



D. P. Bhosale College, Koregaon
Health Care Centre



Health Care Centre: Feedback Form

Academic Year: 2022-23

Student/Staff Information:

Name:

Designation: Student/Staff: Department:

Registration Number:

Contact No.:

Address:

Health Issue:

Date of Visit/Appointment:

A. Feedback on Facilities Provided:

Name of the Facility	V. Good	Good	Satisfactory	Poor
Diagnosis of Health Issue				
Treatment Provided				
Availability of Bed				
Cleanliness of Health Centre				
Overall Living Facilities				

B. Feedback on Staff and Management:

	V. Good	Good	Satisfactory	Poor
Redressal of Health Problems				
Mental Support and Cooperation				
Behavior with Patients				
Overall Rating				

Signature