

SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

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TEACHERS' EVALUATION FORM

1.	Name of the Medical College	:	
2.	Student's Batch evaluating the teachers	: Session	
Department of			
(Please do not write your name. You should feel free and be clear in answering points)			
1. Names of the teachers of the department in your study period from			
to.			

3.	Names of the teachers whose classes were not liked by you in this department and show reasons of disliking against each teacher.
4.	Suggestions for improvement of teaching.