



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

**The Oxford Dental College and Hospital  
Bommanahalli, Bengaluru -68  
Parents' Attendance Sheet- 2022-23**

**I YEAR BDS REGULAR BATCH**

| Sl no | NAME OF THE PARENT  | NAME OF THE STUDENT  | E-MAIL ID & PHONE NUMBER | SIGNATURE         |
|-------|---------------------|----------------------|--------------------------|-------------------|
| 1.    | M. Lilekumar Pillai | Sankethi M. P. H     | 9880572342               | M. Lilekumar      |
| 2.    | SATHISH R           | Ramavardhana         | 9972232315               | Sathish R         |
| 3.    | G Nareem            | Srujan G Nareem      | 9972299777               | G Nareem          |
| 4.    | R. Shilpa           | Paarthana B          | 9738359729               | R. Shilpa         |
| 5.    | Vijayarani          | Archana K. K         | 9845613048               | Vijayarani        |
| 6.    | Geetha              | Sanjana B            | 9845303998               | Geetha            |
| 7.    | SRAGYANATHAN        | SNEHA S              | 9482227903               | Sragyanathan      |
| 8.    | G. Santhiya         | G. AKSHAYA           | 8610053911               | G. Santhiya       |
| 9.    | Jayanthi            | B. Bharath           | 9242277898               | Jayanthi          |
| 10.   | Rishika Jalskoti    | sanjana jalskoti     | 9833453060               | Rishika Jalskoti  |
| 11.   | BARANESH            | ANIRUDH R            | 9481886290               | BARANESH          |
| 12.   | Ajay                | hrvshaha             | 8197553071               | Ajay              |
| 13.   | Schantal Simi       | Bharath S B          | 9886828427               | Schantal Simi     |
| 14.   | Umaidevi T L        | CHANDANA MK          | 7019477663               | Umaidevi T L      |
| 15.   | haryana T. Ganesh   | wishwajeet T. Ganesh |                          | haryana T. Ganesh |
| 16.   | Ranjana S. Kump     | Aneethi S. Kump      | 9496211677               | Ranjana S. Kump   |
| 17.   | Firdausi Alam       | ichan Fahima Nisha   | 9019343906               | Firdausi Alam     |
| 18.   | Anithal             | Crayana N            | 9449694226               | Anithal           |
| 19.   | Arjunan R           | AKASH A.             | 9649668833               | Arjunan R         |
| 20.   | Deveny              | Vishnug              | 9845800575               | Deveny            |

SIGNATURE OF PTM CHAIRPERSON  
Chairperson

Internal Assessment, Class & Advance Learners, Mentor-  
Mentee & Parental Meeting Committee

SIGNATURE OF THE PRINCIPAL

**PRINCIPAL**  
The Oxford Dental College  
Bommanahalli, Hosur Road,  
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Website: www.theoxford.edu

| Sl no | NAME OF THE PARENT | NAME OF THE STUDENT | E-MAIL ID & PHONE NUMBER                | SIGNATURE       |
|-------|--------------------|---------------------|---|-----------------|
| 21    | Muthu Lakshmi.V    | Praveen Kumar.V     | muthuvairse@gmail.com<br>9836646829     | Muthu Lakshmi.V |
| 22    | M.NAZREEN          | NISMA M             | knyska@yahoo.com                        | M.Nazreen       |
| 23    | Mohamed Emayed     | Ayesha Beifa        | mohamedemayed1989@gmail.com             | Mohamed Emayed  |
| 24    | Prakasan.m         | Mehand PPrakasa     | 9446090790                              | Prakasan.m      |
| 25    | Rajeshwari.S       | Shayali Kumar.K     | renu.rajeshwari@gmail.com<br>9939235900 | Rajeshwari.S    |
| 26    | Rajna Nagmi        | Sania Nasim         | 9845100808                              | Rajna Nagmi     |
| 27    | Pregeedh           | Pras Mehrotra       | 9880119656                              | Pregeedh        |
| 28    | CKK Nair           | DEVIKA NAIR         | CKNair747@gmail.com<br>7589300747       | CKK Nair        |
| 29    | R.Thondiraju       | T.Hemavatha         | thondirajuramanna@gmail.com             | R.Thondiraju    |
| 30    | MALATHI.C          | ESHWAR VARADH       | 9880425398                              | Malathi.C       |
| 31    | Abhijit Ghosh      | Antara Ghosh        | abhijitghosh350@gmail.com<br>9816104411 | Abhijit Ghosh   |
| 32    | Shruthi Mol        | Steffi Mol          | shruthimol27@gmail.com<br>9686118905    | Shruthi Mol     |
| 33    |                    |                     |   |                 |
| 34    |                    |                     |   |                 |
| 35    |                    |                     |   |                 |
| 36    |                    |                     |   |                 |
| 37    |                    |                     |   |                 |
| 38    |                    |                     |   |                 |
| 39    |                    |                     |   |                 |
| 40    |                    |                     |   |                 |

  
 SIGNATURE OF PTM CHAIRPERSON  
 Chairperson  
 Internal Assessment, Slow & Advance Learners, Mentor-  
 Mentee & Parent Teacher Meeting Committee

  
 SIGNATURE OF THE PRINCIPAL  
**PRINCIPAL**  
 The Oxford Dental College  
 Bommanahalli, Hosur Road,  
 Bangalore - 560 068.



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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/06/2023

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  | SHRUTHI MOL                                |
| Name of the Student | STEFFI MOL                                 |
| Year of the Student | ✓ BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | ✓ Regular Batch / Odd Batch                |
| Address             | BANASWADI, BANGALORE - 560043              |
| Occupation          | IT EMPLOYEE                                |
| Email               | shruthimol27@gmail.com                     |
| Phone               | 9686118905                                 |
| 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: Theory

5. Any other suggestions/feedback: None

  
Parents Signature



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/2023

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  | Rajeshwari S                               |
| Name of the Student | Shanath Kumar H.P                          |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Bengaluru                                  |
| Occupation          | Administration Staff                       |
| Email               | Mrs.Rajeshwari@gmail.com                   |
| Phone               | 9739935900                                 |
| 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



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Date: 22/6/23

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  | MALATHI S  |
| Name of the Student | ESHWAR YADAV, 07   |
| Year of the Student | I BDS/II BDS/ III BDS/ IV BDS/ Internship                              |
| Batch               | Regular Batch / Odd Batch  |
| Address             | No. 16 8 <sup>th</sup> main 9 <sup>th</sup> cross S.B. M Colony Maluru |
| Occupation          | HOUSE WIFE   |
| Email               |  |
| Phone               | 9880425398, 7204185422   |
| 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:

malathi s  
Parents Signature



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Parent-Teacher Meeting Feedback Form 2022-23

Date: 22 Jun 23

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  | Gp Capt K K Nair                           |
| Name of the Student | Ms Devika Nair                             |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / <del>Old Batch</del>       |
| Address             | P- 7/2 VISHWA VIHAR CV RAMAN               |
| Occupation          | Air force Officer                          |
| Email               | KK Nair 747@gmail.com                      |
| Phone               | 7589300747 7589200747                      |
| Faculty Name        |  |

- 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
- In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:
- Any other suggestions/feedback:

  
Parents Signature  
(K K Nair)  
Gp Capt



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22-06-23

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  | Tajedith                                   |
| Name of the Student | Priya                                      |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Renebanne                                  |
| Occupation          | Business                                   |
| Email               |  |
| Phone               | 9880119656                                 |
| 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:

  
Parents Signature



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Date: 22-06-23

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|                     |   |
|---------------------|---|
| Name of the Parent  | Mohamed Esmaeel C.P                       |
| Name of the Student | Ayesha Raza C.P                           |
| Year of the Student | ↓BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                 |
| Address             | Bazaar Street, Ulsoor                     |
| Occupation          | Accountant                                |
| Email               | mohamedesmaeel989@gmail.com               |
| Phone               | 9150869632                                |
| 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:

*Esmaeel*  
Parents Signature





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Date: 22/06/2023

Dear Sir/Madam,

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|                     |  |
|---------------------|--|
| Name of the Parent  | MUTHU LAKSHMI - V                                |
| Name of the Student | PRAVEEN KUMAR - V                                |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship       |
| Batch               | Regular Batch / Odd Batch                        |
| Address             | #03, Sasitha layout, Rayasandra, Bangalore - 100 |
| Occupation          | COOK   |
| Email               | muthuv1125@gmail.com                             |
| Phone               | 9036664629                                       |
| 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: He is already doing good

5. Any other suggestions/feedback:

Everything is conducted in an organized manner. All good.

Parents Signature

*(Handwritten signature)*



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|                     |   |
|---------------------|---|
| Name of the Parent  | Kalpana T. Gowth                                  |
| Name of the Student | Vishwajit T. Gowth                                |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship        |
| Batch               | Regular Batch / Odd Batch                         |
| Address             | Kurumpu Sankeyara 1st block door No-3, Koramangla |
| Occupation          | Police man.                                       |
| Email               |   |
| Phone               |   |
| Faculty Name        | House wide.                                       |

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



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Date: 22/6/23

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  | Unadani T. L   |
| Name of the Student | CHANDANA N. K  |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship             |
| Batch               | Regular Batch / Odd Batch                              |
| Address             | #7, 4 <sup>th</sup> cross, mm lane, Akkipet, Bangalore |
| Occupation          | Home maker   |
| Email               |  |
| Phone               | 7019477663   |
| 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



CHILDREN'S EDUCATION SOCIETY (Regd.)

**THE OXFORD DENTAL COLLEGE**

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Website: www.theoxford.edu



**The Oxford Dental College and Hospital**

**Bommanahalli, Bengaluru -68**

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/2023

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  | Nagma Rafia Begum   |
| Name of the Student | Sania Naseem  |
| Year of the Student | I.BDS/ II BDS/ III BDS/ IV BDS/ Internship                  |
| Batch               | Regular Batch / Odd Batch                                   |
| Address             | #128/5 Shantipura road, II Phase, Electronic city<br>B'lore |
| Occupation          | BUSINESS  |
| Email               |   |
| Phone               | 9845100808  |
| 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 |  | 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:

Need more guidance & help.

5. Any other suggestions/feedback:

Parents Signature

*Rafia*



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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/23

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  | ARJUNAN. R.                                |
| Name of the Student | AKASH. A                                   |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | E-City Bangalore.                          |
| Occupation          |  |
| Email               |  |
| Phone               | 9449648833                                 |
| 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:

Arjunan. R.  
Parents Signature



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/06/2023

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  | BARAMEESH                                  |
| Name of the Student | ANIRUDH R                                  |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | 832 14 <sup>th</sup> main SATHIVAS NAGAR   |
| Occupation          | Pharmacist                                 |
| Email               | barameeshb29964@gmail.com                  |
| Phone               | 9481886290 9482920926                      |
| 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

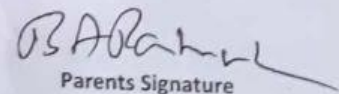
|           |                          |           |                          |         |                                     |                  |                          |
|-----------|--------------------------|-----------|--------------------------|---------|-------------------------------------|------------------|--------------------------|
| Excellent | <input type="checkbox"/> | Very good | <input 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



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/01/2023

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. NAZREEN  |
| Name of the Student | MISMA.M   |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship          |
| Batch               | Regular Batch / Odd Batch                           |
| Address             | B-313, Krishna Narakshi, Keshubasandalli, Bangalore |
| Occupation          | House wife  |
| Email               | knyshe@yahoo.com                                    |
| Phone               | 99080905293   |
| 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 | <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: -

M. Naz  
Parents Signature



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Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/2023

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  | ANITHA L   |
| Name of the Student | GAGANA N   |
| Year of the Student | I BDS/ II-BDS/ III-BDS/ IV-BDS/ Internship                             |
| Batch               | Regular Batch / Odd-Batch  |
| Address             | No 98 5 <sup>th</sup> Cross Nayyarabhoi 1 <sup>st</sup> Stage Block F2 |
| Occupation          | BANK   |
| Email               | anitharaj@1024 yahoo.com   |
| Phone               | 9214967422 6   |
| 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

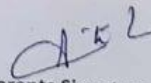
|           |                                     |           |                          |         |                          |                  |                          |
|-----------|-------------------------------------|-----------|--------------------------|---------|--------------------------|------------------|--------------------------|
| Excellent | <input 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





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**The Oxford Dental College and Hospital**

**Bommanahalli, Bengaluru -68**

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/2023

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  | SATHISH R                                     |
| Name of the Student | GAURAV KRISHNA S                              |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship    |
| Batch               | Regular Batch / Odd Batch                     |
| Address             | # 12 ARYAN GRAND RESIDENCY, Byagaladeva halli |
| Occupation          | BUSINESS                                      |
| Email               | rsatgaur@gmail.com                            |
| Phone               | 9972232515                                    |
| Faculty Name        |   |

B'lore: 561014

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 |  |
|-----------|--|-----------|--|---------|-------------------------------------|------------------|--|

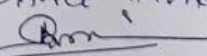
3. What do you feel about the teaching standard and the teacher's approach towards the student

|           |  |           |  |      |                                     |                  |  |
|-----------|--|-----------|--|------|-------------------------------------|------------------|--|
| 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:

PLEASE DO UPDATE MARKS / ATTENDANCE TIME DO  
THRU THROUGH MAIL / PH

  
Parents Signature



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/23

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  | Ajay Kiran B                                     |
| Name of the Student | Kirish Sheha                                     |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship       |
| Batch               | Regular Batch / Odd Batch                        |
| Address             | 44, Kiron Nivas, Garden Street, R.M. Nagar - 1st |
| Occupation          | HR Manager                                       |
| Email               | a.kiran@atlantis.com                             |
| Phone               | 8197553071                                       |
| Faculty Name        |  |

1. Views on Organizing the Parent Teachers meeting

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

2. Academic progress of your ward

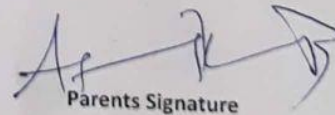
|           |           |         |                  |
|-----------|-----------|---------|------------------|
| Excellent | Very good | Average | Need Improvement |
|-----------|-----------|---------|------------------|

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



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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/23

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  | DEVIKALASA                                 |
| Name of the Student | N. S. Pragna D                             |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | No 48 Sindhu Nagar Marikud                 |
| Occupation          | Business                                   |
| Email               | devikalasa@gmail.com                       |
| Phone               | 9845866579                                 |
| 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:

Parents Signature



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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/23

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  | FIRDAUSI ALAM                               |
| Name of the Student | ICHAN FAHIMA NISHA                          |
| Year of the Student | UBDS/ II BDS/ III BDS/ IV BDS/ Internship   |
| Batch               | Regular Batch / Odd Batch                   |
| Address             | #802 KARTHIK PARADISE, KODIGUHALI, KR PURAM |
| Occupation          | SERVICE IN PVT COMPANY                      |
| Email               | paradise.alam2011@gmail.com                 |
| Phone               | 9019343906                                  |
| 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:

HOSTEL FACILITIES

5. Any other suggestions/feedback:

Need to improve in hostel facilities + cleanliness

*[Signature]*  
Parents Signature



CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 21.6.23

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. Santhiya                                  |
| Name of the Student | G. Akshaya                                   |
| Year of the Student | ✓ I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                    |
| Address             | HOSUR  |
| Occupation          | House wife                                   |
| Email               | Santhiyakshaya11@gmail.com                   |
| Phone               | 8610053911                                   |
| 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

G. Santhiya



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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/01/23

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  | Maheshwari Patil                           |
| Name of the Student | Sanjiv M. Patil                            |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | No 23 61st main Road Bangalore - 56        |
| Occupation          | Engineer                                   |
| Email               |  |
| Phone               | 9880572542                                 |
| 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 | 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



CHILDREN'S EDUCATION SOCIETY (Regd.)

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Website: www.theoxford.edu



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/06/23

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  | Sohanlal sirvi                                  |
| Name of the Student | Bharath. S.B                                    |
| Year of the Student | JBDS/ II BDS/ III BDS/ IV BDS/ Internship I BDS |
| Batch               | Regular Batch / Odd Batch                       |
| Address             | C.V. Patil Road Bangalore                       |
| Occupation          | Business  |
| Email               | Bharathb777@gmail.com.                          |
| Phone               | 9886828427                                      |
| 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

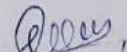
|           |                          |           |                                     |         |                          |                  |                          |
|-----------|--------------------------|-----------|-------------------------------------|---------|--------------------------|------------------|--------------------------|
| 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



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Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/08/23

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  | Ranjini S. Kurup                                      |
| Name of the Student | Aarthy S. Kurup                                       |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship            |
| Batch               | Regular Batch / Odd Batch                             |
| Address             | Mohanan Vasam, Ammakandakar Road, Pabnanahalli, Korak |
| Occupation          | House wife  |
| Email               | Ranjini.kurup1975@gmail.com                           |
| Phone               | 9496211677  |
| 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:

*[Signature]*

Parents Signature





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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/23

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  | Rohini Jabhetti                            |
| Name of the Student | Sanjana Jabhetti                           |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Himagri Residency E-city Phase-I           |
| Occupation          | Home maker                                 |
| Email               | rohinijabhetti@gmail.com                   |
| Phone               | 9833453060                                 |
| 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 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

Rjabhetti  
Parents Signature



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/06/2023

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  | BHASKAR   |
| Name of the Student | SANJANA B   |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship          |
| Batch               | Regular Batch / Odd Batch                           |
| Address             | NO.158, Hanjowachin Road, V. Adole, T.R. Nagar B-28 |
| Occupation          | St. Project Co-ordinator - Hindustan Engineers      |
| Email               | bhaskar_bhaskar@gmail.com                           |
| Phone               | 9845323998  |
| 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



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/06/2023

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. SHIVASHANKAR                            |
| Name of the Student | ✓ S. SAHANA                                |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | # 523, RAJIV GANDI NAGAR, JIGANI           |
| Occupation          | ANALYST B-560105                           |
| Email               | KSHIVASHANKAR.JIGANI@gmail.com             |
| Phone               | 9035314714                                 |
| 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 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

K. Shivan



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/06/2023

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  | L. SAGAYANATHAN / B. STELLA                |
| Name of the Student | ✓ SNEHA.S                                  |
| Year of the Student | I BDS/ II-BDS/ III BDS/ IV-BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | NO. 1. Pragathi Layout Kudlu Bka           |
| Occupation          | St. Health inspector B Bmp                 |
| Email               | Sagayanathan @ gmail . Com                 |
| Phone               | 9482427963   7975974138                    |
| Faculty Name        |  |

1. Views on Organizing the Parent Teachers meeting

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

2. Academic progress of your ward

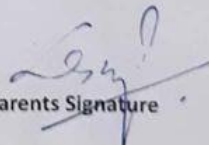
|           |  |           |   |         |  |                  |  |
|-----------|--|-----------|---|---------|--|------------------|--|
| Excellent |  | Very good | ✓ | Average |  | Need Improvement |  |
|-----------|--|-----------|---|---------|--|------------------|--|

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



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/2023

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  | Prakashan. M                               |
| Name of the Student | Nehamol P Prakash                          |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | New house, Periyadukkam, Kananagod, Kerala |
| Occupation          | Pensioner                                  |
| Email               | prakashanm2555666@gmail.com                |
| Phone               | 9446090790 / 7560861027                    |
| 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: my ward joined the course after

starting the college academic year (after one month). so the missing lessons

5. Any other suggestions/feedback: to be taught.

Parents Signature



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Parent-Teacher Meeting Feedback Form 2022-23

Date: 22/06/2023

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  | KRISHNA KUMAR & VIJAYARANI                 |
| Name of the Student | ARCHANA K.K                                |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | 673, MICHAEL PALAYA MAIN ROAD              |
| Occupation          | BUSINESS                                   |
| Email               | KRISHNA KUMAR @ TRSAR. CO. IN              |
| Phone               | 9845613048                                 |
| 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



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/06/2023

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  | Balaraju E                                 |
| Name of the Student | ✓ Prayathana B                             |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | # 1537 CH 72 3rd cross Ashokapuram         |
| Occupation          | Business                                   |
| Email               |  |
| Phone               | 9738989729                                 |
| 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



CHILDREN'S EDUCATION SOCIETY (Regd.)

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Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22<sup>nd</sup> June 2023

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  | Abhijit Ghosh                                    |
| Name of the Student | Antaha Ghosh                                     |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship 1 BDS |
| Batch               | Regular Batch / Odd Batch Regular Batch          |
| Address             | Panathur, Bengaluru                              |
| Occupation          | Engineer   |
| Email               | abhijitghosh350@gmail.com                        |
| Phone               | 8011610441                                       |
| 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: More guidance

5. Any other suggestions/feedback:

  
Parents Signature





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Parent-Teacher Meeting Feedback Form 2022-23

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  | G Narayan & Sumithra VK  |
| Name of the Student | Srujan G Narayan   |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship                     |
| Batch               | Regular Batch / Odd Batch                                      |
| Address             | Narayan, Padmalata village, Kaveripeta Road, Panethri near ESI |
| Occupation          | Business, Accountant   |
| Email               | shrujan2k@gmail.com  |
| Phone               | 9972299777 / 9445774480  |
| 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



CHILDREN'S EDUCATION SOCIETY (Regd.)

**THE OXFORD DENTAL COLLEGE**

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Bommanahalli, Hosur Road, Bangalore – 560 068.

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

Website: www.theoxford.edu



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/23

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  | JAYANTHY   |
| Name of the Student | B. BHARATH   |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship           |
| Batch               | Regular Batch / Odd Batch                            |
| Address             | # 402, 4th CROSS, KUVEMPUNAGAR R.M. NAGAR - Block-16 |
| Occupation          | BUSINESS.  |
| Email               | Bharathbkpk@2901@gmail.com.                          |
| Phone               | 9242277898   |
| 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

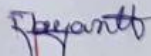
|           |                          |           |                                     |         |                          |                  |                          |
|-----------|--------------------------|-----------|-------------------------------------|---------|--------------------------|------------------|--------------------------|
| 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



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**The Oxford Dental College and Hospital**

**Bommanahalli, Bengaluru -68**

**Parents' Attendance Sheet- 2022-23**

**II YEAR BDS REGULAR BATCH**

| Sl no | NAME OF THE PARENT | NAME OF THE STUDENT | E-MAIL ID & PHONE NUMBER                      | SIGNATURE |
|-------|--------------------|---------------------|---|-----------|
| 1.    | ELIAS              | Naisha Elias        | 7090693303<br>iliaspasha@gmail.com            |           |
| 2.    | MUNIANJINAPPA      | Harichandanam       | 7204334389<br>munimrt@gmail.com               |           |
| 3.    | Nuzha Aja          | Nuzha Ajaz          |   |           |
| 4.    | Ajaz Ahmed         | Nuzha Ajaz          | ajazahmed@yahoo.com                           |           |
| 5.    | K.R Sandhya        | Vishnavi R Kallapur | 9731755042                                    |           |
| 6.    | R C Pandit         | Aaksha Pandit       | RC.PANDIT@HOTMAIL.COM<br>9945685991           |           |
| 7.    | Ravi Hirenath      | Madhvirika Hirenath | zavibhiremath@yahoo.com<br>9845082850         |           |
| 8.    | Husna              | Aamina Shariff      | Shusna940@gmail.com<br>9901961361             |           |
| 9.    | V.M. Shivanna      | Vyshak S            | shivannam68@qini<br>9113954241                |           |
| 10.   | MUZZAFFAR HUSSAIN  | Fatima Azhari       | 9980340479                                    |           |
| 11.   | G. Rajalakshmi     | Harshini G.         | 9964741168                                    |           |
| 12.   | Raziya Sulthana    | Fatima              | 8317495860                                    |           |
| 13.   | Venkata Ramana     | Poojitha Lakshmi    | yepuri.venkata.Ramana@gmail.com<br>8639675488 |           |
| 14.   | MUTTANNA           | BHAGYASHREE         | laxmanmbk@gmail.com<br>9731957289             |           |
| 15.   | Rita               | Aakanksha           | aakankshapandit96@gmail.com<br>9482894289     |           |
| 16.   | Prasunambikka      | Jayendra            | 8861233756                                    |           |
| 17.   | Naisha Elias       | Elias Pasha         | 7975313211                                    |           |
| 18.   | ANKURIMA           | SAIKIA              | 9436145923                                    |           |
| 19.   | CATHERINE          | REBECCA             | 9742877372                                    |           |
| 20.   | BANGHMINGLIANA     | MARY                | 8730968381                                    |           |

SIGNATURE OF PTM CHAIRPERSON  
Chairperson

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

SIGNATURE OF THE PRINCIPAL

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



CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/23

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  | AJAZ AHAMED                                |
| Name of the Student |  |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             |  |
| Occupation          | Disector                                   |
| Email               | ajazahmed@yahoo.com                        |
| Phone               | 9108582987                                 |
| 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



## CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting, Feedback Form 2022-23

Date: 22/6/23

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  | SANDHYA . K.R.  |
| Name of the Student | VAISHNAVI . K.R                                       |
| Year of the Student | I BDS/ <del>II</del> BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                             |
| Address             | SRINIVASNAGAR, B'LORE 560050                          |
| Occupation          | HOUSEWIFE   |
| Email               | vaishnavi.k.attapur7@gmail.com                        |
| Phone               | 8088028646  |
| 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 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:

K.R. Sandhya  
Parents Signature



## CHILDREN'S EDUCATION SOCIETY (Regd.)

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#### The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

#### Parent-Teacher Meeting Feedback Form 2022-23

Date: 22/6/23

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  | RAM CHARITRA PANDIT                                |
| Name of the Student | AAKANKSHA PANDIT                                   |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship         |
| Batch               | Regular Batch / Odd Batch                          |
| Address             | FLAT No. 305, SLV Sannathi Classic Hoimannu. B1-43 |
| Occupation          | Employed   |
| Email               | RC.PANDIT@HOTMAIL.COM                              |
| Phone               | 9945685991   |
| Faculty Name        | D  |

#### 1. Views on Organizing the Parent Teachers meeting

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

#### 2. Academic progress of your ward

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

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

|   |                                    |                               |   |
|---|------------------------------------|-------------------------------|---|
| <input checked="" type="checkbox"/> Excellent | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input 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: Pathology. Also in other area, regular quizzes can help.

5. Any other suggestions/feedback: Satisfied with the college/hostel taking care. May need to help more on career wise.

Parents Signature



## CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

#### Parent-Teacher Meeting Feedback Form 2022-23

Date: 22/06/2023

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  | ELIAS PASHA                                |
| Name of the Student | NAISHA ELIAS                               |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | # 106, TINDA MAHA, MADIWACA, B'LORE - 68   |
| Occupation          | BUSINESS                                   |
| Email               | iliaspasha@gmail.com                       |
| Phone               | 7090693303                                 |
| Faculty Name        | ANILA                                      |

#### 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 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 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:

ONE TO ONE INTERACTION IN UNDERSTANDING STUDENTS PROGRESS

#### 5. Any other suggestions/feedback:

GROUP STUDY / EXTRA CLASSES / KEEP TRACK ON PROGRESS OF STUDENTS / DEPT. WISE INTERACTION WITH STUDENTS.

Parents Signature



CHILDREN'S EDUCATION SOCIETY (Regd.)

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Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/6/23

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  | Rajalakshmi G                                 |
| Name of the Student | Hanishini G                                   |
| Year of the Student | I BDS/II BDS/ III BDS/ IV BDS/ Internship     |
| Batch               | Regular Batch/ Odd Batch                      |
| Address             | 4/1, 1st main 1st cross Hosur Road, Bangalore |
| Occupation          | House maker                                   |
| Email               |   |
| Phone               | 7892442631, 9964741166                        |
| Faculty Name        | Anita maam                                    |

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: • projector & ~~more~~ needed.

5. Any other suggestions/feedback:

G. Rajalakshmi  
Parents Signature





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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22.06.2023

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  | HUSNA   |
| Name of the Student | AAMINA SHARIFF                                    |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship        |
| Batch               | Regular Batch / Odd Batch                         |
| Address             | 69/2, MACKAN ROAD, SHIVATINAGAR, BANGALORE-560001 |
| Occupation          | HOUSE WIFE  |
| Email               | SHUSNA940@gmail.com                               |
| Phone               | 9901961361  |
| 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 | <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

*Husna*



CHILDREN'S EDUCATION SOCIETY (Regd.)

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Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2022-23

Date: 22/06/23

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 HIREMATH  |
| Name of the Student | MEGHINITA HIREMATH                                     |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship             |
| Batch               | Regular Batch/ Odd Batch                               |
| Address             | 37C, SAIPPOORNA HEIGHTS, SOMASUNDARAPALLYA, B'LORE-502 |
| Occupation          | ENGINEER   |
| Email               | ravibhiremath@yahoo.com                                |
| Phone               | 98450 82 850   |
| Faculty Name        |  |

1. Views on Organizing the Parent Teachers meeting

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

2. Academic progress of your ward

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

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

|                                 |  |                            |  |
|---------------------------------|--|----------------------------|--|
| <input type="radio"/> Excellent | <input checked="" type="radio"/> Very good | <input type="radio"/> Good | <input type="radio"/> 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



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Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 22/06/2023

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  | J MUZAFFAR HUSSAIN   |
| Name of the Student | Fathima Azhari   |
| Year of the Student | I BDS/II BDS/ III BDS/ IV BDS/ Internship                        |
| Batch               | Regular Batch / Odd Batch  |
| Address             | 34/7 Th main + Th cross Roopena Agrahra<br>Bommanahalli, B, Lore |
| Occupation          |  |
| Email               |  |
| Phone               | 9980340479   |
| 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



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



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2022-23

Date: 20/6/2023

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  | MUNIADANIVAPPA                             |
| Name of the Student | HARICHENDAN. M                             |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Ne. Ajitha nivas - Kanankunte              |
| Occupation          | Radiology imaging officer                  |
| Email               | munimr@gmail.com                           |
| Phone               | 7204224289                                 |
| 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



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Date: 22/06/23.

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|                     |  |
|---------------------|--|
| Name of the Parent  | V.M.SHEVANNA                               |
| Name of the Student | VYSHAK.S.                                  |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | HASSAN.                                    |
| Occupation          | TEACHER.                                   |
| Email               | vshakyshe13@gmail.com                      |
| Phone               | 9113954341   7760 366381.                  |
| 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 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"/> |
|-----------|-------------------------------------|-----------|--------------------------|------|--------------------------|------------------|--------------------------|

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Parents Signature



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|                     |   |
|---------------------|---|
| Name of the Parent  | Raj, K.N                                  |
| Name of the Student | Anoop Raj                                 |
| Year of the Student | I BDS/II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regu. Jr Batch / Odd Batch                |
| Address             | Bangalore                                 |
| Occupation          | Engineer                                  |
| Email               | anooptkn@gmail.com                        |
| Phone               | 6197383641                                |
| Faculty Name        | Dr. Nandan                                |

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:

Raj k.N  
Parents Signature



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|                     |  |
|---------------------|--|
| Name of the Parent  | K. SANGHMINGLIANA                          |
| Name of the Student | MARY MALSAMTLUANGI                         |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regu. / Batch / Odd Batch                  |
| Address             | LEITAN, AIZAWL, MIZORAM                    |
| Occupation          | TEACHER                                    |
| Email               | marymalsamtluangi57@gmail.com              |
| Phone               | 9730968381                                 |
| Faculty Name        | Dr. DIVYA                                  |

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

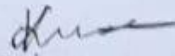
|           |                                     |           |                          |         |                          |                  |                          |
|-----------|-------------------------------------|-----------|--------------------------|---------|--------------------------|------------------|--------------------------|
| 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"/> |
|-----------|-------------------------------------|-----------|--------------------------|------|--------------------------|------------------|--------------------------|

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|                     |  |
|---------------------|--|
| Name of the Parent  | ANK SAKTA                                |
| Name of the Student | ANKURIMA                                 |
| Year of the Student | I BDS/II BDS/III BDS/ IV BDS/ Internship |
| Batch               | Regu. Batch / Odd Batch                  |
| Address             | AGSAM                                    |
| Occupation          | TEACHER                                  |
| Email               | ankurimasakta37@gmail.com                |
| Phone               | 9436145923                               |
| Faculty Name        | Dr. Divya                                |

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

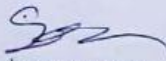
|           |                                     |           |                          |         |                          |                  |                          |
|-----------|-------------------------------------|-----------|--------------------------|---------|--------------------------|------------------|--------------------------|
| 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

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|-----------|-------------------------------------|-----------|--------------------------|------|--------------------------|------------------|--------------------------|
| Excellent | <input checked="" type="checkbox"/> | Very good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Need Improvement | <input type="checkbox"/> |
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|                     |  |
|---------------------|--|
| Name of the Parent  | CATHERINE NIRMALA                          |
| Name of the Student | REBECCA FAITH EZEKIELS                     |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | MANGALORE                                  |
| Occupation          | PROFESSOR                                  |
| Email               | catherineindavid@gmail.com                 |
| Phone               | 97428 77372                                |
| Faculty Name        | DR. DIVYA                                  |

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

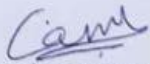
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|-----------|-------------------------------------|-----------|--------------------------|---------|--------------------------|------------------|--------------------------|
| Excellent | <input checked="" type="checkbox"/> | Very good | <input type="checkbox"/> | 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"/> |
|-----------|-------------------------------------|-----------|--------------------------|------|--------------------------|------------------|--------------------------|

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Date: 22/6/23

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|                     |  |
|---------------------|--|
| Name of the Parent  | R. Jayendra                                  |
| Name of the Student | J. Prasannaambikka                           |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship   |
| Batch               | Regu. Jr Batch / Odd Batch                   |
| Address             | #13/14, Behind Apna bazaar, Ramamurthy Nagar |
| Occupation          | Business                                     |
| Email               | jay06@gmail.com                              |
| Phone               | 8861233756                                   |
| Faculty Name        | Dr. Rohini                                   |

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 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"/> |
|-----------|-------------------------------------|-----------|--------------------------|------|--------------------------|------------------|--------------------------|

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|                     |  |
|---------------------|--|
| Name of the Parent  | Elias Pasha                                |
| Name of the Student | Naisha Elias                               |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | 106, Near madivala Ayappa temple           |
| Occupation          | Business                                   |
| Email               | Naishaelias@gmail.com                      |
| Phone               | 7975313211                                 |
| Faculty Name        | Dr. Divya                                  |

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

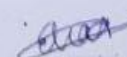
|           |                                     |           |                          |         |                          |                  |                          |
|-----------|-------------------------------------|-----------|--------------------------|---------|--------------------------|------------------|--------------------------|
| 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"/> |
|-----------|-------------------------------------|-----------|--------------------------|------|--------------------------|------------------|--------------------------|

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|                     |   |
|---------------------|---|
| Name of the Parent  | RAM CHARITRA PANDIT                     |
| Name of the Student | AAKANKSHA PANDIT                        |
| Year of the Student | I BDS/II BDS/III BDS/IV BDS/ Internship |
| Batch               | Regu. Batch / Odd Batch                 |
| Address             | HORAMAVU, BANGALORE                     |
| Occupation          | SOFTWARE ENGINEER                       |
| Email               | RC.PANDIT72@GMAIL.COM                   |
| Phone               | 9945685991                              |
| Faculty Name        | DR. NANDAN SIR                          |

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

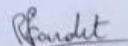
|           |                                     |           |                          |         |                          |                  |                          |
|-----------|-------------------------------------|-----------|--------------------------|---------|--------------------------|------------------|--------------------------|
| 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"/> |
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Date: 22-06-2023

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|                     |   |
|---------------------|---|
| Name of the Parent  | MUTTANNA                                |
| Name of the Student | BHAGVASHREE                             |
| Year of the Student | I BDS/II BDS/III BDS/IV BDS/ Internship |
| Batch               | Regu. in Batch / Odd Batch              |
| Address             | Gulbarga (Karnataka)                    |
| Occupation          | Farmer                                  |
| Email               | farmermbx@gmail.com                     |
| Phone               | 808211 8233                             |
| Faculty Name        | Dy. Durga mam                           |

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



CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2022-23

Date: 22-06-2023

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  | Y VENKATA RAMANA                        |
| Name of the Student | Y. POOTHA LAKSHMI                       |
| Year of the Student | I BDS/II BDS/III BDS/IV BDS/ Internship |
| Batch               | Regu. or Batch / Odd Batch              |
| Address             | Rayachoty, Andhra Pradesh               |
| Occupation          | Government Teacher                      |
| Email               | Yepuri Venkata Ramana 66@gmail.com      |
| Phone               | 9639675488                              |
| Faculty Name        | Dr. Aditya Narayan                      |

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



CHILDREN'S EDUCATION SOCIETY (Regd.)

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Parent-Teacher Meeting Feedback Form 2022-23

Date: 22/06/2023

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  | MUZAFFAR KUSSAIN                               |
| Name of the Student | FATIMA AZHARI                                  |
| Year of the Student | I BDS/II BDS/ III BDS/ IV BDS/ Internship      |
| Batch               | Regular Batch / Odd Batch                      |
| Address             | NGR layout, Roopena Agrahara, Bangalore-560068 |
| Occupation          | Arabic Teacher                                 |
| Email               | fatemaskh1204@gmail.com                        |
| Phone               | 9980240479                                     |
| Faculty Name        | Dr. Adithya Narayan                            |

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:

M.H. Noori  
Parents Signature



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**The Oxford Dental College and Hospital**

**Bommanahalli, Bengaluru -68**

**Parents' Attendance Sheet- 2022-23**

**III YEAR BDS REGULAR BATCH**

| Sl no | NAME OF THE PARENT    | NAME OF THE STUDENT | E-MAIL ID & PHONE NUMBER                | SIGNATURE |
|-------|-----------------------|---------------------|---|-----------|
| 1.    | N Sajid Humain Sayeed | S. Musrath Fay      | Sajid Sayeed 80@gmail.com               |           |
| 2.    | Dr. Rozy              | Ajatin Khanna       | rozy khanna@yahoo.com                   |           |
| 3.    | Komala.B.B            | Bhavana.P.          | pbhavana298@gmail.com                   |           |
| 4.    | Mahalakshmi           | Mahalakshmi         | 9487507106                              |           |
| 5.    | STALIN RAJ            | SUBHASHREE          | 9972722226                              |           |
| 6.    | PREETHI JAIN          | NISHIKA JAIN        | 6362709920                              |           |
| 7.    | Rekha                 | POOJA               | 8073698667                              |           |
| 8.    | Manikant.             | Monika Rani         | 9663396224.                             |           |
| 9.    | Komala                | Bhavana             | 9986788455                              |           |
| 10.   | Ambika S.N.           | Nandita.            | 9380829849                              |           |
| 11.   | Sheela Thomas         | Helen               | 9605394846                              |           |
| 12.   | Raja.T.               | Karthikeyan.        | 8754261344                              |           |
| 13.   | Dalai                 | Ishani Dalai        | 6362183239                              |           |
| 14.   | Sashikala.            | Nisaya.             | 9632946080                              |           |
| 15.   | A.S. Devi             | Shruthi             | 9036011674                              |           |
| 16.   | Arul Selvan           | Tania Sibil A       | 8771699225<br>arulselvan@gmail.com      |           |
| 17.   | Bohararam             | Rujanka Chaudhary   | 9448081534<br>bohararamhp3099@gmail.com |           |
| 18.   | Sudhin Kumar          | Diya Nandana S.     | 8093195233.                             |           |
| 19.   | M Malikarjuna         | Satwika             | 9989202033                              |           |
| 20.   | Muni Reddy            | Rakshitha Reddy     | muniireddy675@gmail.com<br>9845390777   |           |

SIGNATURE OF PTM CHAIRPERSON

Chairperson

Internal Assessment, Quality Assurance, Learners, Mentor-Mentee & Parent-Teacher-Student Meeting Committee

SIGNATURE OF THE PRINCIPAL

PRINCIPAL

The Oxford Dental College  
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Bangalore - 560 068.





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Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/6/23

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                                      |
| Name of the Student | POOJA                                      |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | 297, 7th Main Virchnagar                   |
| Occupation          | Housewife                                  |
| Email               | poorjabutala87@gmail.com                   |
| Phone               | 8073698661                                 |
| Faculty Name        | Dr. Supriya                                |

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



CHILDREN'S EDUCATION SOCIETY (Regd.)

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Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23-6-2023

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 | Man Mohan Ranu . H .                          |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship    |
| Batch               | Regular Batch / Odd Batch                     |
| Address             | Therapy (O) Bomma Sankar (P) Anur (R) B. Jaga |
| Occupation          |   |
| Email               | b.manjunath1975@gmail.com                     |
| Phone               | 9663346239                                    |
| 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 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



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Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2022-23

Date: 23/6/23

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  | PREEHI JAIN.                               |
| Name of the Student | LISHIKA JAIN. V                            |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Deep Bhar. 3rd A main 8th                  |
| Occupation          | Block Kosmanga. Bangalore                  |
| Email               |  |
| Phone               | 9880656795                                 |
| 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:

*Preehi Jain*  
Parents Signature



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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/6/23

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 RASA . K                            |
| Name of the Student | SHUBHA SHREES . S                          |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | DODDA BOMMANAHALLI ROAD B. W. 97           |
| Occupation          | LECTURER                                   |
| Email               | STALIN.MSD@G.MAIL.COM                      |
| Phone               | 9722722226                                 |
| 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



CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/6/23

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  | Usha Rani                                  |
| Name of the Student | Mahalakshmi                                |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Munishwar Nagar - Hosur                    |
| Occupation          | Business                                   |
| Email               |  |
| Phone               | 9487507706                                 |
| 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:

Should maintain clean bathroom

5. Any other suggestions/feedback:

J. Ush  
Parents Signature



CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/6/23

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  | Komala B B.                                |
| Name of the Student | BHAVANA P.                                 |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Malagala, Nagabhami                        |
| Occupation          | House wife                                 |
| Email               | pbhavana29@gmail.com                       |
| Phone               | 9986788455                                 |
| 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:

*Kaag*  
Parents Signature



CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/4/23

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. ROZY KHANNA                            |
| Name of the Student | DJASIN KHANNA                              |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             |  |
| Occupation          |  |
| Email               |  |
| Phone               | 9972919494                                 |
| 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:

She needs to be more interactive and open for discussions.

5. Any other suggestions/feedback:

By  
Parents Signature



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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2022-23

Date: 23/06/23

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. SAJID MUSSAW SAJEED                                    |
| Name of the Student | S. MUSRARA JAY  |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship                |
| Batch               | Regular Batch / Odd Batch                                 |
| Address             | 56/9, R.O.B 5th Street Halls Garden Royapettn ch. 600 014 |
| Occupation          | BUSINESS  |
| Email               | sajid.sajeed.80@gmail.com                                 |
| Phone               | 984625680   |
| 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





CHILDREN'S EDUCATION SOCIETY (Regd.)

**THE OXFORD DENTAL COLLEGE**

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Bommanahalli, Hosur Road, Bangalore – 560 068.

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Website: www.theoxford.edu



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23-6-23

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  | AMBIKA S.N  |
| Name of the Student | NANDITHA P.   |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship  |
| Batch               | Regular Batch / Odd Batch   |
| Address             | Rudreshwara Nilaya, #34/1, 4 <sup>th</sup> main, 4 <sup>th</sup> cross, A.D.Halli, Bangalore - 74 |
| Occupation          | Assistant director at health dept.  |
| Email               | jennanthgalsafety@gmail.com   |
| Phone               | 9449847018  |
| 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:

*Ambika*  
Parents Signature



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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 26/6/23

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 | PRINYANKA CHOUDHARY                        |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | HSR LAYOUT, BANGALORE                      |
| Occupation          | BUSINESSMAN                                |
| Email               | bokharamhp3099@gmail.com                   |
| Phone               | 9448081534                                 |
| 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 | <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:

*Bohraram*

Parents Signature



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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/6/23.

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 ROZY KHANNA                              |
| Name of the Student | UJASIN KHANNA                               |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship  |
| Batch               | Regular Batch / Odd Batch                   |
| Address             | # 204, ANANDAM APPTS, KUNDANALLI, BANGALORE |
| Occupation          | DOCTOR                                      |
| Email               | rozylkhan@gmail.com                         |
| Phone               | 9922919494                                  |
| 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



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Parent-Teacher Meeting Feedback Form 2022-23

Date: 22/6/23

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  | KOMALA                                     |
| Name of the Student | BHAVANA P                                  |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | NAGARDHAWI, BANGALORE                      |
| Occupation          | HUSBAND WIFE                               |
| Email               | -  |
| Phone               | 9986788455                                 |
| 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



CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23-6-23

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  | Arul Sibil  |
| 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             | G-2 Block-2 Sarla Birla Academy Jigini Road B'lore-83 |
| Occupation          | Manager   |
| Email               | arulsselvan@gmail.com                                 |
| Phone               | 8771699225  |
| 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:

*Arul S.*  
Parents Signature



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**The Oxford Dental College and Hospital  
Bommanahalli, Bengaluru -68  
Parents' Attendance Sheet- 2022-23**

**IV YEAR BDS REGULAR BATCH**

| Sl no | NAME OF THE PARENT | NAME OF THE STUDENT   | E-MAIL ID & PHONE NUMBER                    | SIGNATURE   |
|-------|--------------------|-----------------------|---|-------------|
| 1.    | Manjula.p          | Monisha.U             | 9342000019                                  | [Signature] |
| 2.    | Chandramani R.V.   | ANIKET                | prashna.chandramani@gmail.com<br>9845136429 | [Signature] |
| 3.    | Justin.G.Samuel    | Aksha Mary Samuel     | 9746513010                                  | [Signature] |
| 4.    | Deepa.M            | Niveda.M              | 8107078588                                  | [Signature] |
| 5.    | ROOHI FATHIMA      | M.Jani Babu           | 7022221570                                  | [Signature] |
| 6.    | [Signature]        | [Signature]           | [Signature]                                 | [Signature] |
| 7.    | K.H.PR.MURTHY      | K.MANU SOUMITH        | 90166123863                                 | [Signature] |
| 8.    | K.SUMATHI          | PRIVANKA.H            | 9731803515                                  | [Signature] |
| 9.    | Kariyappa.K        | Soubhagya Lakshmi     | 9845264451                                  | [Signature] |
| 10.   | BHAVYA             | CHETHANA              | 7019554175                                  | [Signature] |
| 11.   | Balaskandaya       | Raganhara             | 9626463767                                  | [Signature] |
| 12.   | Shivdara BK        | Megha Varshini        | 7204508616                                  | [Signature] |
| 13.   | Pushpa             | Rinku                 | 8050532374                                  | [Signature] |
| 14.   | Shivakumar         | Nischitha             | 9902909030                                  | [Signature] |
| 15.   | Sanjay Huddar      | Tejal Ruini Huddar    | 9930182487                                  | [Signature] |
| 16.   | TOMY PAUL          | SEN TOM               | 9446473639                                  | [Signature] |
| 17.   | AVJL. Gupta        | Anshavanapu Sreethika | 93903969935                                 | [Signature] |
| 18.   | Ankam Sivareddy    | Ankam. Moksha         | 8106893103                                  | [Signature] |
| 19.   | SEWALI SHARMA      | LUPAMUDRA             | 9101533121                                  | [Signature] |
| 20.   |                    |                       |   |             |

SIGNATURE OF PTM CHAIRPERSON  
Chairperson  
Internal Assessment, Slow & Advance Learners, Mentor-  
Mentee & Parent Teacher Meeting Committee

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



## CHILDREN'S EDUCATION SOCIETY (Regd.)

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#### The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

#### Parent-Teacher Meeting Feedback Form 2022-23

Date: 23/6/23

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.H.P.R. MURTHY                            |
| Name of the Student | K. MANU SOUMITRA                           |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | 18-1-548, Bhavani Nagar, Tirupati-517501   |
| Occupation          | SERVICE                                    |
| Email               | 19veen2908@gmail.com                       |
| Phone               | 9966835399, 9014612363                     |
| Faculty Name        | Dr. Deepa Shetty                           |

#### 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 type="checkbox"/> | Average | <input type="checkbox"/> | Need Improvement | <input checked="" 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:

He is Scare of some Subjects, Faculty are very kind and human, the same may be extended.

#### 5. Any other suggestions/feedback:

As and when the student is absent to the classes or clinics, the same may be informed to the Parents. Even for two DAYS Absent be informed. Its a great help to Parents. my son is a regular Absentee.

  
Parents Signature



CHILDREN'S EDUCATION SOCIETY (Regd.)

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Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/6/23

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 | Priyanka K ✓   |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship                         |
| Batch               | Regular Batch / Odd Batch  |
| Address             | #4, Lakshmi Nilayam, Nandeshwara Layout, G B Patil, Bangalore - 68 |
| Occupation          | Housewife  |
| Email               | sumathikumarpng@gmail.com  |
| Phone               | 9731803515   |
| Faculty Name        | Dr. Bharathi Varadhana   |

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

K. Sumathi





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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/4/23

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  | Roshi Fathima - M                          |
| Name of the Student | Jani Baba ✓                                |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | BTM 1 <sup>st</sup> Stage                  |
| Occupation          | JOB  |
| Email               | roshifathima9@gmail.com                    |
| Phone               | 9845347762                                 |
| 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: NA

5. Any other suggestions/feedback: NA

Parents Signature



CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/9/23

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 | M. Niveda                                  |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | G.B. Patil                                 |
| Occupation          | house wife                                 |
| Email               |  |
| Phone               | 9147079593                                 |
| Faculty Name        |  |

1. Views on Organizing the Parent Teachers meeting

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

2. Academic progress of your ward

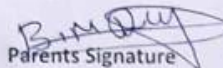
|           |           |         |                  |
|-----------|-----------|---------|------------------|
| Excellent | Very good | Average | Need Improvement |
|-----------|-----------|---------|------------------|

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



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Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/06/23

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  | Justin G Samuel (Cousin) Brother                |
| Name of the Student | Akka Mary Samuel                                |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship      |
| Batch               | Regular Batch / Odd Batch                       |
| Address             | Lovendale Premises, K. Vasudeva Cross, Kothanur |
| Occupation          | Social worker.                                  |
| Email               | justinsamuel163@gmail.com                       |
| Phone               | 9746513010                                      |
| 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:

some extra time to complete their work.

5. Any other suggestions/feedback:

  
Parents Signature



CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

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Parent-Teacher Meeting Feedback Form 2022-23

Date: 23/6/23

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 R.V.   |
| Name of the Student | ANIKET CHANDRAMOULI   |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship                              |
| Batch               | Regular Batch/Odd Batch   |
| Address             | no 48, 2 <sup>nd</sup> Main, Amarjyothi layout, Sarjaya nagar, Block-94 |
| Occupation          | Architect   |
| Email               | prasha.chandramouli@gmail.com   |
| Phone               | 9845136429  |
| Faculty Name        | Prof. B. S. Jagadish Rai  |

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 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



CHILDREN'S EDUCATION SOCIETY (Regd.)

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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/06/2023

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  | MANJULA P  |
| Name of the Student | MONISHA U  |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship       |
| Batch               | Regular Batch / Odd Batch                        |
| Address             | # 12, D/O UMESH S. Hosanur B'lore-68. HSR sector |
| Occupation          | F - Business - M - Tutor                         |
| Email               | 9342000019                                       |
| Phone               | 9342509899                                       |
| 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 checked="" type="checkbox"/> | Very good | <input type="checkbox"/> | Average | <input type="checkbox"/> | Need Improvement | <input type="checkbox"/> |
|-----------|-------------------------------------|-----------|--------------------------|---------|--------------------------|------------------|--------------------------|

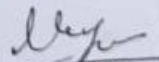
3. What do you feel about the teaching standard and the teacher's approach towards the student

|           |                                     |           |                          |      |                          |                  |                          |
|-----------|-------------------------------------|-----------|--------------------------|------|--------------------------|------------------|--------------------------|
| 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:

Everything is good now  
All teachers are very nice  
Thank you for your  
Cooperation

  
Parents Signature 23-06-23



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Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23-6-2023

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  | Geetli Sharma                              |
| Name of the Student | Lupamudara                                 |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Morigaon, Assam                            |
| Occupation          | Home <del>work</del> maker                 |
| Email               | lupamudrapaxsar@gmail.com                  |
| Phone               | 9101533121                                 |
| Faculty Name        | Dr. Shradha                                |

1. Views on Organizing the Parent Teachers meeting

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

2. Academic progress of your ward

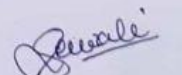
|           |           |         |                                     |                  |
|-----------|-----------|---------|-------------------------------------|------------------|
| Excellent | Very good | Average | <input checked="" type="checkbox"/> | Need Improvement |
|-----------|-----------|---------|-------------------------------------|------------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

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



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Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/6/23

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  | Ankara. Moksha Siva Reddy                  |
| Name of the Student | Ankara. Moksha                             |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | N.G.O Colony, Kadapa Dist.                 |
| Occupation          | Teacher                                    |
| Email               | ankaramoksha4@gmail.com                    |
| Phone               | 8106573103                                 |
| 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



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/4/23

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  | A. V. J. L. Gupta                          |
| Name of the Student | Andhavarapu Sreetika                       |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Vishakapatanam                             |
| Occupation          | Engineer                                   |
| Email               | andhavarapusreetika@gmail.com              |
| Phone               | 939036935                                  |
| 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:

*A. V. J. L. Gupta*  
Parents Signature





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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23-06-23

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  | Tomy Paul                                  |
| Name of the Student | Gen Tom                                    |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Exchackal, Gonakulam, Kerala               |
| Occupation          | Private Company                            |
| Email               | TomyPaul123@gmail.com                      |
| Phone               | 9446473639                                 |
| Faculty Name        | Dr. Sneha mam                              |

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:

Tomy  
Parents Signature



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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/6/2023

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  | Sanjay Huddal                              |
| Name of the Student | Tejaswini Huddal                           |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Kangeali, Belgaum                          |
| Occupation          | Defense                                    |
| Email               | tejaswinihuddal71@gmail.com                |
| Phone               | 9930182487                                 |
| Faculty Name        | Dr. Chaitra                                |

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



CHILDREN'S EDUCATION SOCIETY (Regd.)

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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/6/23

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  | Shivakumar   |
| Name of the Student | Nischitha  |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship           |
| Batch               | Regular Batch / Odd Batch                            |
| Address             | Kodihalli, Banaghatta post, Doddaballapur, Bangalore |
| Occupation          | Farmer   |
| Email               | nischitha8055@gmail.com                              |
| Phone               | 9902909030   |
| Faculty Name        | Dr. Ramesh   |

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:

*Shivakumar*  
Parents Signature



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Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2022-23

Date: 23/6/23

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                                     |
| Name of the Student | Rinku                                      |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Anekal, Bangalore                          |
| Occupation          | Own Business                               |
| Email               | rinkujain31100@gmail.com                   |
| Phone               | 8050532374                                 |
| Faculty Name        | Dr. Madhusudan                             |

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



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Parent-Teacher Meeting Feedback Form 2022-23

Date: 23/6/23

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  | Sheldar. B. R.                             |
| Name of the Student | Meghavarshini.                             |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship |
| Batch               | Regular Batch / Odd Batch                  |
| Address             | Chandapura, Bangalore                      |
| Occupation          | Own Business                               |
| Email               | meghavarshini06@gmail.com                  |
| Phone               | 7204508616                                 |
| Faculty Name        | Dr. Reshmi                                 |

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



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#### Parent-Teacher Meeting Feedback Form 2022-23

Date: 2.3.6-23

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  | Kaiyappa . K                                     |
| Name of the Student | Sowbhagyalakshmi . K                             |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship       |
| Batch               | Regular Batch / Odd Batch                        |
| Address             | Lakshminivas, Kanakapurea main road, B'lore - 52 |
| Occupation          | Building contractor                              |
| Email               | kaiyappa354@gmail.com                            |
| Phone               | 9845264451                                       |
| Faculty Name        | Dr. Opi man                                      |

#### 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 | <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



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The Oxford Dental College and Hospital

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**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/6/23

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  | Bhavya   |
| Name of the Student | Chethana   |
| Year of the Student | I BDS/ II BDS/ III BDS/ IV BDS/ Internship   |
| Batch               | Regular Batch / Odd Batch  |
| Address             | #506 10 <sup>th</sup> Main Bhuvaneshwari Nagar BSK 3 <sup>rd</sup> Stage Bangalore |
| Occupation          | Housewife  |
| Email               |  |
| Phone               | 7019554175   |
| 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



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)

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The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2022-23**

Date: 23/6/23

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  | Balachandrayudham . 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             | # 18/1 , Anuman nagar, ITI , Mathiguni road . Hosur . |
| Occupation          | Farmer .  |
| Email               | Balachandrayudham 777 @ gmail . com                   |
| Phone               | 9626463787 .  |
| Faculty Name        |   |

1. Views on Organizing the Parent Teachers meeting

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

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Parents Signature