student	Dikshu Singh
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	CA Row Bahadur Road, Aje
Occupation	Business
Email	Dr 82459485@gmail.com
Phone	8217744315
Faculty Name	Dr. Lalcha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

My daughter is very weak in human anatomy subject

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

13/02/17.

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	LINET DSOVZA
Name of the Student	ASHEL OLIVIA DSOVZA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Perapade 5th cross road, Akashbhanan, Mangalore
Occupation	Nurse
Email	ashelds04@gmail.com
Phone	9008127193
Faculty Name	Dr. Lekha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

My ward is weak in Anatomy subject.

5. Any other suggestions/feedback:

Include more classes for Anatomy theory and practicals

Lin

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2016-17

Date: 13/02/17

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BALAVANTHAPPA
Name of the Student	DIVYA
Year of the Student	I BDS/ II-BDS/ III-BDS/ IV-BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Ram Rahim colony Huttigold Mines Raichur
Occupation	Class I Civil Contractor
Email	divyachaluwadi@gmail.com
Phone	9986308393
Faculty Name	Dr. Lekha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: My daughter is weak in physiology subject and has to improve.

5. Any other suggestions/feedback: please conduct more discussions/ topics on this subject,

Parents Signature:



THE OXFORD DENTAL COLLEGE & HOSPITAL

FEEDBACK ANALYSIS REPORT

REGULAR BATCH (2016-2017)

DATE:18/02/2017

Parents teachers meeting as per the schedule was held in the auditorium on 13/02/2017 to 16/02/2017 at 9am to 12pm for I year to IV year BDS regular batch.

Chairperson- Dr. S Lekha T

The feedback forms were given to the parents and the below mentioned points were highlighted by the majority of the parents in the feedback forms, thereby a report is done based on the feedback forms.

1. Parents want their ward to attend medical subject classes to be conducted on college premises itself.
2. Parents want their ward to have an extra practical classes to improve their handwork.
3. Parents want more black board teaching to happen along with digital media.
4. Parents want for their ward an extra special classes to be conducted for improvement in communication skills to face viva.
5. Regular maintenance of classrooms, projected rooms , and washrooms.

Signature Of Chairperson Of Parent Teacher Committee

Chairperson

**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**

Signature Of Principal

PRINCIPAL
The Oxford Dental College
Bommanahalli, Hoosur Road,
Bangalore - 560 068.



THE OXFORD DENTAL COLLEGE

FEEDBACK ANALYSIS REPORT

ODD BATCH (2016-2017)

DATE: 30/08/2017

Parents teachers meeting as per the schedule was held in the board room on 14/02/2017 to 17/02/2017 at 9am to 12pm for I year to IV year BDS odd batch.

Chairperson- Dr. S Lekha

The feedback forms were given to the parents and the below mentioned points were highlighted by the majority of the parents in the feedback forms, thereby a report is done based on the feedback forms.

1. Parents want smart classes to be conducted.
2. Parents want extra practical classes to be conducted.
3. Parents want for their ward extra classes to be conducted for oral surgery.
4. Regular maintenance of classrooms, projected rooms, and washrooms.

Signature Of Chairperson Of Parent Teacher Committee
Chairperson

Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee

Signature Of Principal

PRINCIPAL
The Oxford Dental College
Bommanahalli, Hoover Road,
Bangalore - 560 068.

THE OXFORD DENTAL COLLEGE


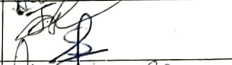

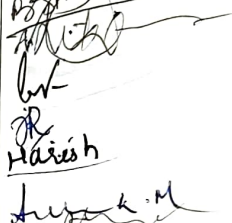
ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 18/02/2017




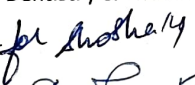

CIRCULAR





The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on 20/02/2017 at 10:00 AM, to address the feedback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr.Lekha

BATCH (REGULAR)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 st BDS	Dr. Suresh Dr. Abhilash PR	Medical Staff Dental Staff	
2 nd BDS	Dr. Jayaprakash Dr. Padmaja S.	Medical Staff Dental Staff	
3 rd BDS	Dr.Dhavani Dr. Shruthi S.	Medical Staff Dental Staff	
4 th BDS	Dr. Bharati S. Dr. Mohammed Khalid Dr. Savitha A.N. Dr.Lakshmipathi Reddy Dr. T Jayakumar Dr. Harish Kumar Dr. Archana Krishna Murthy	Dental staff	

HOD's please acknowledge:

Dept. of Oral Medicine- 
 Dept. of Oral & Maxillofacial Surgery- 
 Dept. of Conservative Dentistry & Endodontics- 
 Dept. of Periodontics- 
 Dept. of Oral Pathology- 

Dept. of Community Dentistry- 
 Dept. of Prosthodontics- 
 Dept. of Orthodontics- 
 Dept. of Pedodontics- 


 CHAIRPERSON SIGNATURE,

(PARENT TEACHER COMMITEE)


 PRINCIPAL SIGNATURE

PRINCIPAL
 The Oxford Dental College
 Bommanahalli, Hosur Road,
 Bangalore - 560 068.

Chairperson
 Internal Assessment, Slow & Advance Learners, Mentor-
 Mentee & Parent Teacher Meeting Committee

MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 20/02/2017

MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 13/02/2017 to 16/02/2017, for I-IV BDS Regular Batch.

DATE: 20/02/2017

Location: Boardroom

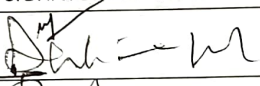

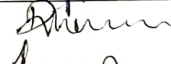
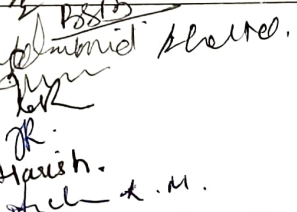
Time: 10:00 AM

Attendees:

PRINCIPAL- Dr. Priya Subramaniam

Chairperson of PTA committee- Dr.Lekha

Staff In-charge from medical and dental departments

BATCH (REGULAR)	STAFF INCHARGE	SIGNATURE OF STAFF
1 st BDS	Dr. Suresh Dr. Abhilash PR	
2 nd BDS	Dr. Jayaprakash Dr. Padmaja S.	
3 rd BDS	Dr.Dhavani Dr. Shruthi S.	
4 th BDS	Dr. Bharati S. Dr. Mohammed Khalid Dr. Savitha A.N. Dr.Lakshmipathi Reddy Dr. T Jayakumar Dr. Harish Kumar Dr. Archana Krishna Murthy	

Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

Actions taken:

- Text Book reading,
- Quiz
- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.



CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITTEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentee & Parent Teacher Meeting Committee



PRINCIPAL SIGNATURE

The Oxford Dental College
Bommanahalli, Hosur Road,
Bangalore - 560 068.

THE OXFORD DENTAL COLLEGE

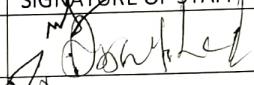


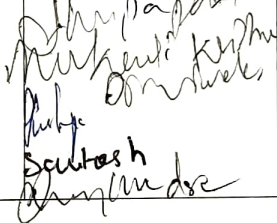
ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 31/07/2017

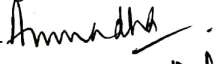




CIRCULAR


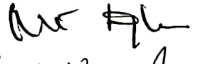
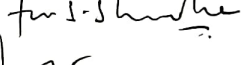

The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on 02/08/2017 at 10:00 AM, to address the fee dback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr.Lekha

BATCH (ODD)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF,
1 st BDS	Dr. Suresh Dr. Abhilash PR	Medical Staff Dental Staff	
2 nd BDS	Dr. Jayaprakash Dr. Padmaja S.	Medical Staff Dental Staff	
3 rd BDS	Dr.Dhavani Dr. Shruthi S.	Medical Staff Dental Staff	
4 th BDS	Dr. Shilpa Patil Dr. Murali Krishna Dr. Vivek Dr. Savitha PN Dr.Pushpalatha Dr. Santosh VS Dr. Raghavendra Kùlkarni	Dental staff	

HOD's please acknowledge:

Dept. of Oral Medicine- 
 Dept. of Oral & Maxillofacial Surgery- 
 Dept. of Conservative Dentistry & Endodontics- 
 Dept. of Periodontics- 
 Dept. of Oral Pathology- 

Dept. of Community Dentistry- 
 Dept. of Prosthodontics- 
 Dept. of Orthodontics- 
 Dept. of Pedodontics- 


 CHAIRPERSON SIGNATURE,
 (PARENT TEACHER COMMITEE)


 PRINCIPAL SIGNATURE

Chairperson
**Internal Assessment, Slow & Advance Learners, Mentor-
 Mentee & Parent Teacher Meeting Committee**

PRINCIPAL
The Oxford Dental College
Bommanahalli, Hosur Road,
Bangalore - 560 068.



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	
Name of the Student	
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	
Occupation	
Email	
Phone	
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:

Feedback Forms.

1st year

Regular Batch

2017-2018



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P. UPENDRAN
Name of the Student	AMRUTHA K.K.
Year of the Student	↓BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	AMRUTHAM Kuppam (PO), TALIPARAMBA, KANNUR, KERALA
Occupation	BANK EMPLOYEE.
Email	Upendran.m.mghe.u@gmail.com.
Phone	9633859633.
Faculty Name	Dr. Deepa.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

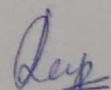
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

To improve in the subject anatomy. More practical knowledge required.

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ABDUL YAHAB . P . k
Name of the Student	Ajmal Pawan - P .
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Elumbattiyil Co Chemmed . P.O Timmargedi
Occupation	Business
Email	Yahabchemmed@gmail.com
Phone	9497150711
Faculty Name	Dr. Kazishma

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

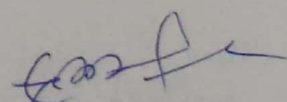
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

To improve in the subject Anatomy and the other medical subjects
Practical knowledge and skills to be improved.

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	NANJUNDAPPA · R · B
Name of the Student	CHANDANA · R · N
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#737 22ND MAIN JP NAGAR 2ND PHASE BANGALORE
Occupation	RETIRED ASSISTED DIRECTOR OF LAND RECORDS (SURVEY)
Email	nanjundappa.sb@gmail.com
Phone	8095452538
Faculty Name	DR VINAYAK

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

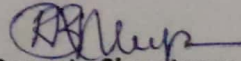
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Need Practical knowledge in anatomy.

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/2/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	V. ALLABAKSH
Name of the Student	V. AFRIN
Year of the Student	✓ I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Gowtham Towers KT Road Tirupati
Occupation	Deputy superintendent of police
Email	valluru.afin37@gmail.com
Phone	9741875079
Faculty Name	Dr.

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18
~~20/07/18~~

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SAFIULLAH KHAN
Name of the Student	EMAN SAFI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	BT.M layout Bangalore
Occupation	Engineer
Email	eman.safi98@gmail.com
Phone	9902274232
Faculty Name	Dr. Praveen

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

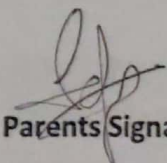
Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Mukut Chandra Baruah
Name of the Student	Priyami Baruah
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Oxford Girls' Hostel
Occupation	Retired Principal
Email	dr.mukut.chandra@rediffmail.com
Phone	9435387619
Faculty Name	Ravi Sinha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

She is very slow in learning

5. Any other suggestions/feedback:

Provide dental materials

Mukut
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/2/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SHASHI KUMAR SINGH
Name of the Student	REENA SHASHI MOIRANGTHEM
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Wangkei Ningthem Pathe mapal, Finghal,
Occupation	Engineer
Email	muskpgd@gmail.com
Phone	9436477814
Faculty Name	Dr Ronald.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

more participation in events

5. Any other suggestions/feedback:

more interactions b/w the staff and students.

Parents Signature: *Musk Singh*



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/2/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P. Venkatarama
Name of the Student	P. Kiran
Year of the Student	↓BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Palamaner 517408 Chittoor dist
Occupation	Business
Email	kiran81etter@gmail.com
Phone	91481527100
Faculty Name	Dr. Sreedanth Sir

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Physiology

5. Any other suggestions/feedback:

P. Venkatarama
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12-2-18.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P. Suresh babu
Name of the Student	P. Lahari
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Bacheli, Andhrapradesh 516227.
Occupation	Pharmacist.
Email	lahari.patil9@gmail.com
Phone	9966449123.
Faculty Name	Sreebantu sir.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

anatomy

5. Any other suggestions/feedback:

frequent test

P. Suresh babu
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12-02-18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ABDUL RAZZAQ
Name of the Student	POONDA WAHEEM AKRAM
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	B.Kothakota, Andhrapradesh
Occupation	Business man
Email	wheemakram123@gmail.com
Phone	8331881926
Faculty Name	Dr. Rikanti

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

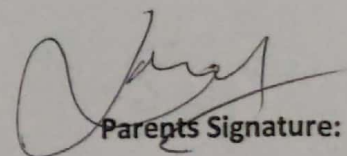
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	------------------	-------------------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

clinical

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Soman P.N
Name of the Student	Divya Soman
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Krishna Nagar Pallurthy Cochin C.
Occupation	Cooperator
Email	Somanpn 295@gmail.com
Phone	9446096625
Faculty Name	Dental

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

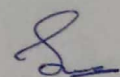
Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	PAUL T. C
Name of the Student	ANNIE THANGAM PAUL
Year of the Student	LBDS/II-BDS/III-BDS/IV-BDS/Internship
Batch	Regular Batch / Odd Batch
Address	THUNDATHIL (H), NEAR K.S.R.T.C, PERUMBAVOOR, KERALA
Occupation	BUSINESS
Email	annie.paul349@gmail.com
Phone	9886806752
Faculty Name	DENTAL

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

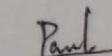
Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/2/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Chandrabetty B. K
Name of the Student	Bhagavathi
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	H 88, Harmony layout, Athbale
Occupation	Business
Email	Chandrabettyreddy98@gmail.com
Phone	9683079988
Faculty Name	Dental

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	--------------	-------------------------------------

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

→ Please do maintain
in the washroom)

Signature
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Birendra kumar Singh
Name of the Student	Shivani Singh
Year of the Student	<input checked="" type="checkbox"/> BDS/ <input type="checkbox"/> II BDS/ <input type="checkbox"/> III BDS/ <input type="checkbox"/> IV BDS/ <input type="checkbox"/> Internship
Batch	<input checked="" type="checkbox"/> Regular Batch / <input type="checkbox"/> Odd Batch
Address	ganshedpur, gharuhand
Occupation	selfie man
Email	singhshivani5132@gmail.com
Phone	7483114379
Faculty Name	Dr. vijay

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/> Good		Not Required	
-----------	--	-----------	--	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/> Average		Need Improvement	
-----------	--	-----------	---	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

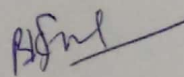
Excellent		Very good		Good	<input checked="" type="checkbox"/> Need Improvement	
-----------	--	-----------	--	------	--	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Regular classes for medical subjects required

5. Any other suggestions/feedback:

-


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SOURABH SATYABATY
Name of the Student	SHWETA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Langkruja hagenes Srilanka
Occupation	Indian Air force
Email	SS866188@gmail.com
Phone	7069752977
Faculty Name	Dr. Divya

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	--------------	-------------------------------------

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

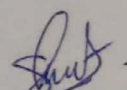
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	------------------	-------------------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Regular classes for medical subjects

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Ujwala. Gurudatta
Name of the Student	Anvita. Gurudatta
Year of the Student	✓ BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No.10, Atharva, BML layout, Gollahalli, Bsr-62
Occupation	DOCTOR
Email	dr.ug.1976@gmail.com
Phone	9740087624
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

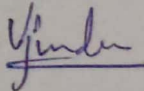
Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature: 



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	GURUNATH SUNKAD
Name of the Student	VAISHNAVI GURUNATH SUNKAD.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	KESHANA NAGAGI, B. BAGELWADI.
Occupation	DOCTOR.
Email	sunkadarun@gmail.com
Phone	9886185096
Faculty Name	Dr. Aasha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

—

5. Any other suggestions/feedback:

—

G. N. Sunkad
Parents' Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MANJUNATH. T.
Name of the Student	BHOOMIKA. T. M.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 38/3, Munerwara layout, Bommanahalli, Bangalore -68
Occupation	Retired Bank Employee
Email	manjunathatalad@gmail.com
Phone	9964598331
Faculty Name	Dr. Vinayak

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Anatomy - Effective way of teaching the concepts

5. Any other suggestions/feedback:

Improve basic facilities

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K. Nayema Baw
Name of the Student	Taquiya Tazyen N.A
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#.21/1 M.R.lane. Police road. , Bangalore
Occupation	-
Email	Nayemabaw10@gmail.com
Phone	7847884194
Faculty Name	Dr. Revathi

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

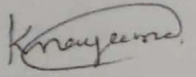
Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Anatomy ,

5. Any other suggestions/feedback:

Improve basic facilities.


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 19/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Raja Varghese
Name of the Student	Raine Raja
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Pulivalayil (A) Chittoor Thodupuzha Kerala.
Occupation	Business.
Email	raja.varghese101@gmail.com
Phone	9495217614
Faculty Name	Dr. Deepa

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward


Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: To Improve the clinical skills.

5. Any other suggestions/feedback: To provide with more material.


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/2/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Chandea Reddy. R
Name of the Student	Tejashwini C.V.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Opp IEB Sarjapura Road Attibele, Bengaluru
Occupation	Business
Email	tejatejashwini034@gmail.com
Phone	6363788118
Faculty Name	Mohar

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

DADH

5. Any other suggestions/feedback:

Chandea Reddy

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/07/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Daniel. S
Name of the Student	Ananya. S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	ews-78, housing board, Ballari, Karnataka
Occupation	Business
Email	daniel.sutapaneni@gmail.com
Phone	9448803767
Faculty Name	Dr. Swetha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Anatomy practicals

5. Any other suggestions/feedback:

-

Daniel. S
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	RAJAN CT
Name of the Student	REJOICE RAJAN
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#74, opp 4th Betahalli, Chordasandra, Bangalore.
Occupation	Priest
Email	cj.rajana@yahoo.com
Phone	9845571303, 9945097065
Faculty Name	Dr. Ashwini

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Rejoice has to improve her study methods in anatomy. I suggest the teachers to make the lectures interesting and simple through good diagrams

5. Any other suggestions/feedback:

Rajf
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Sreenivas Redyale
Name of the Student	Rahul Redyale
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	JA-1006, Salyun green apt. Bommanahalli,
Occupation	Software engineer
Email	sreenivasredyale@yahoo.com
Phone	9845585560
Faculty Name	Dr Revati

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward


Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	T.S. Varoja
Name of the Student	Anooh Sarathi
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	H 152, Itina Nagar, Jigani
Occupation	Housewife
Email	anooh.sarathi99@gmail.com
Phone	9110662375
Faculty Name	Dr. Suinivas

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

T.S. Varoja

Parents Signature:



The Oxford Dental College and Hospital
Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	RAMAN VADIVELU
Name of the Student	ABHINAV.A.V
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	27/1 2nd Cross 1st Main Anjalamma chattru Masjid Road.
Occupation	-
Email	abhinava27jo@gmail.com
Phone	7358863408.
Faculty Name	Dr Vinayak.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Better scheduled classes &.

5. Any other suggestions/feedback: -


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	N. Elavarasan
Name of the Student	E. Geetha
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Tirupattur, Tamilnadu.
Occupation	Teacher.
Email	nelavarasan1968@gmail.com
Phone	9345543953
Faculty Name	Dr. Srinivasam

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Anatomy to improve.

5. Any other suggestions/feedback:

N. Elavarasan
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Vijay Mohanank.
Name of the Student	Onima
Year of the Student	BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Sector 3.1 HSR layout
Occupation	Banking
Email	onimamohan@gmail.com
Phone	9620462221
Faculty Name	Dr. Babu

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Anatomy, frequent tests can be scheduled

5. Any other suggestions/feedback: - nil

Vijay Mohanank
Parents Signature:

PTM FEEDBACK FORMS

2017 - 2018

IInd YEAR

(REGULAR BATCH)



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Pooja Singh Sualke Devi
Name of the Student	Pooja Singh
Year of the Student	I BDS/II BDS/III BDS/IV BDS/ Internship
Batch	Regular Batch / Odd Batch.
Address	Bag Bahadur Road, Mys
Occupation	Business
Email	838341448@gmail.com
Phone	8212544295
Faculty Name	A. Kelly Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

My ward is very weak in Psychology

5. Any other suggestions/feedback:

Pooja Singh
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/2/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	YOGAVALLI . N .
Name of the Student	KAVITHA . N
Year of the Student	I BDS / II BDS / III BDS / IV BDS / Internship
Batch	Regular Batch / Odd Batch
Address	ITNA MAHAVIR, NEELADRI, ELECTRONICITY, B'LORE.
Occupation	HOME MAKER .
Email	yogavallinarend7@gmail.com .
Phone	9845825163 .
Faculty Name	Dr. Leeky Mohanthy

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: My daughter needs to improve in dental materials subject .

5. Any other suggestions/feedback: Please conduct more tests and assignments .

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/2/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SHAMEEL SAYEED.
Name of the Student	SAFA SHAMEEL SAYEED.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Qdd Batch.
Address	# 294, 4 TH CROSS, 7TH BLOCK, KORAMANAGALA, BANGALORE
Occupation	PRIVATE SERVICE
Email	saif shameel 186 @ gmail . com
Phone	9448323620
Faculty Name	Dr LEEKY MOHANTY.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

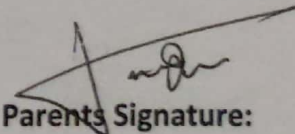
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

PHARMACOLOGY

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/18.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BALVANTHAPPA
Name of the Student	DIVYA
Year of the Student	I BDS/II BDS/III BDS/IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Ram Rahim Colony Huttigold Mines Raichur
Occupation	Class 2 Civil contractor
Email	divyachalwadi@gmail.com
Phone	9986308393
Faculty Name	Dr. Leeky Mohanthy

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

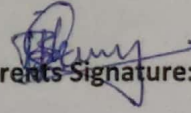
Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: My daughter has to improve in Pharmacology Subject.

5. Any other suggestions/feedback: please show extra interest towards my daughter for better improvement

Parents Signature: 



13/02/18

The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Linet D'souza
Name of the Student	Ashel
Year of the Student	I-BDS/ II BDS/ III-BDS/IV-BDS/ Internship
Batch	Regular Batch /-Odd Batch
Address	Parapade 5th cross road, Mangalore
Occupation	Nurse
Email	ashelds04@gmail.com
Phone	900812 1193
Faculty Name	Dr. Lissy Mohanthy

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward


Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K.G Viswambaram
Name of the Student	Lakshmi Viswam
Year of the Student	I BDS/II BDS/III BDS/IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Kollaparambil (H), Alathur, Anandapuram P.O., Kerala
Occupation	Business
Email	lakshmi viswam997@gmail.com
Phone	9886175250
Faculty Name	Dr. Leeky Mohanly

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

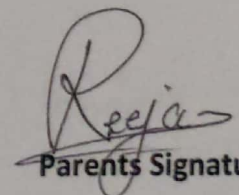
Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 18/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Poojeep Kumar
Name of the Student	Neha Juh
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	Binoabus Katihar, Bihar.
Occupation	Business
Email	mails2pk13@gmail.com
Phone	8877710289
Faculty Name	Dr. Leeky Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Poojeep Kumar

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	CH. Haribabu
Name of the Student	CH. Harita
Year of the Student	I BDS/II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	3/150, Maddipadu, Ongole, AP-523211
Occupation	Business
Email	Harikachundu997hc@gmail.com
Phone	9959950105
Faculty Name	Dr. Leeky Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	<input checked="" type="checkbox"/>	Not Required
-----------	-----------	------	-------------------------------------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	<input checked="" type="checkbox"/>	Need Improvement
-----------	-----------	---------	-------------------------------------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement	<input checked="" type="checkbox"/>
-----------	-----------	------	------------------	-------------------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Reji MG
Name of the Student	Reya. S. Reji
Year of the Student	I BDS/II BDS/III BDS/ IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	No. 28 Anugraha, Conerabnt lylt, Sahakaranejer, Bangalore
Occupation	lawyer.
Email	soja.reji@gmail.com
Phone	7996342455
Faculty Name	Dr. Leeky Mohan

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

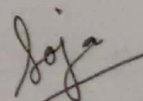
Excellent	✓	Very good		Average		Need Improvement	
-----------	---	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Dr BK Gopi
Name of the Student	Haranith
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No 7 2nd floor 2nd Block BTM 6th stage
Occupation	Dentist
Email	uchpharanith@gmail.com
Phone	7892661868
Faculty Name	Dr Lekky Mohanthy

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Ms. Arunan. E
Name of the Student	Kothai. A
Year of the Student	I BDS/ <u>II BDS</u> / III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	HIG-140, TN+B, OPD to Railway station, Hosur
Occupation	Advocate
Email	arunan.adv@gmail.com
Phone	9443510092
Faculty Name	Dr. Leeky Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

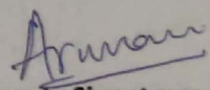
Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital
Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/18.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Dr. K. G. Nagesh.
Name of the Student	Nanya Nagesh
Year of the Student	LBDS/ I BDS/ III-BDS/ IV-BDS/ Internship
Batch	Regular Batch / Odd-Batch
Address	#1289, JP Nagar 2nd Phase, Btlou - 78.
Occupation	Dentist
Email	drkganagesh@gmail.com
Phone	9865036505
Faculty Name	Dr. Lenky Mohanty.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Require more assistance in preclinical subjects.

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/2/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	R. G. Mohan Kumar
Name of the Student	Manishu - M.K
Year of the Student	I-BDS/ II BDS/ III-BDS/ IV-BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#101, Gowri Residency, Telecorway layout, Basavanagor
Occupation	Engineer
Email	sgmk 67@gmail.com
Phone	9449386520
Faculty Name	Dr Leelky Mohanby

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

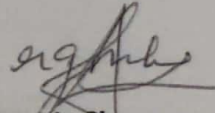
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Needs improvement in preclinical subjects

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/2/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	TC Rana
Name of the Student	Pooja Rana
Year of the Student	I BDS/II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Chappa layout, Baraswadi
Occupation	Defence
Email	puja1998rana@gmail.com
Phone	9110662610
Faculty Name	Dr. Leeky Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

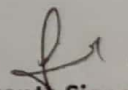
Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13 / 2 / 18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M. Madhu Sudama Reddy.
Name of the Student	M. Lalitha
Year of the Student	I-BDS/ II BDS/ III-BDS/ IV-BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	H.No 300 nrg, Housing board colony, Nandyal, A.P.
Occupation	Govt. Teacher
Email	Madu.Madameddy@gmail.com.
Phone	9441509615
Faculty Name	Dr. Leelamohanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

My daughter has to improve in Preclinical work.

5. Any other suggestions/feedback:

M. Madhu
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/18.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Manjunath.
Name of the Student	Bhuvana.
Year of the Student	+BDS/II BDS/III BDS/IV BDS/Internship
Batch	Regular Batch/ Odd Batch
Address	A' block vengal, Kolal (T) & (D), Kainohaka
Occupation	Business.
Email	manjunath@gmail.com.
Phone	9448218406
Faculty Name	Dr. Leeky Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

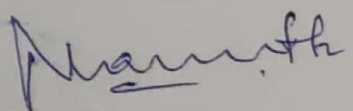
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Need to improve in Dental materials.

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	PADMA.G
Name of the Student	RAKSHITHA.A
Year of the Student	I BDS / II BDS / III BDS / IV BDS / Internship
Batch	Regular Batch / Odd Batch
Address	P ^t CROSS, NALLURAHALLI, WHITEFIELD, B'LORE - 066
Occupation	HOUSE WIFE
Email	rakshitharajak2111@gmail.com
Phone	8105250429
Faculty Name	Dr. LEELY MOHANTY

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Rakshitha.A
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MUSARATH BEGUM.
Name of the Student	SAALIMA SYEDA.
Year of the Student	+BDS/II BDS/III BDS/IV BDS/ Internship-
Batch	Regular Batch /-Odd-Batch-
Address	B.T.M 1st STAGE
Occupation	HOUSE WIFE
Email	saalimasayed@gmail.com
Phone	8904526890
Faculty Name	DR. LEEKY MOHANTY.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Musarath Begum
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2017-18

Date: 13/2/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	H. Shantharam Shetty
Name of the Student	Chintan S. Shetty
Year of the Student	I-BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Heggumane Hassamane, Mandarthi, Udipi,
Occupation	Business man
Email	Shantharamshetty9@gmail.com
Phone	9448304912
Faculty Name	Dr. Duly

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Please help him to score better in pharmacology

5. Any other suggestions/feedback:

H. Shantharam Shetty
Parents Signature:



THE OXFORD DENTAL COLLEGE

FEEDBACK ANALYSIS REPORT

REGULAR BATCH (2017-2018)

DATE: 17/02/2018

Parents teachers meeting as per the schedule was held in the board room on 12/02/2018 to 15/02/2018 at 9am to 12pm for I year to IV year BDS regular batch.

Chair person- Dr. Leeky Mohanthy

The feedback forms were given to the parents and the below mentioned points were highlighted by the majority of the parents in the feedback forms, thereby a report is done based on the feedback forms.

1. Parents want smart classes to be conducted.
2. Parents want their ward to have access to counseling for mental well being.
3. Provide regular maintenance of projectors in the classroom.
4. Parents want an extra internal assessment to improve their final internal marks.

Signature Of Chairperson Of Parent Teacher Committee
Chairperson
**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**

PRINCIPAL
The Oxford Dental College
Bommanahalli, Hosur Road,
Bangalore - 560 068.



THE OXFORD DENTAL COLLEGE

FEEDBACK ANALYSIS REPORT

ODDBATCH (2017-2018)

DATE: 11/08/2018

Parents teachers meeting as per the schedule was held in the board room on 06/08/2018 to 09/08/2018 at 9am to 12pm for I year to IV year BDS odd batch.

Chair person- Dr. Leeky Mohanthy

The feedback forms were given to the parents and the below mentioned points were highlighted by the majority of the parents in the feedback forms, thereby a report is done based on the feedback forms.

1. Parents want more clinical hours.
2. Parents requested for individual attention, as their wards are slow learners.
3. Parents requested for black board teaching.
4. Parents requested for repeat internal assessment to improve overall performance.

**Signature Of Chairperson Of Parent Teacher Committee
Chairperson**

**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**

Signature Of Dean & Director

Dean and Director
The Oxford Dental College, Bommanahalli
Hosur Road Bengaluru - 560 068

MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 02/08/2017

MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 14/07/2017 to 27/07/2017, for I-IV BDS Odd Batch.

DATE: 02/08/2017

Location: Boardroom

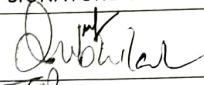

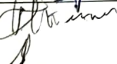
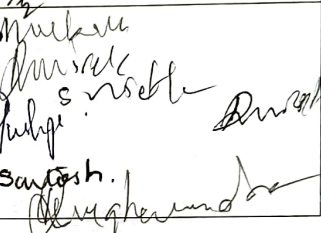
Time: 10:00 AM

Attendees:

PRINCIPAL- Dr. Priya Subramaniam

Chairperson of PTA committee- Dr.Lekha

Staff In-charge from medical and dental departments

BATCH (ODD)	STAFF INCHARGE	SIGNATURE OF STAFF
1 st BDS	Dr. Suresh Dr. Abhilash PR	
2 nd BDS	Dr. Jayaprakash Dr. Padmaja S.	
3 rd BDS	Dr.Dhavani Dr. Shruthi S.	
4 th BDS	Dr. Shilpa Patil Dr. Murali Krishna Dr. Vivek Dr. Savitha PN Dr.Pushpalatha Dr. Santosh VS Dr. Raghavendra Kulkarni	

Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

Actions taken:

- Text Book reading,
- Quiz
- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.



CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee



PRINCIPAL SIGNATURE

PRINCIPAL
The Oxford Dental College
Bommanahalli, Hosur Road,
Bangalore - 560 068.

THE OXFORD DENTAL COLLEGE

ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 20/02/2018

CIRCULAR

The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on 21/02/2018 at 10:30 AM, to address the feedback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr. Leeky Mohanty

BATCH (REGULAR)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 st BDS	Dr.Divya Dr.Saleha M Jamadar	Medical Staff Dental Staff	<i>Divya</i> <i>Saleha</i>
2 nd BDS	Dr.Jyothsna Dr. C Champa	Medical Staff Dental Staff	<i>Jyothsna</i> <i>Champa</i>
3 rd BDS	Dr.Harsha Dr.Komali Y	Medical Staff Dental Staff	<i>Harsha</i> <i>Komali</i>
4 th BDS	Dr.Sushmini Hegde Dr.Neeraja G Dr.MahammedIrfanulla Khan Dr.Shobha KS Dr.Soudhamini Rao Dr.Srinivas P Dr.Mueedul Islam Dr. Madhusudan S	Dental staff	<i>Sushmini</i> <i>Neeraja</i> <i>MahammedIrfanulla Khan</i> <i>Shobha</i> <i>Soudhamini</i> <i>Srinivas</i> <i>Mueedul Islam</i> <i>Madhusudan</i>

HOD's please acknowledge:

Dept. of Oral Medicine- *Amrutha*
 Dept. of Oral & Maxillofacial Surgery- *Spandh*
 Dept. of Conservative Dentistry & Endodontics- *for*
 Dept. of Periodontics- *for Shobha*
 Dept. of Oral Pathology- *Amrutha*

Dept. of Community Dentistry- *Shobha*
 Dept. of Prosthodontics- *for*
 Dept. of Orthodontics- *for Shobha*
 Dept. of Pedodontics- *for*



CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITTEE)

Chairperson
Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee



PRINCIPAL SIGNATURE

PRINCIPAL
The Oxford Dental College
Bommanahalli, Hosur Road,
Bangalore - 560 068.

MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 21/02/2018

MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 12/02/2018 to 15/02/2018, for I-IV BDS Regular Batch.

DATE: 21/02/2018

Location: Boardroom

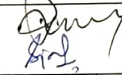
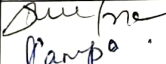
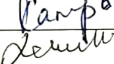







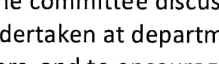
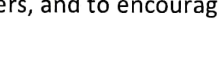
Time: 10:30 AM

Attendees:

PRINCIPAL- Dr. Priya Subramaniam

Chairperson of PTA committee- Dr. Leeky Mohanty

Staff In-charge from medical and dental departments

BATCH (REGULAR)	STAFF INCHARGE	SIGNATURE OF STAFF
1 st BDS	Dr.Divya Dr.Saleha M Jamadar	
2 nd BDS	Dr.Jyothsna Dr. C Champa	 
3 rd BDS	Dr. Harsha Dr.Komali Y	 
4 th BDS	Dr.Sushmini Hegde Dr.Neeraja G Dr.MahammedIrfanulla Khan Dr. Shobha KS Dr.Soudhamini Rao Dr. Srinivas P Dr.Mueedul Islam Dr. Madhusudan S	      

Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

Actions taken:

- Text Book reading,
- Quiz
- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.



CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentor.
Mentee & Parent Teacher Meeting Committee


PRINCIPAL SIGNATURE

PRINCIPAL
The Oxford Dental College
Bommanahalli, Hosur Road,
Bangalore - 560 068.



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	
Name of the Student	
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	
Occupation	
Email	
Phone	
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SOURABH SATYABATY
Name of the Student	SHWETA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Janapriya Heavens Yehlanika
Occupation	Indian Air Force
Email	ss866188@gmail.com
Phone	7069752977
Faculty Name	Dr. Dnyan

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	--------------	-------------------------------------

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	<input checked="" type="checkbox"/>
-----------	--	-----------	--	---------	--	------------------	-------------------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	------------------	-------------------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

requires Teaching skills required improvement

5. Any other suggestions/feedback:

Sourabh
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/12/2019

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Raju Varghese
Name of the Student	Rachna Raju
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Puliantajil (B), Chittoor Thodupuzha, Kerala
Occupation	Business
Email	raju.varghese101@gmail.com
Phone	9495741183
Faculty Name	Dr. Deepa

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: To improve clinical skills.

5. Any other suggestions/feedback:

provide students with sufficient material


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/03/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Ujwala. Gurudatta
Name of the Student	Anvita. Gurudatta
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No.10, Atharva, BMC layout, Gollahalli, BLR -62
Occupation	DOCTOR
Email	dr.ug1976@gmail.com.
Phone	9740087629
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature: 



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MANJUNATH. T.
Name of the Student	BHOOMIKA. T. M
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 38/3, Muniswara layout, Bommanahalli, Bangalore - 68
Occupation	Retired Bank Employee
Email	manjunathalalad@gmail.com
Phone	9964598331
Faculty Name	Dr. Vinayak

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

General Pathology - Topics should be made interesting and understandable

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K. Nayema Baw
Name of the Student	Taqiyya Taqyoon A
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 21/1 M.R. lane Police road Bangalore
Occupation	
Email	nayemabaw10@gmail.com
Phone	7847884194
Faculty Name	Dr Revathi

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback: *Make General Pathology - Topic should be made interesting and understandable.*

K. Nayema Baw

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Daniel S
Name of the Student	Ananya S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	ews-78, housing board, Ballari Landaka
Occupation	Business
Email	Daniel.Surapaneni@gmail.com
Phone	9448303767
Faculty Name	Dr. Swetha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Pharmacology.

5. Any other suggestions/feedback: -

Daniel S
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/2/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Chandra Reddy . R
Name of the Student	Tejashwini CV
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Opp KEB Sarjapura Road Attibale Bengaluru
Occupation	Business
Email	tejatejashwini054@gmail.com
Phone	6363788118
Faculty Name	morin

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Pharmacology / Pathology

5. Any other suggestions/feedback:

Chandra Reddy

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	RAJAN CJ
Name of the Student	REJOICE RAJAN
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 74, opp to Betzlin, Choddasandhe, Bengaluru
Occupation	Wrest
Email	cj.rajana@yahoo.com
Phone	98453 41303, 99400 97065
Faculty Name	Dr. Ashwini

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Rejoice has to improve in studying pharmacology theory and preps

5. Any other suggestions/feedback:

Rajf

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date:

13 / 02 / 19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Nanjundappa T.N
Name of the Student	Bhavani T.N
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	nanjundappatn13@gmail.com Bayepalli
Occupation	teacher
Email	nanjundappatn13@gmail.com
Phone	9481550696
Faculty Name	Dr. Anvesh

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Pharmacology

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Lakshmi
Name of the Student	Abhinaya
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	27/1 2 nd cross Ewalanchatra road.
Occupation	house wife
Email	abhinaya_27@gmail.com
Phone	2353863408
Faculty Name	Dr. Vinayak

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Lakshmi
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	T-S. VANAJA
Name of the Student	AMOGH SARATHI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 152, Ithna Nagar, Tigani, Bangalore
Occupation	House wife
Email	amogh.sarathi.99@gmail.com
Phone	9110662375
Faculty Name	Dr. S. Srinivas.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Phase Improve the laboratory (Anatomy) so students can learn better

5. Any other suggestions/feedback:

T-S Vanaja
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	N. Elavarasan.
Name of the Student	E. Geetha
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Tirupattur, Bangalore.
Occupation	Teacher.
Email	elavarasan1968@gmail.com
Phone	9345543953
Faculty Name	Dr. Srinivasan.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Biochemistry to improve.

5. Any other suggestions/feedback:

N. Shetty
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Sreenivas Pendyala
Name of the Student	Rahul Pendyala
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	JAT 1st, Shalpuria greenery apt, Bommanahalli.
Occupation	Software engineer
Email	Sreenivaspendyala@yahoo.com
Phone	9845585560
Faculty Name	Dr. Prachi

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Vijay Mahan
Name of the Student	Omna
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Sector 3, HSR layout
Occupation	Banking
Email	omnamahan@gmail.com
Phone	9620462221
Faculty Name	Dr. Champa

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: *Physiology, frequent tests can be scheduled*

5. Any other suggestions/feedback: *- nil*

Vijay Mahan
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P UPENDRAN
Name of the Student	AMRUTHA K K
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	'AMRUTHAM' Kuppam (P.O) TALIPARAMBA, KANNUR, KERALA
Occupation	BANK EMPLOYEE
Email	upendranmngbeu@gmail.com
Phone	9633554633
Faculty Name	Dr. Deepa

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input checked="" type="checkbox"/>	Very good		Good		Need Improvement	
-----------	-------------------------------------	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Needs improvement in microbiology.

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/2/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	V. ALLABAIKH
Name of the Student	V. Afn
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Gowtham Towers KT road Tirupathi
Occupation	Deputy superintendent of police.
Email	valluruaafn.37@gmail.com
Phone	9741875079
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ABDUL VAHAB P K
Name of the Student	ABDUL VAHAB - AJMALA PARYEEN
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Elumbhatti 11 Bus Stand Chemmed. P.O Tirurangudi
Occupation	BUSINESS
Email	abdulvhabab@gmail.com
Phone	9497150711
Faculty Name	Dr Deepa Karishma

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Needs an improvement

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19
12/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SAFIULLAH KHAN
Name of the Student	EMAN SAFI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	BTM layout Bangalore
Occupation	Engineer
Email	eman.safi98@gmail.com
Phone	9902274232
Faculty Name	Dr. Praveen Praveen

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	NANJUNDAPPA. R.B
Name of the Student	CHANDANA. R.N
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 737 22ND MAIN JP NAGAR 2ND PHASE BANGALORE
Occupation	RETIRED ASSISTED DIRECTOR OF LAND RECORDS (SURVEY)
Email	nanjundappa.r.b@gmail.com
Phone	8095452538
Faculty Name	DR VINAYAK

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Required Improvement in Pharmacology.

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/2/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Moilangthem Shashi Kumari Singh
Name of the Student	Reemashree Moilangthem
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Wangkhei Moilangthem Pulkhi Nagal, Imphal.
Occupation	Engineer
Email	mskppg@gnail.com
Phone	9436497814
Faculty Name	Dr Ronald

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

more interest in studies

5. Any other suggestions/feedback:

distribution of dental materials to the students.

MSK Singh
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	GURUNATH SUNKAD
Name of the Student	VAISHNANI GURUNATH SUNKAD
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	KESHAVA NAGAR B. BAGEWADI
Occupation	DOCTOR
Email	Sunkadarun@gmail.com
Phone	9886185096
Faculty Name	Dr Asha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MUKUT chandra Baruah
Name of the Student	Pranami Baruah
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Nakari, North Lakhimpur, Assam
Occupation	Retired Principal
Email	dr.mukut_chandra@rediffmail.com
Phone	9435387619
Faculty Name	Ravi Sinha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: She is quite slow in learning

5. Any other suggestions/feedback: Provide dental materials

Mukut

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13-2-19.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P. Venkataranga.
Name of the Student	P. Kiran
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Palamaner. chittoor dist. AP.
Occupation	Business
Email	kiranletters@gmail.com
Phone	9168152460
Faculty Name	Dr - Champa man

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Pathology

P. Venkataranga

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13 - 2 - 19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P. Suresh babu
Name of the Student	P. Lahari
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Badvel, Andhra Pradesh 516227.
Occupation	Pharmacist
Email	lahari.pathi9@gmail.com
Phone	9966449123
Faculty Name	champa man

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

microbiology

5. Any other suggestions/feedback:

frequent test

P. Suresh babu
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13-02-19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ABDUL RAJJA
Name of the Student	Poanna Waseem alnam
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	B. Kothakota, Andhase praderi.
Occupation	Business man
Email	waseemalnam145@gmail.com
Phone	8331861926
Faculty Name	Dr. Champa

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input checked="" type="checkbox"/>
-----------	--------------------------	-----------	--------------------------	------	--------------------------	------------------	-------------------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Chandra Reddy .B.K .
Name of the Student	Blayaxathi
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 88, Harmony layout, Athkete.
Occupation	Business
Email	blayaxathireddy 98@gmail.com
Phone	969307 9988
Faculty Name	Dental.

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	<input checked="" type="checkbox"/>	Not Required
-----------	-----------	------	-------------------------------------	--------------

2. Academic progress of your ward

Excellent	Very good	<input checked="" type="checkbox"/>	Average	Need Improvement
-----------	-----------	-------------------------------------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	<input checked="" type="checkbox"/>	Need Improvement
-----------	-----------	------	-------------------------------------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Soman P.N
Name of the Student	Drya Soman
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Krishnalayam, Pallurouby, Cochin-6
Occupation	loco pilot
Email	Somanpn725@gmail.com
Phone	9446936625
Faculty Name	Dental

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

She needs to concentrate on her studies more

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/2/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	PAUL T.C
Name of the Student	ANNIE THANGAM PAUL
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	THUNDATHIL (H), NEAR KSRTC, PERUMBAVOOR, KERALA
Occupation	BUSINESS
Email	anniepaul349@gmail.com
Phone	9886806752
Faculty Name	DENTAL

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Needs to work hard

5. Any other suggestions/feedback:

Paul

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 13/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Bilendra kumar Singh
Name of the Student	Shivani Singh
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Aansherdurg, Gharshanda
Occupation	serviceman
Email	sinshivani5132@gmail.com
Phone	7483114379
Faculty Name	Dr. Vijay

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		<input checked="" type="checkbox"/> Good		Not Required	
-----------	--	-----------	--	--	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		<input checked="" type="checkbox"/> Average		Need Improvement	
-----------	--	-----------	--	---	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		<input checked="" type="checkbox"/> Need Improvement	
-----------	--	-----------	--	------	--	--	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: focus should be improved more for medical subjects

5. Any other suggestions/feedback: -

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/2/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Li. Rajumon
Name of the Student	Salome Ann
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Moppil House, Malam P.O, Kottayam.
Occupation	Sales Manager
Email	rajumon@moppil@gohor.com
Phone	9739661373
Faculty Name	Dr Leeky Mohale

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback: My daughter needs more attention for General Medicine.

Rajumon

Parents Signature



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Sudha Devi
Name of the Student	Richa Singh
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Lang Bahadur Road,
Occupation	Business
Email	383419461@gmail.com
Phone	8212544345
Faculty Name	Dr. Lucky Motwani

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: my ward is weak in general Medicine.

5. Any other suggestions/feedback:

Sudha
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/2/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Mala - S. Shetty
Name of the Student	Chintan - S. Shetty
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Heggurki Hobkannur, Udipi.
Occupation	Home Maker
Email	Malashetty88@gmail.com
Phone	9483565264
Faculty Name	Dr Lecky Mohanty.

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	✓	Good	Not Required
-----------	-----------	---	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	✓	Need Improvement
-----------	-----------	---------	---	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	✓	Good	Need Improvement
-----------	-----------	---	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback: My ward is weak in Oral pathology. Please help him score better.

Mala - S. Shetty

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 11/2/2019.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Sumitha D'souza.
Name of the Student	Azooob D'souza.
Year of the Student	I BDS/ II BDS/ (III BDS) IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	No-42, poduvillove, Bangalore - 560106.
Occupation	Home maker.
Email	Sumitha1973dsouza@gmail.com.
Phone	7259505645
Faculty Name	Dr. Leeky Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: My son requires improvement in oral pathology

5. Any other suggestions/feedback: —


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/02/2019

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Poadeep Kumar
Name of the Student	Neha Juba
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Binoofpur Katilal, Bihar
Occupation	Business
Email	mail2pk@gmail.com
Phone	8877710289
Faculty Name	Dr. Leeky Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Poadeep Kumar
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K. G. Viswambaram
Name of the Student	Lakshmi Viswan
Year of the Student	I BDS/ II BDS/ (III BDS) / IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Kollapurambil, Alatum, Anandapuram, P.O. Kerala
Occupation	Business
Email	lakshmi viswan 997@gmail.com
Phone	9886173250
Faculty Name	Dr. Lecky Mohanthy

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	/	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	/	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	/	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/02/2019

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Soja Reji
Name of the Student	Reya S. Reji
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No. 28 Anugraha, Camara bank bldg, Kodegehalli, Bangalore
Occupation	Lawyer
Email	sojareji@gmail.com
Phone	7353325068
Faculty Name	Dr. Leeky Mohan

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Soja



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/2/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Binet Deyya
Name of the Student	Ashul Deyya
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Perapade, Akabhanan, Mangalore
Occupation	Nurse
Email	ashuld@ymail.com
Phone	900827193
Faculty Name	Dr. Lecky Subramanyam

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/2/19.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	YOGAVALLI N
Name of the Student	KAVITHA A N
Year of the Student	I BDS/II BDS/ III BDS/IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	ITTINA MAHAVIR, NEELADRINAGAR, ECTY, B'LORE
Occupation	HOME MAKER.
Email	yogavallinarend4@gmail.com -
Phone	9845825163.
Faculty Name	Dr. Leeky Mohanty.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: my daughter requires improvement in practicals of general surgery and medicine.
5. Any other suggestions/feedback: Please arrange for more practical classes of the same.

Yogavalli N.
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/2/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BALVANTHAPPA
Name of the Student	DIVYA
Year of the Student	I BDS/ II BDS/ (III) BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Ram Rahim colony Hutti gold mines Raichur
Occupation	Class I civil contractor
Email	divyachaluvadi@gmail.com
Phone	9986308393
Faculty Name	Dr. Deepthy Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: My daughter has to improve in medical subjects.

5. Any other suggestions/feedback: Give her more assignments and homeworks, class tests etc to improve herself in the subject.

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/12/19.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Shameel Sayeed.
Name of the Student	Safa Shameel Sayeed.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 294, 7th block 4th cross Koramangala Blr.
Occupation	Private Sewill.
Email	Saif shameel @ 66@gmail.com.
Phone	9448323620.
Faculty Name	Dr Teeky Mohanty.

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

General Medicine.

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Haribabu
Name of the Student	Harika
Year of the Student	I BDS/ II BDS/ (III BDS) / IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	3/150, Maddipadu, Ongole, AP-52320
Occupation	Business
Email	harikachenche97.hc@gmail.com
Phone	9959950105
Faculty Name	D. Leeky Mohanthy

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	------------------	-------------------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Harikabu

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/02/2019

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Dr BK Giri
Name of the Student	Harith
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No 7 2nd floor 2nd Block BTM 6th stage
Occupation	Dentist
Email	uchinahalitz
Phone	7892661868
Faculty Name	Dr Lekhy Mohanby

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Ms. ARUNAN.E
Name of the Student	KOTHAI.A
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Htg-140, TN+B, opp to Railway Station - Hosur
Occupation	Advocate
Email	arunan.adv@gmail.com
Phone	9443510092
Faculty Name	Dr. Leeky Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/02/19.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Dr. K. G. Nayush.
Name of the Student	Navya Nayush
Year of the Student	I-BDS/ II-BDS/ (III-BDS/ IV-BDS/ Internship
Batch	Regular Batch / Odd Batch →
Address	#1289, JP Nagar 2nd Phase, B'lore - 78.
Occupation	Dentist
Email	drkgayush@gmail.com
Phone	9845026505
Faculty Name	Dr. Leeky Mahanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/2/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	TC Rave
Name of the Student	Pooja Rave
Year of the Student	I BDS/ II BDS/ (III BDS) IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	arappa reddy layout.
Occupation	pepnu
Email	pooja1998rave@gmail.com.
Phone	911666210
Faculty Name	Dr. Lekhy roosterky

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/0/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	R.G. Mohan Kumar
Name of the Student	Monika. M.K
Year of the Student	I BDS/ II BDS/ III BDS/IV BDS/ Internship-
Batch	Regular Batch / Odd Batch
Address	#101, Gauri Residency, 100 Feet Road, Bose Nagar
Occupation	Engineer
Email	rgmk67@gmail.com
Phone	9449386420
Faculty Name	Dr. Leeky Mohanby

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

needs improvement in general medicine subject.

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/2/19.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M. Madu Sudana Reddy
Name of the Student	M. Lalitha
Year of the Student	I-BDS/ II-BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	H.No 300 Mig Housing board colony, Mandya Taluk.
Occupation	Govt. Teacher
Email	madu.madureddy@gmail.com
Phone	944509615
Faculty Name	Dr. Leeky Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

My daughter has to improve in Oral pathology (Theory marks)
Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14 | 02 | 19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	PADMA . G
Name of the Student	RAKSHITHA . A
Year of the Student	I-BDS/ II-BDS/ (III BDS/ IV-BDS/ Internship
Batch	<u>Regular Batch</u> / Odd Batch
Address	1 st CROSS, NALLURAHALLI, WHITEFIELD, B'LORE - 066
Occupation	HOUSE WIFE
Email	rakshitharak2111@gmail.com
Phone	8105250429
Faculty Name	Dr. LEEKY MOHANTY

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	<input checked="" type="checkbox"/>	Not Required
-----------	-----------	------	-------------------------------------	--------------

2. Academic progress of your ward

Excellent	Very good	<input checked="" type="checkbox"/>	Average	Need Improvement
-----------	-----------	-------------------------------------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	<input checked="" type="checkbox"/>	Need Improvement
-----------	-----------	------	-------------------------------------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Improve in clinicals.

5. Any other suggestions/feedback:

Rakshitha . A
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MUSARATH BEGUM.
Name of the Student	SAALIMA SYEDA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	B.T.M LAYOUT, BANGALORE-29
Occupation	HOUSE WIFE
Email	saalimasyeeda@gmail.com
Phone	8904526890
Faculty Name	DR LEEKY MOHANTY

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

General Medicine

5. Any other suggestions/feedback:

Musarath Begum
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 14/2/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Lalitha
Name of the Student	Bhuvana
Year of the Student	+BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Kolar, Karnataka
Occupation	House wife
Email	Bhuvanach@gmail.com
Phone	94821860
Faculty Name	Dr. Lucky Mohanty

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Lalitha
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 12-2-2019

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M. Mallikarjuna
Name of the Student	M. Lakshmi Venkata Prasad
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	1-75 K.V. street Palamoner 517408 AP
Occupation	Doctor
Email	
Phone	9395353787
Faculty Name	Dr. Saleha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

PLEASE CONDUCT SPORTS

M. Mallikarjuna.
Parents Signature



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 12.02.19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K.E. MOHAN KUMAR
Name of the Student	Anupama Mohan Kumar
Year of the Student	✓ I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	3C 12, NANDIGARDEN PHASE 1, JP NAGAR 9 th Phase, 560064
Occupation	Retired.
Email	mohan.kurcela58@gmail.com
Phone	9941548457
Faculty Name	D. Salika.

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		✓ Good		Need Improvement	
-----------	--	-----------	--	--------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 12/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Veukatasaayappa.C.
Name of the Student	Vanshivi.C.V.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Chikkaballapur, Karnataka
Occupation	Teacher
Email	Vanshivi7760@gmail.com
Phone	7760054496
Faculty Name	Dr. Saleha

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback: No

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 12/2/2019

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	R. Ambika
Name of the Student	Vinutha Navaneetham
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Near chennakeshava school, Hota road, Bangalore
Occupation	Private Company
Email	navaneethamvinutha810@gmail.com
Phone	9611621970
Faculty Name	Dr. Saleha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Ambika
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 12/2/2019

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MARSOOD BAIK
Name of the Student	ZAIBA UMAIMA
Year of the Student	<input checked="" type="checkbox"/> I BDS/ <input type="checkbox"/> II BDS/ <input type="checkbox"/> III BDS/ <input type="checkbox"/> IV BDS/ <input type="checkbox"/> Internship
Batch	<input checked="" type="checkbox"/> Regular Batch / <input type="checkbox"/> Odd Batch
Address	INDIRANAGAR.
Occupation	BUSINESSMAN
Email	
Phone	9149355338
Faculty Name	Dr. Savitha

1. Views on Organizing the Parent Teachers meeting

Excellent	<input type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	--------------------------	-----------	--------------------------	------	-------------------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input type="checkbox"/>	Average	<input checked="" type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	--------------------------	---------	-------------------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	--------------------------	------	-------------------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 12/02/19

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	D. Mohan
Name of the Student	Monalisa
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Tumkur
Occupation	Govt. Employee
Email	
Phone	9966839195
Faculty Name	Dr. Saleha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

no feedback


Parents Signature:



THE OXFORD DENTAL COLLEGE

FEEDBACK ANALYSIS REPORT

REGULAR BATCH(2018-2019)

DATE: 18/02/2019

Parents teachers meeting as per the schedule was held in the board room on 12/02/2019 to 15/02/2019 at 9am to 12pm for I year to IV year BDS regular batch.

Chair person- Dr. Leeky Mohanthy

The feedback forms were given to the parents and the below mentioned points were highlighted by the majority of the parents in the feedback forms, thereby a report is done based on the feedback forms

1. Parents want one to one teaching interaction system to their ward.
2. Parents want better exposure to newer materials and technology.
3. Parents want their ward to have their medical subject classes to be held in the dental college itself.
4. Parents want more patients exposure.

Signature Of Chairperson Of Parent Teacher Committee
Chairperson

**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**

Signature Of Dean & Director

Dean and Director
The Oxford Dental College, Bommalahalli
Hosur Road, Bengaluru - 560 068



THE OXFORD DENTAL COLLEGE

FEEDBACK ANALYSIS REPORT

ODDBATCH(2018-2019)

DATE: 24/08/2019

Parents teachers meeting as per the schedule was held in the board room on 19/08/2019 to 22/08/2019 at 9am to 12pm for I year to IV year BDS odd batch.

Chair person- Dr. Leeky Mohanty

The feedback forms were given to the parents and the below mentioned points were highlighted by the majority of the parents in the feedback forms, thereby a report is done based on the feedback forms

1. Parents want their wards to attend medical subject classes to be conducted on college premises itself.
2. Parents want their ward to have an extra practical classes to improve their handwork.
3. Parents want more black board teaching to happen.
4. Parents want for their wards an extra special classes to be conducted for improvement in communication skills to face viva.
5. Regular maintenance of classrooms, projected rooms, and washrooms.

Signature Of Chairperson Of Parent Teacher Committee
Chairperson

Internal Assessment, Slow & Advance Learners, Mentor,
Mentee & Parent Teacher Meeting Committee

Signature Of Dean & Director

Dean and Director
The Oxford Dental College, Bommasandra
Hosur Road, Bengaluru - 560 087

THE OXFORD DENTAL COLLEGE

ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 14/08/2018

CIRCULAR

The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on 16/08/2018 at 10:30 AM, to address the feedback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr. Leeky Mohanty

BATCH (ODD)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 st BDS	Dr. Divya Dr. Saleha M Jamadar	Medical Staff Dental Staff	<i>Divya</i> <i>Saleha</i>
2 nd BDS	Dr. Jyothsna Dr. C Champa	Medical Staff Dental Staff	<i>Jyothsna</i> <i>Champa</i>
3 rd BDS	Dr. Harsha Dr. Komali Y	Medical Staff Dental Staff	<i>Harsha</i> <i>Komali</i>
4 th BDS	Dr. Sushmini Hegde Dr. Shwetha Mohan Rao Dr. Haritha Dr. Shanmukha Dr. A.M. Mohsen Dr. Savitha B. Dr. Deepa D.	Dental staff	<i>Sushmini</i> <i>Shwetha</i> <i>Haritha</i> <i>Shanmukha</i> <i>A.M. Mohsen</i> <i>Savitha</i> <i>Deepa</i>

HOD's please acknowledge:

Dept. of Oral Medicine- *Amrutha*
 Dept. of Oral & Maxillofacial Surgery- *Harsh*
 Dept. of Conservative Dentistry & Endodontics- *Kir*
 Dept. of Periodontics- *K*
 Dept. of Oral Pathology- *Amrutha*

Dept. of Community Dentistry- *Shan K.M*
 Dept. of Prosthodontics- *Neel*
 Dept. of Orthodontics- *Prasanna*
 Dept. of Pedodontics- *By*

Amrutha
CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITTEE)

[Signature]
DEAN & DIRECTOR SIGNATURE

Chairperson
 Internal Assessment, Slow & Advance Learners, Mentor-
 Mentee & Parent Teacher Meeting Committee

Dean and Director
 The Oxford Dental College, Bommalahalli
 Hosur Road, Bengaluru - 560 068

MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 16/08/2018

MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 06/08/2018 to 09/08/2018, for I-IV BDS ODD Batch.

DATE: 21/02/2018

Location: Boardroom

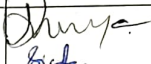

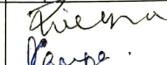
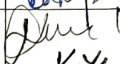

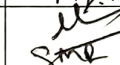
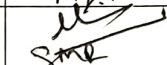


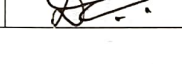
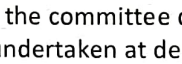
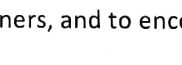

Time: 10:30 AM

Attendees:

Dean & Director- Dr. Pradeep AR

Chairperson of PTA committee- Dr. Leeky Mohanty

Staff In-charge from medical and dental departments

BATCH (ODD)	STAFF INCHARGE	SIGNATURE OF STAFF
1 st BDS	Dr.Divya Dr.Saleha M Jamadar	 
2 nd BDS	Dr.Jyothsna Dr. C Champa	 
3 rd BDS	Dr. Harsha Dr.Komali Y	 
4 th BDS	Dr.Sushmini Hegde Dr. Shwetha Mohan Rao Dr. Haritha Dr.Shanmukha Dr. A.M. Mohsen Dr. Savitha B. Dr. Deepa D.	      

Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

Actions taken:

- Text Book reading,
- Quiz
- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.



CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee



DEAN & DIRECTOR SIGNATURE

Dean and Director
The Oxford Dental College, Bommalahalli,
Hosur Road Bengaluru - 560 068

THE OXFORD DENTAL COLLEGE

ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 20/02/2019

CIRCULAR

The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on 21/02/2019 at 10:30 AM, to address the feedback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr. Leeky Mohanty

BATCH (REGULAR)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 st BDS	Dr. Seema Dr. Saleha M Jamadar	Medical Staff Dental Staff	
2 nd BDS	Dr. Jaya Dr. C Champa	Medical Staff Dental Staff	
3 rd BDS	Dr. Suhas Dr. Komali Y	Medical Staff Dental Staff	
4 th BDS	Dr. V Asha Dr. Shwetha Mohan Rao Dr. Vani J Dr. Praveen J Dr. Preeti S Kumar Dr. C Champa Dr. Harish Babu SB Dr. Shwetha R	Dental staff	

HOD's please acknowledge:

Dept. of Oral Medicine-

Dept. of Oral & Maxillofacial Surgery-

Dept. of Conservative Dentistry & Endodontics-

Dept. of Periodontics-

Dept. of Oral Pathology-

Dept. of Community Dentistry-

Dept. of Prosthodontics-

Dept. of Orthodontics-

Dept. of Pedodontics-

CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITTEE)

Chairperson

**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**

DEAN & DIRECTOR SIGNATURE

Dean and Director
The Oxford Dental College, Bommanahalli
Hosur Road Bengaluru - 560 068

MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 21/02/2019

MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 12/02/2019 to 15/02/2019, for I-IV BDS Regular Batch.

DATE: 21/02/2019

Location: Boardroom














Time: 10:30 AM

Attendees:

Dean & Director- Dr. Pradeep AR

Chairperson of PTA committee- Dr. Leeky Mohanty

Staff In-charge from medical and dental departments

BATCH (REGULAR)	STAFF INCHARGE	SIGNATURE OF STAFF
1 st BDS	Dr. Seema Dr. Saleha M Jamadar	
2 nd BDS	Dr. Jaya Dr. C Champa	 
3 rd BDS	Dr. Suhas Dr. Komali Y	 
4 th BDS	Dr. V Asha Dr. Shwetha Mohan Rao Dr. Vani J Dr. Praveen J Dr. Preeti S Kumar Dr. C Champa Dr. Harish Babu SB Dr. Shwetha R	       

Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

Actions taken:

- Text Book reading,
- Quiz
- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.


CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITEE)

Chairperson

**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**


DEAN & DIRECTOR SIGNATURE

Dean and Director
The Oxford Dental College, Bommanahalli
Hosur Road Bengaluru - 560 068



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Dear Sir/Madam,

Date:

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	
Name of the Student	
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	
Occupation	
Email	
Phone	
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



Feedback Forms

Regular Batch

1st BDS

2019-20



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/2/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Lokesh G.N.
Name of the Student	Paorna shree G.L
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Madangiri Nilaya, Near IIT college, Srinivas Nagar Pavagada 561207
Occupation	Dealer.
Email	lokeshgn34@gmail.com
Phone	9449666874, 7892219699.
Faculty Name	Dr. Seema Mam

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

My child need improvement in Anatomy.

5. Any other suggestions/feedback:

G.N. Lokesh
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/9/20

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Sumathi K
Name of the Student	Prayanka K
Year of the Student	M BDS/II BDS/III BDS/IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Garvebhavi Palya, Bangalore - 68
Occupation	House wife
Email	sumathakumar.png@gmail.com
Phone	9731803515
Faculty Name	Dr. Seema Nagar

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

My ward requires improvement in medical subjects

I Request college to arrange Regular classes on medical subjects

5. Any other suggestions/feedback:

The classrooms do not have Projectors, because of this students are facing difficulties during smart classes hence the college should

take initiative to solve the problem

Parents Signature:

K Sumathi



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/2/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M. Deepa
Name of the Student	Nivetha.M
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#12/Murugan,Heaven,main road,Adams layout, Sub Jayya, Bengaluru-68
Occupation	house wife
Email	hmdkpa2018@gmail.com
Phone	8147078583
Faculty Name	Dr. Deema

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

My child required improvement in Anatomy and Physiology
And Practicals classes for her to improve her practical classes skills

5. Any other suggestions/feedback:

Nothing mam


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Dear Sir/Madam,

Date: 17.02.2020

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BHASKARAN.K
Name of the Student	VAISHNAVI.B
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Thiruvananthapuram (H), Kozhikode, Palakkad, Kerala.
Occupation	EX-ARMY
Email	bhaskarank664@gmail.com
Phone	8281186384
Faculty Name	Dr. Seema

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
		<input checked="" type="checkbox"/>	

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
			<input checked="" type="checkbox"/>

3. What do you feel about the teaching standard and the teacher's approach towards the student.

Excellent	Very good	Good	Need Improvement
			<input checked="" type="checkbox"/>

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

College should provide good facilities to teach medical subjects.

5. Any other suggestions/feedback:

- Transportation problems
- No proper classroom with chairs.
- Poor Lab facilities

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17.02.2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	JOTHIE
Name of the Student	REVATHI J
Year of the Student	I-BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular-Batch / Odd Batch
Address	30/3, INDRHA NAGAR, SHOLINGHUR, RANIPET-631002
Occupation	BUSINESS
Email	jothiechemicals@gmail.com
Phone	9659037798
Faculty Name	PY. SEEMIA

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
			✓

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
			✓

3. What do you feel about the teaching standard and the teacher's approach towards the student


Excellent	Very good	Good	Need Improvement
			✓

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Need facilities for Medical Subjects.

5. Any other suggestions/feedback:

No proper facilities to teach Medical subject
No projector in classrooms.
Transposition Problems

Parents Signature: 



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -62

Parent-Teacher Meeting Feedback Form 2019-20

Date: 14/5/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ADARSH B
Name of the Student	Jyothika
Year of the Student	III BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Old road 4 Palya, Gubbi, UZ
Occupation	Business
Email	sk.vardaraj@gmail.com
Phone	99161920013
Faculty Name	Dr. Jeeva

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
		✓	

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
			✓

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
			✓

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestion/feedback:

Parents Signature: 



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	<i>B. PREETHI B. SUNIL</i>
Name of the Student	<i>B. PREETHI</i>
Year of the Student	<i>I BDS/ IH-BDS/ IH-BDS/ IV-BDS/ Internship</i>
Batch	<i>Regular Batch /Odd Batch-</i>
Address	<i>HULIMAVU , BANGALORE</i>
Occupation	<i>SOFTWARE ENGINEER,</i>
Email	<i>SUNIL-BELL@GMAIL.COM</i>
Phone	<i>9486373741</i>
Faculty Name	<i>Ms. SRINU</i>

1. Views on Organizing the Parent Teachers meeting			
Excellent	Very good	Good	Not Required
		<input checked="" type="checkbox"/>	

2. Academic progress of your ward			
Excellent	Very good	Average	Need Improvement
	<input checked="" type="checkbox"/>		

3. What do you feel about the teaching standard and the teacher's approach towards the student			
Excellent	Very good	Good	Need Improvement
	<input checked="" type="checkbox"/>		

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:
It is a little difficulty for my ward to travel a long distance for attending medical college.

5. Any other suggestions/feedback:

Srinu

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	PUSHPA DEVI
Name of the Student	RINKU. H. JAIN
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Maruthi Layout, Near SVH School Road, Ankal
Occupation	House wife
Email	pshpadevi9403@gmail.com
Phone	8050532314
Faculty Name	D. Srinu.

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	✓	Good	Not Required
-----------	-----------	---	------	--------------

2. Academic progress of your ward

Excellent	Very good	✓	Average	Need Improvement
-----------	-----------	---	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	✓	Very good	Good	Need Improvement
-----------	---	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college

can help him/her to overcome it:

It is difficult for my daughter to travel all the way to attend medical classes.
I would suggest to arrange medical classes in the campus.

5. Any other suggestions/feedback:

Srinu
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SHAIK ABDUL RAZAK
Name of the Student	SHAIK ABDUL SAMAD
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	8/178-3 Saipeeta, Kadapa, Andhra Pradesh
Occupation	Businessman
Email	Razakshaik1970@gmail.com
Phone	95154-79586
Faculty Name	Mr. Srinu

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	✓	Good	Not Required
-----------	-----------	---	------	--------------

2. Academic progress of your ward

Excellent	Very good	✓	Average	Need Improvement
-----------	-----------	---	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	✓	Very good	Good	Need Improvement
-----------	---	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

It's getting difficult for my son to travel all the way to attend medical classes. I

5. Any other suggestions/feedback:

I would suggest to arrange medical classes in the campus.

[Signature]
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/2/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BALAJIHANDAYUDHAM.M.
Name of the Student	RAGASHREE .B
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	HDSRY, Towil Nady.
Occupation	Pharmacist.
Email	balajihandayudkom777@gmail.com.
Phone	8825714703.
Faculty Name	Dr. Seema.

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Dear Sir/Madam,

Date: 17/2/20

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	C. Bhavya
Name of the Student	R. Chethana
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Kathirguppe, Bsk-3 rd stage - Blore-85
Occupation	Home maker
Email	Nettugowda.827@gmail.com
Phone	7195313745
Faculty Name	Dr. Seema

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

C. Bhavya
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/2/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	DAYANAND. NAIDU
Name of the Student	NEHA . D. NAIDU
Year of the Student	IV BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	KALYAN NAGAR, BYPASS, CHIKMAGALUR
Occupation	BUSINESS.
Email	dayanand.naidu.123@gmail.com
Phone	9972988107.
Faculty Name	Dr. Sema.

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
		✓	

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
		✓	

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
		✓	

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Ms. Sema

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/12/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	N. Rajasekaran		
Name of the Student	R. Vijaya Chaitanya		
Year of the Student	YBDS/II BDS/III BDS/IV BDS/ Internship		
Batch	Regular Batch / Odd Batch		
Address	2/389, 5th Cross Street, Trinavallur Nagar, Zuzuwadi, Hosur.		
Occupation	System Admin		
Email	sekaranraja3@gmail.com		
Phone	8668181481		
Faculty Name	Dr. Selma		

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

N. Keerthi

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17-2-2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	NIVEDITA KUMAR
Name of the Student	SACHIN KUMAR
Year of the Student	LBDS/ II BDS/ II BDS IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	SARJAPUR ROAD, Bengaluru
Occupation	Self employed
Email	Kumar.nivedita@gmail.com
Phone	9663304961
Faculty Name	Dr. Seema

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:

Nivedita K



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17-2-2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Hemant M Subraman
Name of the Student	Roshan M Subraman
Year of the Student	1 BDS/ II BDS/ IBDS / IV BDS/ Internship
Batch	(Regular Batch/ Odd Batch
Address	Abban
Occupation	Physician
Email	pph.12.abc@gmail.com
Phone	7002478198
Faculty Name	Dr. Seema

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:

Hemant



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 12/2/2019

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Srinivasa . K.L.
Name of the Student	Saishasee . K.S.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Boudaganate (VSP), Chittalaballapur (P), Kalyanabco.
Occupation	Business
Email	Srinivasa.Srinivasa15a@gmail.com
Phone	9740518787
Faculty Name	Dr. Seema

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 20/8/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Prabhakar.V
Name of the Student	Prasad. P
Year of the Student	I BDS/II BDS/III BDS/IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Kalale Village, Hennings Taluk, Mysore
Occupation	Daily Wage Laborer
Email	henningskalale2006@gmail.com
Phone	9441445004
Faculty Name	Dr. Archana

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
		✓	

2. Academic progress of your ward

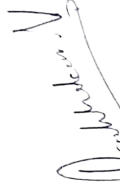
Excellent	Very good	Average	Need Improvement
			✓

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
	✓		

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parent's Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/2/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	PRABHAKAR. BM.
Name of the Student	PRIYA. P.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#64 Jayanarayana Attibele Anekal Taluk 562107 Bangalore
Occupation	Farming
Email	prajaprabhakar 17@gmail.com
Phone	9900934547
Faculty Name	Dr. Seema

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:

Pranav Prabhakar BM



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17-02-2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	H.N SRINIVASA
Name of the Student	VANSHIKA SHREYA
Year of the Student	V BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Howdunahalli, Sarajapurba Hobli, amekal Taluk, Bangalore
Occupation	EMPLOYEE
Email	hn.srinivasa12@gmail.com
Phone	9108015273
Faculty Name	Dr. Seema.

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/2/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SHIVANNA MULIMANI
Name of the Student	VIDHYASHRI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Talakar, Koppal dirt road
Occupation	Batolary of Arts (BA)
Email	vidyamulimani8@gmail.com
Phone	9448139402
Faculty Name	Dr. Seema

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Dr. Seema
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Dear Sir/Madam,

Date: 17/02/20

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Basavaraj Vanaratti & Sarvamangala Vanaratti
Name of the Student	Tijashwini Vanaratti
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship I BDS
Batch	Regular Batch / Odd Batch - Regular Batch
Address	Shri-Shivabasava nilaya, Gulabpetta, Bangalore Dist
Occupation	Field supervisor & Teacher
Email	basavrgd1976@gmail.com
Phone	9741278384, 9482366384
Faculty Name	Dr. Seema

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
		<input checked="" type="checkbox"/>	

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
	<input checked="" type="checkbox"/>		

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
			<input checked="" type="checkbox"/>

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Proper facilities should be given

to the students in their class-projector & in labs

5. Any other suggestions/feedback:

Need improvement in class allotment with projector working properly & help the student in stress management in academics instead

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/02/20

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SHANTHALA		
Name of the Student	C. S. SNEHA		
Year of the Student	J-BDS/II BDS/ III BDS/IV BDS/ Internship		
Batch	Regular Batch / Odd Batch		
Address	No. 640 9 th Main 25 th Cross AECs B Block SINGASAMPURA BANGALURU -68		
Occupation	Home Life		
Email	Shanthala PK1@gmail.com		
Phone	9535008957		
Faculty Name	Dr. Seenu		

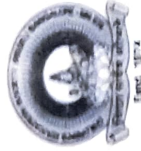
- Views on Organizing the Parent Teachers meeting
Excellent Very good Good Not Required
- Academic progress of your ward
Excellent Very good Average Need Improvement
- What do you feel about the teaching standard and the teacher's approach towards the student
Excellent Very good Good Need Improvement

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Shanthala

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru - 68

Parent-Teacher Meeting Feedback Form 2019-20

Date 17/5/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	TH. SURISHA
Name of the Student	SRICAKSHITHA
Year of the Student	I BDS / II BDS / III BDS / IV BDS / Internship
Batch	Regular Batch / Odd Batch
Address	MANJESHAJI (HO), HARIHARAO, RAJAPUR (P.O), HOSKOTE, KANAKA, KSR, KSR
Occupation	PHARMACIST
Email	SHRUTHI@GMAIL.COM
Phone	
Faculty Name	DR. SREENIA

1. Views on Organizing the Parent Teachers meeting					
Excellent	Very good	✓	Good	Not Required	
2. Academic progress of your ward					
Excellent	Very good	✓	Average	Need Improvement	
3. What do you feel about the teaching standard and the teacher's approach towards the student.					
Excellent	Very good		Good	✓	Need Improvement

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

- There were no proper staff for teaching Nuclear Subjects
- 5. Any other suggestions/feedback
- No proper classroom with projector
- No clean classroom

Parents Signature: *[Signature]*



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 12/12/2019

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Prabhakar. V
Name of the Student	Prasad P.K
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Kalale, Village Narainpur Taluk, Mysore
Occupation	Daily Wage Labour
Email	phoemilakalale2003@gmail.com
Phone	9141443004
Faculty Name	Dr. SALEMA

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Prabhakar V
Parents Signature:



The Oxford Dental College and Hospital
Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2018-19

Date: 12/2/2019

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	CHANDRAMOULI
Name of the Student	ANIKET CHANDRAMOULI
Year of the Student	4 BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	48, 2nd MAIN, AMARJYOTHI LAYOUT, SANSAYNAGAR, BLOK E
Occupation	ARCHITECT
Email	ptabha.chandramouli@gmail.com
Phone	9449801925
Faculty Name	DR. SALEHA

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17-02-2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M. L. SHRIDEVI
Name of the Student	SIMRAN. G S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	H No. 17/103 Venkatadri Building, 1 st main 2 nd Cross Jaynagar, Dharwad.
Occupation	Engineer
Email	mlshree65@gmail.com.
Phone	9342055363.
Faculty Name	Dr. Shrinu

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17.02.2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SUJATA SANTOSHI
Name of the Student	SRISHTI SWAYAMPRAKHA
Year of the Student	BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	0/22, CIVIL TOWNSHIP, ROURKELA, ODISHA
Occupation	TEACHER
Email	sujatasantoshi39689@gmail.com
Phone	7606977400
Faculty Name	Dr. Seema Ma'am

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Proper classrooms with working projectors should be arranged.

5. Any other suggestions/feedback:

Sujata Santoshi
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17 | 2 | 2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BINDU DEVI
Name of the Student	ARTI KUMARI
Year of the Student	✓ I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	✓ Regular Batch / Odd Batch
Address	ward no-2 vidyapeeth chowk lakhisarai, Bihar
Occupation	House wife
Email	singh dr rakhi 1990 @ gmail . com
Phone	9102728205
Faculty Name	Dr. Shrinu

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	✓	Not Required
-----------	-----------	------	---	--------------

2. Academic progress of your ward

Excellent	Very good	✓	Average	Need Improvement
-----------	-----------	---	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	✓	Good	Need Improvement
-----------	-----------	---	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Bindu
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/2/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	VIJAYAPRIYA-S
Name of the Student	HANUSHA-S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#15, 3 rd cross, Murugeshwara layout, Kuddlu, Bengaluru
Occupation	Housewife
Email	-
Phone	9088166350
Faculty Name	Dr. Shrinani

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Vijayapriya S
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/2/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ROKIA ABDUL HAMEED
Name of the Student	FAYELA ABDUL HAMEED
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	STORA CITY, CAGA PARADISO, DEVIN PARADISE ENCLAVE, BANGALORE
Occupation	HOUSEWIFE
Email	-
Phone	8310988546
Faculty Name	Dr. Srinu

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17/02/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	KIRAN KUMAR. POLAKALA
Name of the Student	TVISHITA POLAKALA
Year of the Student	✓ BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	J. P. Nagar 7 th phase
Occupation	BUSINESS
Email	kiranpolakala@gmail.com
Phone	9538444410
Faculty Name	Dr. Seema

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: ~~24/8/21~~ 17/2/20

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	VINITA SINGH
Name of the Student	ANKITA SINGH
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Hirapur Dhanbad
Occupation	Service
Email	vinitasinghsmidilga0133@gmail.com
Phone	9587797605
Faculty Name	Dr. Archana Seema

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Vinita Singh
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 17-02-2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ABU MANZAR
Name of the Student	ANAM NASRIN
Year of the Student	✓ BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	✓ Regular Batch / Odd Batch
Address	P.B. ROAD, MAHBODD LANE, JUGSALAI, JAMSHEDPUR, JHARKHAND
Occupation	BUSINESS
Email	apnadistributor17@gmail.com
Phone	9386576510
Faculty Name	Dx SEEMA

1. Views on Organizing the Parent Teachers meeting

Excellent	✓	Very good		Good		Not Required	
-----------	---	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent	✓	Very good		Average		Need Improvement	
-----------	---	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	✓	Very good		Good		Need Improvement	
-----------	---	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Having proper lab and proper equipments for practical work as practical classes were conducted less. as my ward faced problems.

5. Any other suggestions/feedback:

classes should have proper projector and proper classroom.

A. manzar.
Parents Signature:

2nd BDS

ODD BATCH

2019-20



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 19 - 2 - 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MARSOOD BAIG
Name of the Student	ZAIBA / UMAIMA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch ✓
Address	INDIRANAGAR
Occupation	BUSINESS MAN
Email	
Phone	9149355338
Faculty Name	Dr. Lucky

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

PLEASE CONDUCT SPORTS.

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 18/02/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Venkatarayappa.c
Name of the Student	Varshini.C.V
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Chikkabalapur, Karnataka
Occupation	Teacher
Email	Varshini7760@gmail.com
Phone	7760054496
Faculty Name	Dr. Savitha

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback: NO


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 18.02.2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	KE Mohan Kumar
Name of the Student	Anupama Mohan
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	3012 Nandi Garden Phase I, JP Nagar, 560064.
Occupation	Retired from pit sector
Email	mohandkela58@gmail.com
Phone	9741542457
Faculty Name	Dr. Santha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 18-2-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M. Mallikarjuna
Name of the Student	M. Lakshmi Venkata Prasad
Year of the Student	I BDS/ II BDS/ (III BDS) / IV BDS/ Internship
Batch	Regular Batch / (Odd Batch)
Address	1-75 K.V. Street Palamuru A.P 517408
Occupation	Dodder
Email	
Phone	9395353787
Faculty Name	Dr. Sowitha Dr. Lecky

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

M. Mallikarjuna
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 18/2/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	R. Ambika
Name of the Student	Vinutha Navareetham
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch.
Address	Neer chennakeshava school, Hosaroad, Bangalore
Occupation	Private company
Email	navareethamvinutha860@gmail.com.
Phone	9611621970
Faculty Name	Dr. Savitha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Ambika
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 18/02/2020

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	D. Mohan
Name of the Student	Monalisa
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Tumkur
Occupation	Govt. Employee
Email	
Phone	9964839195
Faculty Name	Dr. Samitha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

no feedback.


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2019-20

Date: 19/02/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M.K.SALEEM
Name of the Student	SHEKHA-S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	BOMMANAHALLI
Occupation	STUDENT
Email	shekhamangattu@gmail.com
Phone	9980332776
Faculty Name	Dr. Savitha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



THE OXFORD DENTAL COLLEGE

FEEDBACK ANALYSIS REPORT

REGULAR BATCH (2019-2020)

DATE: 21/02/2020

Parents teachers meeting as per the schedule was held in the board room on 17/02/2020 to 20/02/2020 at 9am to 12pm for I year to IV year BDS regular batch.

Chair person- Dr. Shendre Shrikanth

The feedback forms were given to the parents and the below mentioned points were highlighted by the majority of the parents in the feedback forms, thereby a report is done based on the feedback forms

1. Parents want more assignments to be given to their ward to improve the performance in the exams.
2. Parents want their ward to basic life support classes for any emergency.
3. Parents want medical classes and practicals to be held in college.
4. Parents want Regular updates on the progress of their ward.

**Signature Of Chairperson Of Parent Teacher Committee
Chairperson**

**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**

Signature Of Dean & Director

Dean and Director
The Oxford Dental College, Bommanahalli
Hosur Road, Bengaluru - 560 068



THE OXFORD DENTAL COLLEGE

FEEDBACK ANALYSIS REPORT

ODD BATCH (2019-2020)

DATE: 26/02/2021

Parents teachers meeting as per the schedule was held in the board room on 22/02/2021 to 25/02/2021 at 9am to 12pm for I year to IV year BDS regular batch.

Chair person- Dr. Shendre Shrikanth

The feedback forms were given to the parents and the below mentioned points were highlighted by the majority of the parents in the feedback forms, thereby a report is done based on the feedback forms

1. Parents want their wards to attend medical subject classes to be conducted on college premises itself.
2. Parents want their ward to have an extra practical classes to improve their handwork.
3. Parents want more black board teaching to happen.
4. Parents want for their wards an extra special classes to be conducted for improvement in communication skills to face viva.
5. Regular maintenance of classrooms, projected rooms, and washrooms.

Signature Of Chairperson Of Parent Teacher Committee
Chairperson

**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**

Signature Of Dean & Director

Dean and Director
The Oxford Dental College, Bangalore
Hosur Road - Bengaluru - 560011

THE OXFORD DENTAL COLLEGE

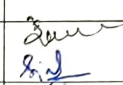
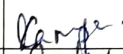

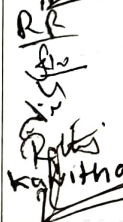
ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 27/08/2019

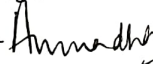
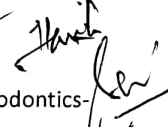



CIRCULAR



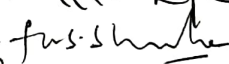

The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on 29/08/2019 at 10:30 AM, to address the feedback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr. Leeky Mohanty

BATCH (ODD)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 st BDS	Dr. Seema Dr. Saleha M Jamadar	Medical Staff Dental Staff	
2 nd BDS	Dr. Jaya Dr. C Champa	Medical Staff Dental Staff	
3 rd BDS	Dr. Suhas Dr. Komali Y	Medical Staff Dental Staff	
4 th BDS	Dr. Shivu ME Dr. Revathy SS Dr. Khadeer Riyaz Dr. Faizuddin Imran Dr. Srinu G. Dr. Jyothi R Dr. Kavitha Raghatham Dr. Divya BM	Dental staff	

HOD's please acknowledge:

Dept. of Oral Medicine- 
 Dept. of Oral & Maxillofacial Surgery- 
 Dept. of Conservative Dentistry & Endodontics- 
 Dept. of Periodontics- 
 Dept. of Oral Pathology- 

Dept. of Community Dentistry- 
 Dept. of Prosthodontics- 
 Dept. of Orthodontics- 
 Dept. of Pedodontics- 



CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITTEE)


DEAN & DIRECTOR SIGNATURE

Chairperson
**Internal Assessment, Slow & Advance Learners, Mentor-
 Mentee & Parent Teacher Meeting Committee**

Dean and Director
 The Oxford Dental College, Bommalahalli,
 Hosur Road Bengaluru - 560 068

MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 29/08/2019

MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 19/08/2019 to 22/08/2019, for I-IV BDS ODD Batch.

DATE: 21/02/2018

Location: Boardroom




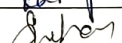


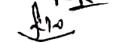






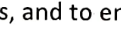
Time: 10:30 AM

Attendees:

Dean & Director- Dr. Pradeep AR

Chairperson of PTA committee- Dr. Leeky Mohanty

Staff In-charge from medical and dental departments

BATCH (ODD)	STAFF INCHARGE	SIGNATURE OF STAFF
1 st BDS	Dr. Seema Dr.Saleha M Jamadar	 
2 nd BDS	Dr. Jaya Dr. C Champa	 
3 rd BDS	Dr.Suhas Dr.Komali Y	 
4 th BDS	Dr.Shivu ME Dr.Revathy SS Dr.Khadeer Riyaz Dr.Faizuddin Imran Dr. Srinu G. Dr. Jyothi R Dr. Kavitha Raghotham Dr.Divya BM	       

Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

Actions taken:

- Text Book reading,
- Quiz
- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.


CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITEE)


DEAN & DIRECTOR SIGNATURE

Chairperson
Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee

Dean and Director
The Oxford Dental College, Bommanahalli
Hosur Road Bengaluru - 560 068

THE OXFORD DENTAL COLLEGE

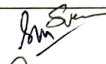
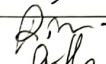
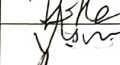
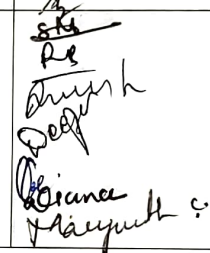
ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 24/02/2020






CIRCULAR

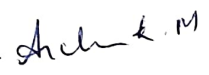


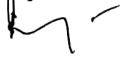
The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on 25/02/2020 at 10:30 AM, to address the feedback forms received from the parents and decide the action plan to be taken.


Chairperson Of Parents Teachers Committee- Dr.ShendreShrikanth

BATCH (REGULAR)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 st BDS	Dr.Seena Dr.Seema	Medical Staff Dental Staff	
2 nd BDS	Dr.Reema Dr.Savitha PN	Medical Staff Dental Staff	
3 rd BDS	Dr.Vishnu Dr.Shruthi S	Medical Staff Dental Staff	
4 th BDS	Dr.Shivu ME Dr.Revathy SS Dr.Sameena Begum M Dr. Ashish Nichani Dr Deepa Jayashankar Dr. Vijay R. Dr. Diana Daniel Dr. Manjunath C.	Dental staff	

HOD's please acknowledge:

Dept. of Oral Medicine- 
 Dept. of Oral & Maxillofacial Surgery- 
 Dept. of Conservative Dentistry & Endodontics- 
 Dept. of Periodontics- 
 Dept. of Oral Pathology- 

Dept. of Community Dentistry- 
 Dept. of Prosthodontics- 
 Dept. of Orthodontics- 
 Dept. of Pedodontics- 


 CHAIRPERSON SIGNATURE,
 (PARENT TEACHER COMMITEE)


 DEAN & DIRECTOR SIGNATURE

Chairperson
**Internal Assessment, Slow & Advance Learners, Mentor-
 Mentee & Parent Teacher Meeting Committee**

Dean and Director
The Oxford Dental College, Bommalahalli
Hosur Road Bengaluru - 560 068

MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 25/02/2020

MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 17/02/2020 to 20/02/2020, for I-IV BDS Regular Batch.

DATE: 25/02/2020

Location: Boardroom


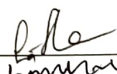
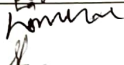
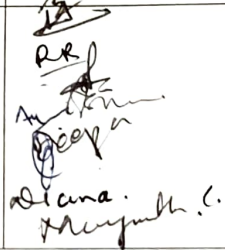
Time: 10:30 AM

Attendees:

Dean & Director- Dr. Pradeep AR

Chairperson of PTA committee- Dr.ShendreShrikanth

Staff In-charge from medical and dental departments

BATCH (REGULAR)	STAFF INCHARGE	SIGNATURE OF STAFF
1 st BDS	Dr.Seena Dr. Seema	
2 nd BDS	Dr. Reema Dr. Savitha PN	
3 rd BDS	Dr. Vishnu Dr. Shruthi S	
4 th BDS	Dr.Shivu ME Dr.Revathy SS Dr.Sameena Begum M Dr. Ashish Nichani Dr Deepa Jayashankar Dr. Vijay R. Dr. Diana Daniel Dr. Manjunath C.	

Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

Actions taken:

- Text Book reading,
- Quiz
- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.



CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITTEE)

Chairperson

**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**



DEAN & DIRECTOR SIGNATURE

Dean and Director
The Oxford Dental College, Bommalahalli
Hosur Road Bengaluru - 560 068



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	
Name of the Student	
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	
Occupation	
Email	
Phone	
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23rd Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Srinivas
Name of the Student	Anujashree
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	The Oxford girls hostel, Hosur Road, Bommanahalli.
Occupation	Goldsmith
Email	anujasrinivas256@gmail.com.
Phone	6363359905
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Projectors and classroom availability.

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	PRAKASH.M.
Name of the Student	NANDITHA.PRAKASH.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	Rudrushwara Nilaya, # 34 1, 4 th main, 4 th cross, A.D.Halli B ¹ ^{love-79}
Occupation	Private company employee
Email	ambiksn@gmail.com
Phone	9980914852
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: -

5. Any other suggestions/feedback:

Suggesting to give opportunity for co-curricular activities.

Prakash.M.
9980914852
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SHAIK BARKATHULLA
Name of the Student	✓ AYESHA FATHIMA B
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#31, 4 th cross Syed block opp to Rigwan Masjid - HAL
Occupation	Business.
Email	parveentaj2351@gmail.com
Phone	9742398564 / 8310670853
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parveen
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BOHRARAM
Name of the Student	PRIVANKA CHOUDHARY
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No.11, 14/4, Goutham Nivas, T-1-I Layout, Bommanahalli, Bengaluru-68
Occupation	BUSINESSMAN
Email	bohraramhp3099@gmail.com
Phone	9448081534
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Thomas kurian
Name of the Student	Helan Thomas
Year of the Student	<input checked="" type="checkbox"/> BDS/ <input type="checkbox"/> II BDS/ <input type="checkbox"/> III BDS/ <input type="checkbox"/> IV BDS/ <input type="checkbox"/> Internship
Batch	<input checked="" type="checkbox"/> Regular Batch / <input type="checkbox"/> Odd Batch
Address	Nadackal (H) Kuvichithanam, Kottayam, Kerala
Occupation	Dentist
Email	helanless11@gmail.com
Phone	9544155187
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent	<input type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	--------------------------	-----------	--------------------------	------	-------------------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input type="checkbox"/>	Average	<input checked="" type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	--------------------------	---------	-------------------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	--------------------------	------	-------------------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BINU VARUHESE M
Name of the Student	SANDHRA BINU
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	MUKALATH HOUSE
Occupation	ENGINEER
Email	binuvaruhesemkma@gmail.com
Phone	9447509273
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/8/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Wilson C.R.
Name of the Student	Parvathi Wilson.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Cheriyampalackel (H), Koorali P.O., Elamkulam, Kottayam, Kerala
Occupation	Farmer.
Email	Parvathi702@gmail.com.
Phone	8089918282
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good ✓		Not Required	
-----------	--	-----------	--	--------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average ✓		Need Improvement	
-----------	--	-----------	--	-----------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good ✓		Need Improvement	
-----------	--	-----------	--	--------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Shrikumar Mahamuni
Name of the Student	Swarada Mahamuni
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	'Vignahasta', Harikrupanagar, Baramati, Pune-413102
Occupation	Professor
Email	dsvmahamuni@gmail.com
Phone	9822756250
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Sh. Mahamuni

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Rajkumar Amudala
Name of the Student	Rishiya R. Amudala.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Aangan Residency, V.I.P. Road, Surat, Gujarat-395007
Occupation	Principal
Email	svpssurat@gmail.com
Phone	9512177795
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent	<input checked="" type="checkbox"/>	Very good		Average		Need Improvement	
-----------	-------------------------------------	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Rajkumar

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Gopal - M
Name of the Student	Keerthi B.G
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Chandranivas, 13 th Main Road, Sadashivnagar, Bangalore -80
Occupation	Businessman
Email	gopalm118@gmail.com
Phone	6363819609
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Keerthi
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Dilip Kumar Dhar
Name of the Student	Dishan Dhar
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Beltola, Guwahati-28
Occupation	Govt. servant
Email	dilipdharbk3@rediff.com
Phone	9864152704
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SHYJA K.V
Name of the Student	SIDHARTH RAJ P.T
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	KIZHAKKE VEEDU, PALLIKOVAL, KARIVELUR, KERALA, 670521
Occupation	HOUSEWIFE
Email	Sidharth700@gmail.com
Phone	9744296752
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent	✓	Very good		Average		Need Improvement	
-----------	---	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	JOSEPH EDWARD
Name of the Student	CHRIS JOSEPH
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship I BDS
Batch	Regular Batch / Odd Batch
Address	Madhanavada, Near NH Bypass Toll, Kuratpuzha, Kollam
Occupation	Doctor
Email	chrisjoseph 4142@gmail.com
Phone	7025770490
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	C. E. Jaya Perumal
Name of the Student	Mahalakshmi E
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Muneshwara Nagar
Occupation	Business
Email	mahayoga2010@gmail.com
Phone	9383310500
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Anupama N Nanjiah
Name of the Student	Anupama N
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Citi Badavane, H.P. Kote Mysore
Occupation	Teacher
Email	-anupama2002n@gmail.com
Phone	8702171153
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Rajappa
Name of the Student	Akshatha
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Sirsi (A) Bidar
Occupation	
Email	Akshatha.kusuma8@gmail.com
Phone	9591048796 /
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Abbas K-B
Name of the Student	Shahana Abbas
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Shahana Mahal K.K Purnam Mogral
Occupation	Central govt employee
Email	shahanaabbas430@gmail.com
Phone	7306179074
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Handworks

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bornmanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	S. Rama Devi
Name of the Student	Sri V Lakshmi Charitha
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No 474, Sheemanki lotus, 6 th main, 8 th cross BTM-#6
Occupation	Service
Email	Suggalacharitha0407@gmail.com
Phone	7892103548
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent	<input checked="" type="checkbox"/>	Very good		Average		Need Improvement	
-----------	-------------------------------------	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	------------------	-------------------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: My ward needs no improvement

5. Any other suggestions/feedback: No!

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SURESH S
Name of the Student	SANJANA SURESH
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	SURESH BHAVAN , KALANJOOR PO PATHANAMTHITTA (DIST) KERALA
Occupation	EX-SERVICEMEN
Email	sanjanasuresh.1406@gmail.com
Phone	6228056752
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	-------------------------------------	--------------	-------------------------------------

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: PRACTICAL AREA

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SHASHIKANT MADDE
Name of the Student	SUSHMA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	8-4-11 Brahman Street - Aland 585302
Occupation	Business man
Email	waddesushma15@gmail.com
Phone	8548834587, 8951596916
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MARIA ARUL
Name of the Student	TANIA SIBIL ARUL
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	G2, SARALA BIRLA ACADEMY, BANNEGHATTA
Occupation	ADMISTRATION
Email	tania2000arul123@gmail.com
Phone	9741633724
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Mania
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 29.02.2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	N.K. SANTOSH
Name of the Student	SANIYA SANTOSH
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	VIVEKANAND NAGAR, BOMMANAH ALLI
Occupation	HR
Email	sanyasantosh13@gmail.com
Phone	9536220087
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23rd Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	RAJU VARGHESE
Name of the Student	TESNA RAJU
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	KERALA
Occupation	
Email	tesnaraju781@gmail.com
Phone	7756819614
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	--------------	-------------------------------------

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature: 



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23rd Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	B. VINOD JAIN
Name of the Student	LISHIKA JAIN V
Year of the Student	4 th BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Koromangala 8th Block Bangalore
Occupation	
Email	Lishikajain2808@gmail.com
Phone	6362709920
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	--------------	-------------------------------------

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

~~Need better staff support.~~


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23rd Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Purushotham T.D
Name of the Student	Bhavana .P
Year of the Student	JBDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Malagala, Nagabkavi, Bengaluru - 91
Occupation	
Email	bhavana298@gmail.com
Phone	9742295544
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	--------------	-------------------------------------

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23rd Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BIRPAL SINGH
Name of the Student	POOJA BUTOLA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	377, 7 th main vineknagar - H. 7
Occupation	
Email	pbutola83@gmail.com
Phone	7818960395
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23rd Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Satyendra kumar singh
Name of the Student	KRITIKA SINGH
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	100 : Bommanahalli
Occupation	
Email	jinikritika@gmail.com
Phone	6361225237
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
-----------	--	-----------	--	---------	---	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23 08 -21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Mohammad Khaleel
Name of the Student	Mansha Fathima
Year of the Student	↓ BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	N.R. Extension, Chintamani
Occupation	Business Man
Email	manshafathimakhaleel@gmail.com
Phone	8453784456
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good ✓		Good		Not Required	
-----------	--	-------------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good ✓		Average		Need Improvement	
-----------	--	-------------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent ✓		Very good		Good		Need Improvement	
-------------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Mohammad Khaleel
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	STALIN RAJA K
Name of the Student	SHUBHA SHREE S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#24/25, 7 th CROSS, KRISHNA TEMPLE ROAD, JPS SANDRA. Blore -97
Occupation	BHEL
Email	stalinmsd@gmail.com
Phone	9972722226
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: —

5. Any other suggestions/feedback: —


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	AYNEENDRA - B
Name of the Student	DIYA NANDANA S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	S1, Prabhavati Mehana Towers, Hongasandra, Bangalore - 68
Occupation	Professor
Email	ayneendra@gmail.com
Phone	9945636328
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: *Extra curricular activities*

5. Any other suggestions/feedback: -

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	G. Nageemunnisa Begum
Name of the Student	Musrath Taj
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	50, 9 th Main Marathi layout 3 rd 2 nd stage Bangalore 50029
Occupation	Home Maker
Email	MusrathTaj09@gmail.com
Phone	7844055786
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

G. Nageem
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-8-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Muni Reddy B
Name of the Student	Rakshitha Reddy M
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No 90-1-29/1 'Sree Sethabairavehwar Nilaya' 6 th cross Vittalnagar Bangalore -26
Occupation	Manager
Email	munireddy675@gmail.com
Phone	9845390777
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	C Narayanaswamy.
Name of the Student	Nisarga Yadav BN
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship I BDS
Batch	Regular Batch / Odd Batch Regular Batch.
Address	Oxford Girls hostel, Bommanahalli, Haveli Road, 560068.
Occupation	Agriculture.
Email	yadavnisarga2003@gmail.com.
Phone	8792692665.
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Projector and Classroom facility.

5. Any other suggestions/feedback: -


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Ramesh Raju P
Name of the Student	Adisha Teja P.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship I BDS
Batch	Regular Batch / Odd Batch Regular Batch
Address	Oxford girls hostel, Bommanahalli, Hosur road - 560068.
Occupation	Business.
Email	manasavarnap@gmail.com
Phone	702223288
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Projector and Classroom facility

5. Any other suggestions/feedback: —

Ramesh

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-August-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ATTILI S N MURTY RAJU
Name of the Student	SHRUTI ANANYA ATTILI
Year of the Student	V BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#57, BAZAR STREET, VANNARPET LAYOUT, VIVEKNAGAR POST, BANGALORE-49.
Occupation	EX - Serviceman
Email	ananyaattili@gmail.com
Phone	9142685380
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Projector & classroom availability.

5. Any other suggestions/feedback: -


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/8/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M. Mallikarjunareddy.
Name of the Student	M. Satwik
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	The Oxford Girls Hostel, Hoosur Road, Bommanahalli
Occupation	Doctor
Email	msatwik9@gmail.com
Phone	8019802033
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Classroom availability.

5. Any other suggestions/feedback: NO


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BUTRA ANJNEYULU
Name of the Student	BUTRA SAMYUKTHA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Oxford Girls hostel, Bommanahalli, Housur Road, 560068
Occupation	Govt. Employee
Email	Samyuktha butra@gmail.com
Phone	8978152282
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: projector and classroom facility

5. Any other suggestions/feedback: -

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MANOJ KUMAR DALAI
Name of the Student	ISHANI M DALAI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	S.P. Nagar 9TH PHASE, BLOK - 52
Occupation	Podiatrist & Orthotist
Email	manojdalai@gmail.com
Phone	9379408613
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 22/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	D. SREENIVAS RAO
Name of the Student	D. LAKSHMI PRIYA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	D. Sreenivas Rao, D.No- 67/125, Golasahalli, Near Hulgimantemple, Bellary
Occupation	Tailor
Email	SVCbly12@gmail.com
Phone	9243236889
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: *classroom facility*

5. Any other suggestions/feedback: -

Sunanda
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	RAVI.V
Name of the Student	SHRAVANI.R
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	OXFORD GIRLS HOSTEL, BOMMANAHALLI
Occupation	FARMER
Email	wiki.shravani5162@gmail.com
Phone	6362907085
Faculty Name	✓

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: *classroom availability.*

5. Any other suggestions/feedback: *-*

Ravi

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23rd Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M. Dineth
Name of the Student	D.C ADHIRA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Jogunpalaya Malasree
Occupation	
Email	adhiradc2002@gmail.com
Phone	8867043186
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SANKAR MAITY.
Name of the Student	LAXMIPRIYA MAITY.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship II BDS
Batch	Regular Batch / Odd Batch Regular Batch
Address	
Occupation	Business
Email	sjana1608@gmail.com
Phone	9036627579
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Sankar Maity.

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	B Ishwar Sharma
Name of the Student	Risha Sharma
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 289, Defence colony, Indiranagar, Bengaluru-3
Occupation	
Email	sharmadisha360@gmail.com
Phone	9449396037
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ASMA TABEEN KR
Name of the Student	RUBAIYYA TALATH KHANZI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	TP Naga 5th Phase, Basakki base, B'lore -560078
Occupation	Housewife
Email	rubaiyyakhanzi@gmail.com
Phone	9035686076
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Having difficulty with medical subjects

5. Any other suggestions/feedback:

Arrangement of transport to medical subject
more clinical exposure in surgery.

Asma Tabeen KR

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Mchaya Ramesh
Name of the Student	Radhana Ramesh
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	S.R Nagar Bangalore
Occupation	Homemaker
Email	michayaramesh@gmail.com
Phone	9440317782
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	✓
-----------	--	-----------	--	------	--	------------------	---

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

—

5. Any other suggestions/feedback:

—

M. Chaya Ramesh
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	VINCENT ANTHONY
Name of the Student	PANJIKARAN ROHAN VINCENT
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	B-22, Milan Park, PRT Colony, Dombivali
Occupation	Service
Email	hdovincent@gmail.com
Phone	7045860613
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	<input checked="" type="checkbox"/>
-----------	--	-----------	--	---------	--	------------------	-------------------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	JERALD VEIGAS
Name of the Student	JESWIN M.T.VEIGAS
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	CHURCH VIEW KUPPEPADUVU
Occupation	PRIVATE
Email	geraldveigas@grail.com
Phone	9900391526
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BABU L A
Name of the Student	NEEHA LAKPOTI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	H.No 320/6, 6th cross, Venkatapura, Koramangala, 1 st Block, Bengaluru
Occupation	Software Engineer
Email	babu.lakpoti@gmail.com
Phone	9845167758
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Rekha . Pk
Name of the Student	Prasanna
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Durgamba house, Bairamane village, Bellur road: 19
Occupation	Teacher
Email	re.kha.prasanna.w@opmail.com
Phone	9481 906 361
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	AKOTI JONGKEY
Name of the Student	LIRIK JONGKEY
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	2 MILE. PASIGHAT, ARUNACHAL PRADESH
Occupation	BUSINESSWOMAN
Email	acoti.jongkey68@gmail.com
Phone	8557011006
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Maria Prakash J
Name of the Student	Christina.M
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	G-2-West, Phase II, Kaiya townshp, Karnataka - 581400
Occupation	Employee at NPCIL, Kaiya generating station
Email	maria.prakash.j@gmail.com
Phone	9448817985
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Maria Prakash

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SIVIKANA KHATUN
Name of the Student	MOHAMMED SAYLED UR RAHMAN
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Womashwanaga jayanaga 1st Block B'lore -11
Occupation	House wife
Email	
Phone	9538054130
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25-8-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K K RATAN
Name of the Student	ANAKHA PAJ
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	KORUMADANI HOUSE
Occupation	WORKING ABROAD, DHAARMCISE
Email	jijirajan1974@gmail.com
Phone	9447992971
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 05/8/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K. NARAYANASWAMY
Name of the Student	CHANDANA N
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#1456, Madurkar Reddy line, Vinayaka layout, Vasthul, Bangalore - 87
Occupation	Florist
Email	narayanaswamyn702@gmail.com
Phone	7411244407
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	APARNA. P. SHETTY
Name of the Student	ATHMEETHA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	1-159 Mairahouse, Bantwal Tq, D.K, Karnataka
Occupation	House wife
Email	shettyaparna555@gmail.com
Phone	9591943024
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input checked="" type="checkbox"/>	Very good		Good		Need Improvement	
-----------	-------------------------------------	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Ashetty

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25 - 8 - 21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SRINIVAS MURTHY C.V
Name of the Student	BHAVANA S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	NEW BEL ROAD
Occupation	
Email	Srinivasmurthy1973@gmail.com
Phone	9620621011
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25.8.21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Karan Mohanty
Name of the Student	Anvesha Mishra
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Bhubaneswar, Odisha
Occupation	Lecturer
Email	anvesha31@gmail.com
Phone	9861553726
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Karan Mohanty
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Muttanna M. Palled
Name of the Student	Aishwarya M. Palled
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	M.M.Palled Annadureshwar Nagar Kodikoppa, Naxegaal, Distt/11 Gadag
Occupation	Business man
Email	muttanrapalled@gmail.com
Phone	9448295789
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25-8-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SRINIVAS T
Name of the Student	ARPI THA . S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	17, Sri Raju Nilaya, Katesamma Temple Street, Doddabommasandra
Occupation	Software Engineer
Email	srinivas@tel.co.in
Phone	9845857485
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very Good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

T. Srinivas

Parents Signature:



PTM FEEDBACK

FORM 2020 ~~2020~~ 2021

IVth BDS

(REGULAR BATCH)



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	GURUNATH SUNKAD.
Name of the Student	VAISHNAVI GURUNATH SUNKAD.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	KESHAVA NAGAR, B. Bagewadi
Occupation	DOCTOR
Email	sunkadaxun@gmail.com
Phone	9886185096
Faculty Name	Dr Asha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P. UPENDRAN
Name of the Student	AMRUT
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	AMRUTHAM Kuppam (PO), Taliparamba, Kannur, Kerala
Occupation	BANK EMPLOYEE
Email	upendranngben@gmail.com
Phone	9632854633
Faculty Name	Dr. Deepa

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
-----------	--	-----------	-------------------------------------	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

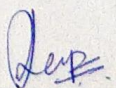
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Needs improvement in Prosthodontics

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	NANJUNDAPPA . R . B
Name of the Student	CHANDANA . R . N
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#737, 22ND MAIN 2ND PHASE JP NAGAR BANGALORE
Occupation	RETIRED ASSISTED DIRECTOR OF LAND RECORDS (SURVEY)
Email	nanjundappa . rb @ gmail . com
Phone	8095452538
Faculty Name	DR VINAYAK

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

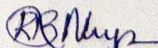
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Practical Exposure is very less . Need to Improve in it .

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Moirangthem Shalini Kumal Singh
Name of the Student	Reena Chashi Moirangthem
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Rangheri moirangthem Pukheri mapal, dimphai
Occupation	Engineer
Email	mshkpgd@gmail.com
Phone	9436477814
Faculty Name	Dr Ronald

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

needs to be more proactive.

5. Any other suggestions/feedback:

extra clinical courses to improve the skills in clinical

Mishra Singh
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Mukut Chandra Baruah
Name of the Student	Kranami Baruah
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Makari, North Lakshimpur, Assam
Occupation	Retired Principal
Email	dr.mukut_chandra@rediffmail.com
Phone	9435387619
Faculty Name	Dr. Ravi Sinha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Needs improvement in every subjects

5. Any other suggestions/feedback:

Provide dental materials

Mukut
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26-8-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P. Venkatarama
Name of the Student	P. Kiran
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Palamarey, Chittoor AP 517408
Occupation	Business
Email	kiransletters@gmail.com
Phone	9148152710
Faculty Name	Dr. Anshu mams

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

P. Venkatarama
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26-8-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P. Suresh babu
Name of the Student	P. Lalari
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Badvel, Andhra pradesh 516222
Occupation	Pharmacist
Email	lalari.pathi9@gmail.com
Phone	9966449123
Faculty Name	Antara mam

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Community

5. Any other suggestions/feedback:

need Camps.

P. Suresh babu
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26-08-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ABDUL ROZZAQ
Name of the Student	WAGGEM ARAM
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	B. Kothakota, Andhra pradesh hr.
Occupation	Business man.
Email	waggemaram145@gmail.com
Phone	82318 1926
Faculty Name	Dr. Samina

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

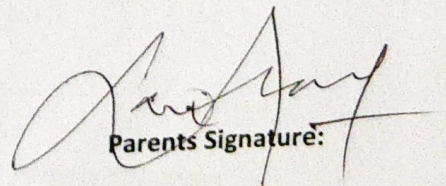
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	------------------	-------------------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Clinical side


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 12/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Raina Raju Varghese
Name of the Student	Raina Raju
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Palinatalayil (H), Chittoor Thodupuzha, Sikkil, Kerala
Occupation	Businessman
Email	raju.varghese101@gmail.com
Phone	9495217614
Faculty Name	Dr. Deepa

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--


3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: are student teacher interaction

5. Any other suggestions/feedback:

College should provide more material to the students


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 21/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Chandrasekhar - B.K
Name of the Student	Bhagavathi
Year of the Student	I BDS/II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#B8, Harmony layout, Athbete.
Occupation	Business
Email	bhagavathireddy98@gmail.com
Phone	9643079968
Faculty Name	Dental

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
-----------	--	-----------	--	------	--	--------------	-------------------------------------

2. Academic progress of your ward

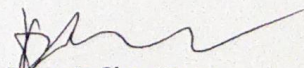
Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/questions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Soman P.N
Name of the Student	Drya Soman.
Year of the Student	I BDS/II BDS/III BDS/IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Krishnabagam, SDDV Road, Palluruthy
Occupation	taxi pilot.
Email	Somappn725@gmail.com.
Phone	9446036625
Faculty Name	Dental

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

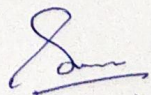
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

-She need to improve her practical knowledge and exposure.

5. Any other suggestions/questions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	PAUL T.C
Name of the Student	ANNIE THANGAM PAUL
Year of the Student	+BDS/II BDS/III BDS/IV BDS/Internship
Batch	Regular Batch / Odd Batch
Address	THUNDATHIL (H), NEAR KSRTC, PERUMBAVOOR, KERALA
Occupation	BUSINESS
Email	anniepaul349@gmail.com
Phone	9886806752
Faculty Name	DENTAL

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

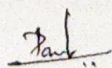
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

she has to improve her practical skills.

5. Any other suggestions/questions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/8/21.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	V. ALLABAKSH
Name of the Student	V. Afrin
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Gowtham Towers ; KT Road Tirupati
Occupation	Deputy superintendent of police.
Email	valluruafin37@gmail.com.
Phone	9741875079
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
-----------	-------------------------------------	-----------	--------------------------	------	--------------------------	--------------	--------------------------

2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	---------	--------------------------	------------------	--------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
-----------	--------------------------	-----------	-------------------------------------	------	--------------------------	------------------	--------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature: \



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Aradhana Singh
Name of the Student	Shivani Singh
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Janeshapur, Gharkhand
Occupation	Housewife
Email	sinshivani5132@gmail.com
Phone	7483114379
Faculty Name	Dr. Vijay

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		<input checked="" type="checkbox"/> Good		Not Required	
-----------	--	-----------	--	--	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		<input checked="" type="checkbox"/> Average		Need Improvement	
-----------	--	-----------	--	---	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		<input checked="" type="checkbox"/> Need Improvement	
-----------	--	-----------	--	------	--	--	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: *practical marks should be given more to increase the aggregate percentage*

5. Any other suggestions/feedback: -

Aradhana Singh
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 28/08/21
2020/20

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SAFIULLAH KHAN
Name of the Student	EMAN SAFI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	B.T.M Layout, Bangalore.
Occupation Email	eman.safi98@gmail.com
Email Occupation	Engineer
Phone	9902274232
Faculty Name	Dr. Praveen

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SOURABH SATYABAT V
Name of the Student	SHWETA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Tangpuzha heavers
Occupation	Indian Air force
Email	ss 866188@gmail.com
Phone	7069752977
Faculty Name	Dr. Divya

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required	<input checked="" type="checkbox"/>
-----------	-----------	------	--------------	-------------------------------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement	<input checked="" type="checkbox"/>
-----------	-----------	---------	------------------	-------------------------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement	<input checked="" type="checkbox"/>
-----------	-----------	------	------------------	-------------------------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Sourabh
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Ujjwala. Guwadatta
Name of the Student	Anvita. Guwadatta
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No. 10, Atharva, BML layout, Gollahalli, Blr -62
Occupation	DOCTOR
Email	dr.ug1976@gmail.com
Phone	9740087624
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

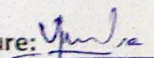
Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/questions/feedback:

Parents Signature: 



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MANJUNATH. T.
Name of the Student	BHOOMIKA. T. M.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#38/3, Muniswara layout, Bommanahalli, Bangalore - 68.
Occupation	Retired Bank Employee
Email	manjunathatalad@gmail.com
Phone	9964598331
Faculty Name	Dr. Vinayak

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

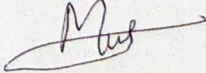
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Oral maxillofacial surgery, Public Health Dentistry,

5. Any other suggestions/questions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K. Nayema Baw
Name of the Student	Laqiya Tazum. N.A
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 21, M.R. lane police road Bangalore
Occupation	
Email	nayemabaw10@gmail.com
Phone	7847884194
Faculty Name	Dr. Revathi

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

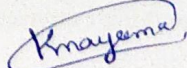
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Oral surgery, Periodontics, Community dentistry,

5. Any other suggestions/questions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru - 68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Daniel S
Name of the Student	Ananya S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	EW5-78, Housing board, Ballari
Occupation	Business
Email	Daniel.Sucapaneri@gmail.com
Phone	9448303767
Faculty Name	Dr. Swetha

1. Views on Organizing the Parent Teachers meeting

Excellent	Very good	Good	Not Required
-----------	-----------	------	--------------

2. Academic progress of your ward

Excellent	Very good	Average	Need Improvement
-----------	-----------	---------	------------------

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	Very good	Good	Need Improvement
-----------	-----------	------	------------------

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Surgery clinicals

5. Any other suggestions/questions/feedback:

Daniel S
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	RATAN CJ
Name of the Student	REJOICE RAJAN
Year of the Student	1 BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 21, 5th cross, 1st stage, Chandraharu, Bangalore
Occupation	Artist
Email	q.rajana@yahoo.com
Phone	9845571302, 9945099065
Faculty Name	Dr. Ashwini

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

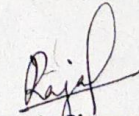
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Rejoice has improve in skills in extraction and has improve in studying community subject.

5. Any other suggestions/questions/feedback:


Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Chandea Reddy .R
Name of the Student	Tejashwini ✓
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Opp KEB Sarjapura Road Attibele Bengaluru
Occupation	Business
Email	Tejatejashwini 034@gmail.com
Phone	0363788119
Faculty Name	Mohin

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
-----------	--	-----------	--	------	---	--------------	--

2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
-----------	--	-----------	--	------	---	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Prosthodontics, Community

5. Any other suggestions/questions/feedback:

Chandea Reddy
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	T.S.V ANAJA
Name of the Student	AMOGH SARATHI.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#152 Itina Nagar, Jigani, Bangalore.
Occupation	Home wife
Email	amogh.sarathi.99@gmail.com.
Phone	911066 2375
Faculty Name	Dr. Srinivas

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: —

5. Any other suggestions/feedback:

Provide Extra busss for students to commute from the Dental Campus to medical college.

T.S. Vanaja

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/06/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	RAMAN VADIVELU
Name of the Student	ABHINAYA .V
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	27/1 2 nd Cross 1 st main avulamma chatha, Magadi Road
Occupation	-
Email	abhinaya27jo@gmail.com
Phone	7353863408.
Faculty Name	Dr. Vinayak

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

laksh
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Sreenivas Pendyale
Name of the Student	Rahul Pendyale
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	JA-104, Sakarapur Greenage apt.
Occupation	Software engineer
Email	sreenivaspendyale@yahoo.com
Phone	9845585560
Faculty Name	Dr. Kusati

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/questions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	N. Elavarasan
Name of the Student	E. Geetha
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Tirupattur, Tamil nadu
Occupation	Teacher
Email	elavarasan1968@gmail.com
Phone	9345543953
Faculty Name	Dr. Srinivasan

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

N. Elavarasan
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	
Name of the Student	
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	
Occupation	
Email	
Phone	
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Vijay Madan
Name of the Student	Duma
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Sector 3, H&K Layout
Occupation	Banking
Email	umina.madan@gmail.com
Phone	9620462020
Faculty Name	Dr. Baba Jyothi

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	/	Good		Not Required	
-----------	--	-----------	---	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good	/	Average		Need Improvement	
-----------	--	-----------	---	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

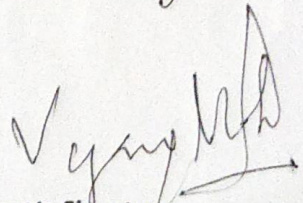
Excellent		Very good	/	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Oral Medicine / X-ray radiography

5. Any other suggestions/feedback:

Nil

Parents Signature: 



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Nanjunda ppa T.N
Name of the Student	Bhavani T.N
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Near gulur circle Bagepalli
Occupation	teacher
Email	nanjundappatn13@gmail.com
Phone	9081550696
Faculty Name	Dr. praveen

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
-----------	--	-----------	--	------	--	--------------	--

2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

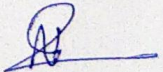
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

periodontia,

5. Any other suggestions/questions/feedback:


Parents Signature:



THE OXFORD DENTAL COLLEGE

FEEDBACK ANALYSIS REPORT

REGULAR BATCH (2020-2021)

DATE: 31/08/2021

Parents teachers meeting as per the schedule was held in the board room on 23/08/2021 to 26/08/2021 at 9am to 12pm for I year to IV yearBDS regular batch.

Chair person- Dr. Shendre Shrikanth

The feedback forms were given to the parents and the below mentioned points were highlighted by the majority of the parents in the feedback forms, thereby a report is done based on the feedback forms

1. Parents want safer environment for their wards when they are working with the patients.
2. Parents want strict sanitation protocols in wake of the recent COVID outbreak .
3. Due to covid lockdown there has been a shortage of clinical experiences, parents wants their wards to have additional physical theory and practical classes.
4. Parents want for their wards aspecial classes to be conducted for improvement in communication skills to face viva.
5. Regular maintenance of classrooms, projected rooms , and washrooms.

Signature Of Chairperson Of Parent Teacher Committee
**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**

Signature Of Dean & Director

Dean and Director
The Oxford Dental College, Bommi
Hosur Road Bengaluru - 560 06

THE OXFORD DENTAL COLLEGE




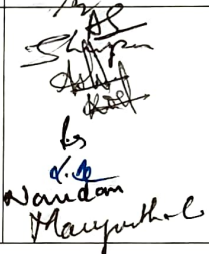
ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 01/03/2021






CIRCULAR





The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on 02/03/2021 at 10:30 AM, to address the feedback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr.ShendreShrikanth

BATCH (ODD)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 st BDS	Dr.Seena Dr. Seema	Medical Staff Dental Staff	
2 nd BDS	Dr. Reema Dr. Savitha PN	Medical Staff Dental Staff	
3 rd BDS	Dr. Vishnu Dr. Shruthi S	Medical Staff Dental Staff	
4 th BDS	Dr.Sowbhagya Lakshmi Dr.Shilpa I.G. Dr.Ashita Talwar Dr.Koel Debnath Dr.Ravi Ranjan Sinha Dr. Archana Dr.Nandan Rudra Paul Dr. Manjunath C.	Dental staff	

HOD's please acknowledge:

Dept. of Oral Medicine- 
Dept. of Oral & Maxillofacial Surgery- 
Dept. of Conservative Dentistry & Endodontics- 
Dept. of Periodontics- 
Dept. of Oral Pathology- 

Dept. of Community Dentistry- 
Dept. of Prosthodontics- 
Dept. of Orthodontics- 
Dept. of Pedodontics- 



CHAIRPERSON SIGNATURE,

(PARENT TEACHER COMMITEE)

Chairperson

**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**


DEAN & DIRECTOR SIGNATURE

Dean and Director
The Oxford Dental College, Bommalahalli
Hosur Road Bengaluru - 560 068

MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 02/03/2021

MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 22/02/2021 to 25/02/2021, for I-IV BDS ODD Batch.

DATE: 02/03/2021

Location: Boardroom


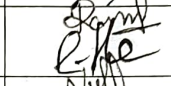

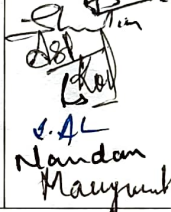
Time: 10:30 AM

Attendees:

Dean & Director- Dr. Pradeep AR

Chairperson of PTA committee- Dr.ShendreShrikanth

Staff In-charge from medical and dental departments

BATCH (ODD)	STAFF INCHARGE	SIGNATURE OF STAFF
1 st BDS	Dr.Seena Dr. Seema	
2 nd BDS	Dr. Reema Dr. Savitha PN	
3 rd BDS	Dr. Vishnu Dr. Shruthi S	
4 th BDS	Dr.Sowbhagya Lakshmi Dr. Shilpa I.G. Dr.Ashita Talwar Dr.Koel Debnath Dr. Ravi Ranjan Sinha Dr. Archana Dr. Nandan Rudra Paul Dr. Manjunath C.	 Nandan Manjunath-C.

Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

Actions taken:

- Text Book reading,
- Quiz
- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.



CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee



DEAN & DIRECTOR SIGNATURE

Dean and Director
The Oxford Dental College, Bommalahalli
Hosur Road Bengaluru - 560 068

THE OXFORD DENTAL COLLEGE

ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 30/08/2021

CIRCULAR

The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on 31/08/2021 at 10:30 AM, to address the feedback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr.ShendreShrikanth

BATCH (REGULAR)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 st BDS	Dr.Manantha Dr.Seema	Medical Staff Dental Staff	
2 nd BDS	Dr.Sukanya Dr.Archana	Medical Staff Dental Staff	
3 rd BDS	Dr.Tejas Dr.Leeky Mohanty	Medical Staff Dental Staff	
4 th BDS	Dr.Sheshaprasad Dr.Arshiya Shakir Dr.Khadeer Riyaz Dr.Amita Olivia Coutinho Dr. Padmaja S. Dr.Ashwija Shetty Dr.SupriyaBhandage Dr.ShilpaShree K.B.	Dental staff	

HOD's please acknowledge:

Dept. of Oral Medicine-

Dept. of Oral & Maxillofacial Surgery-

Dept. of Conservative Dentistry & Endodontics-

Dept. of Periodontics-

Dept. of Oral Pathology-

Dept. of Community Dentistry-

Dept. of Prosthodontics-

Dept. of Orthodontics-

Dept. of Pedodontics-

CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITEE)

Chairperson

**Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee**

DEAN & DIRECTOR SIGNATURE

Dean and Director
The Oxford Dental College, Bomnahaalli
Hosur Road Bengaluru - 560 068

MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 31/08/2021

MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 17/02/2020 to 20/02/2020, for I-IV BDS Regular Batch.

DATE: 31/08/2021

Location: Boardroom

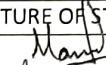

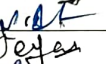








Time: 10:30 AM

Attendees:

Dean & Director- Dr. Pradeep AR

Chairperson of PTA committee- Dr.ShendreShrikanth

Staff In-charge from medical and dental departments

BATCH (REGULAR)	STAFF INCHARGE	SIGNATURE OF STAFF
1st BDS	Dr.Manantha Dr. Seema	
2nd BDS	Dr. Sukanya Dr. Archana	
3 rd BDS	Dr.Tejas Dr.Leeky Mohanty	
4 th BDS	Dr.Sheshaprasad Dr.Arshiya Shakir Dr.Khadeer Riyaz Dr.Amita Olivia Coutinho Dr. Padmaja S. Dr.Ashwija Shetty Dr.SupriyaBhandage Dr.ShilpaShree K.B.	       

Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

Actions taken:

- Text Book reading,
- Quiz
- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.



CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee



DEAN & DIRECTOR SIGNATURE

Dean and Director

The Oxford Dental College, Bommalahalli
Hosur Road Bengaluru - 560 068

THE OXFORD DENTAL COLLEGE

ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 26/02/2021

CIRCULAR

The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on at 10:30 AM, to address the feedback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr.ShendreShrikanth

S. Shendre

BATCH (ODD)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 st BDS	Dr.Manantha Dr. Seema	Medical Staff Dental Staff	<i>Manu</i> <i>Seema</i>
2 nd BDS	Dr. Sukanya Dr. Archana	Medical Staff Dental Staff	<i>Sukanya</i> <i>Archana</i>
3 rd BDS	Dr.Tejas Dr.Leeky Mohanty	Medical Staff Dental Staff	<i>Tejas</i> <i>Leeky</i>
4 th BDS	Dr. Bharathi S. Balikai Dr. Simran Kaur Dr.Ashwija Shetty Dr. Praveen J. Dr.Divya B.M. Dr. Padmaja S. Dr.Saleha Masood J. Dr.Afshan Saman W. Dr.Manjaree Talukdar	Dental staff	<i>Bharathi</i> <i>Simran</i> <i>Ashwija</i> <i>Praveen</i> <i>Divya</i> <i>Padmaja</i> <i>Saleha</i> <i>Afshan</i> <i>Manjaree</i>

HOD's please acknowledge:

Dept. of Oral Medicine-

Amrutha

Dept. of Oral & Maxillofacial Surgery-

Pravish

Dept. of Conservative Dentistry & Endodontics-

Pravish

Dept. of Periodontics-

Pravish

Dept. of Oral Pathology-

Pravish

Dept. of Community Dentistry-

Shubh K.M

Dept. of Prosthodontics-

Pravish

Dept. of Orthodontics-

Pravish

Dept. of Pedodontics-

Pravish

S. Shendre

CHAIRPERSON SIGNATURE,

(PARENT TEACHER COMMITEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentor-Mentee & Parent Teacher Meeting Committee

DEAN & DIRECTOR SIGNATURE

Dean and Director
The Oxford Dental College, Bomnaha:
Hosur Road Bengaluru - 560 068

MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 02/03/2021

MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 22/02/2021 to 25/02/2021, for I-IV BDS ODD Batch.

DATE: 02/03/2021

Location: Boardroom







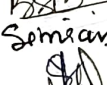


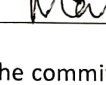
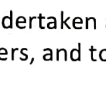




Time: 10:30 AM

Attendees:

Dean & Director- Dr. Pradeep AR

Chairperson of PTA committee- Dr.ShendreShrikanth

Staff In-charge from medical and dental departments

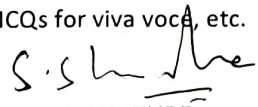
BATCH (ODD)	STAFF INCHARGE	SIGNATURE OF STAFF
1 st BDS	Dr.Manantha Dr. Seema	 
2 nd BDS	Dr. Sukanya Dr. Archana	 
3 rd BDS	Dr.Tejas Dr.Leeky Mohanty	 
4 th BDS	Dr. Bharathi-S. Balikai Dr. Simran Kaur Dr.Ashwija Shetty Dr. Praveen J. Dr.Divya B.M. Dr. Padmaja S. Dr.Saleha Masood J. Dr.Afshan Saman W. Dr.Manjaree Talukdar	        

Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

Actions taken:

- Text Book reading,
- Quiz
- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.


CHAIRPERSON SIGNATURE,
(PARENT TEACHER COMMITEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentor-
Mentee & Parent Teacher Meeting Committee


DEAN & DIRECTOR SIGNATURE

Dean and Director
The Oxford Dental College, Bomnaha
Hosur Road Bengaluru - 560 066