Council for Technical Education and Vocational Training

School of Health Science

Bharatpur-10, Chitwan, Nepal

Quality Management Unit (QMU)

<u>CURRICULUM EVALUATION FEEDBACK FORM</u>

Name of course: ☐ General Science ☐ GM ☐ MLT ☐ DPh ☐ OSc ☐ DRG ☐ PT ☐ Dental

☐ TSLC (Specify): ………………… ☐ Training course, specify:………………..…………

Year/Semester: ☐ I ☐ II ☐ III ☐ Others (Specify): ……………………………………

What is your Name: Dr./Mr./ Ms.--

What is your contact: Email :.---

Cell pnone no.:…………………………………………………Your district in citizenship card ……………………………

Caste/ Ethnicity and Regional identity: ☐Brahmin/Chhetri (Hill) ☐Brahmin/Chhetri (Terai)

☐Dalit (Hill) ☐Dalit (Terai) ☐Janjati (Hill) ☐Janjati (Terai) ☐Terai Middle Caste

☐Muslim ☐Other mention: …………………

Religion: ☐Hinduism ☐Buddhism ☐Islam ☐Kiratism ☐Christianity

☐Sikhism ☐Jainism ☐Baha'I ☐Other mention……………

What is your designation: ---

Subject you teach: 1. ……………………………………………………………………………………

Does SOHS have curriculum you teach: ☐ Yes ☐ No

Do Students have curriculum you teach: ☐ Yes ☐ No

Do class run according to curricula: ☐ Yes ☐ No ☐ Others (Specify): ……………………

Is there any problem in curriculum: ☐ Yes ☐ No

If there is problem(s) in curriculum, mention please:

Please mention solutions to those problems:

Do curricula require moderation: ☐ Yes   ☐ No

If yes:

S. No.	Unit	Contents to add	Contents to delete	Remarks
1				
2				
3				
4				

Your signature: **Date:**……………………………………….