

**NATIONAL MEDICAL COMMISSION****STANDARD ASSESSMENT FORM****FORM – C**

File No: / Assessment No.:

Name of Course : III MBBS PART I

Name of Subject : Community Medicine

Name of College : Vilasrao Deshmukh Government Medical College, Latur,  
Maharashtra

Name of University : MUHS, Nashik

Place of examination : Vilasrao Deshmukh Government Medical College, Latur,  
Maharashtra

Date/s of examination : 15.12.2025 to 17.12.2025 (Panel 2)

Sl.	Name	Official address	Mobile No.	email address
1.	Dr. Venkatramana Kishanrao Sonkar	Department of Community Medicine, VDGMC, Latur	9922937578	<a href="mailto:sonkar123@gmail.com">sonkar123@gmail.com</a>
2.	Dr. Bharatbhushan Bhaurao Telang	Department of Community Medicine, VDGMC, Latur	8767283940	<a href="mailto:bhushanbtelang09@gmail.com">bhushanbtelang09@gmail.com</a>
3.	Dr. Satish Kishanrao Wadde	Department of Community Medicine, GMC, Hingoli	9422070861	<a href="mailto:skwadde@gmail.com">skwadde@gmail.com</a>
4.	Dr. Balaji Vithalrao Ukarande	Department of Community Medicine, GMC, Jalna	9834145047	<a href="mailto:drbvukarande@gmail.com">drbvukarande@gmail.com</a>

**1. ASSESSORS**

Assessment order/letter number:

Letter Number	Date
MUHS/Pract/Appt/338281/2025	05/12/2025

**1. REPORT OF PREVIOUS ASSESSMENT**

Deficiencies pointed out in the last Assessment/ if any	Remarks

<b>A. Scheme of Examination</b>	Marks allotted	Minimum passing marks
1. Theory: (Two papers)		
Final examination : 200 (100+100)		100
Internal assessment : 40		20
Total for Theory : 200		100
2. Clinical/practical:		
Final examination : 100		50
Internal assessment : 40		20
Total for Practical : 100		50
3. Viva-voce :		
Final examination : 20 (Clubbed it together with all heads as per MUHS, Nashik Practical Exam guidelines)		
Internal assessment : -		
Total for Viva-voce : 20		
<b>Grand Total : 300</b>		<b>150</b>

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**B. Theory (Attach 1 copy of each of the papers)**

- | 1. Theory paper:                   | Subject: | Time: __ Hrs. | Date of exam: |
|------------------------------------|----------|---------------|---------------|
| No. 1: Paper I community Medicine  |          | 3 hours       | 29/11/2025    |
| No. 2: Paper II community Medicine |          | 3 hours       | 01/12/2025    |
2. Place of conduct of exam. : MIMSR Medical College, Latur, Maharashtra
3. Invigilation arrangements : As Per MUHS guidelines
4. No. of candidates appeared : 151

**C. Remarks by the Assessor/s regarding:**

- a) Nature of the questions—MCQs/SAQs/Structured Essay type/Long answers:  
**Remark-** All types of questions were included.
- b) Type of Questions – Recall based/Application based/Problem based:  
**Remark-** Mixed type
- c) Standard of questions - level of difficulty: Easy / Moderate / Difficult:  
**Remark-** Mixed type
- d) Do they broadly cover the prescribed curriculum?  
**Remark-** Yes
- e) Standard of the answers: (On a scale of 10 where 0 = Very poor and 10 = Outstanding)  
**Remark-** 8
- f) Internal assessment marks (to be reviewed by the assessors) that have contributed to final examination:  
**Remark-** Internal assessment marks are not contributing to final examinations:
- g) Method/pattern of examination of internal examinations conducted during the course of training/study (to be clearly stated):  
**Remark-** As per MUHS norms
- h) Have the Internal assessment marks influenced the final examination? - No

**II. PRACTICAL / CLINICAL EXAMINATION:****PRACTICAL**

- a) Conduct of the practical examination (provide details including OSCE).  
**Remark-** As per norms of MUHS, Nashik (Annexure attached here with)
- b) Does the practical examination broadly cover the discipline?  
**Remark-** Yes

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c) Time allotted for different sections of the examination (Provide details).

**Remark-**

1. Clinical case- 1 hour
2. Spotters- 30 minutes
3. Epidemiological and Statistical exercises – 30 minutes
4. Skill assessment – 4 minutes per station

d) Details of examiners: (please attach brief cv of the examiners).

**Note: Provide this information in a sealed envelope marked confidential).**

Names Qualification	Designation	Years of Experience as UG Teacher / Examiner
<b>Dr.Venkatramana Kishanrao Sonkar</b> (MBBS,MD-PSM)	Assistant Professor	17 years
<b>Dr. Bharatbhushan Bhaurao Telang</b> (MBBS., MD - PSM)	Assistant Professor	7 years 6 months
<b>Dr. Satish Kishanrao Wadde</b> MBBS., MD (PSM)	Associate Professor	20 years
<b>Dr. Balaji Vithalrao Ukarande</b> MBBS., MD (PSM)	Associate Professor	12 years 8 months

e) Mode of practical examination: In batches or otherwise and number of students per day

Date	Batch	No. of students
15/12/2025	D	25
16/12/2025	E	25
17/12/2025	F	25

f) Are there other examination centers in the same University: **Yes**

- If yes, provide details.

**Remarks-** All the medical colleges affiliated to MUHS are exam centres

g) Do the same examiners conduct the examination in other centers too?

- If not, what steps are taken to ensure uniformity of standards? Are meetings of the examiners being conducted and guidelines are given by the University)

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**Remarks-** Examiners are randomly appointed by MUHS Nashik to different MUHS Affiliated medical colleges.

h) Date of Examination in different centers. As per MUHS guidelines

i) Date and time when the examination was inspected by the assessors

**Remarks-** 15/12/2025 to 17/12/2025 at 8.30 AM onwards

j) Are the invigilation arrangements satisfactory? **Yes**

k) No. of candidates appeared. **74**

l) Number and type of practical exercises allotted to candidates (enclose copy of questions/tasks) **Copy enclosed**

m) The standard displayed (On a scale of 10 where 0 = Very poor and 10 = Outstanding)

**Remarks- 8**

n) Minimum marks required for passing: **50**

### PRACTICAL

1. No of Long cases - **1**

2. No of Short cases - **0**

3. How many cases were given to each candidate – long and short cases? **1 Long case**

4. Type of cases given (attach list of long and short cases)- **List attached**

5. Average time for (long cases and short cases) for each Candidate.

a. Time for examining the patient- **45 minutes**

b. Time for discussion fixed time or changed as per the answers of the candidate.  
**15 minutes**

6. How was the assessment done? **Clinical examination, Viva voice & Skill assessment**

7. Standard displayed by candidates in general in the clinical part of the examination.(On a scale of 10 where 0 = Very poor and 10 = Outstanding) **8**

8. Nature of Discussion of case by the candidate – level of difficulty of questions (On a scale of 10 where 0 = Very easy and 10 = very difficult) **7**

a. Number & type of questions (a copy of the question asked by the examiners may be attached) – case wise separate questions were asked covering cognitive, affective and psychomotor domain using OSCE guidelines

b. Have all the candidates been uniformly examined and grades or marks awarded as per merit of the question? **Yes**

  
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- c. Was the discussion fair, searching and sufficient for the assessment of practical knowledge and skills? **Yes**
  - d. Was the atmosphere friendly and allowed the candidates to express themselves freely? **Yes**
  - e. Were supplementary questions asked by the examiners to gauge the depth of knowledge of the candidates? **Yes**
9. Was the assessment done jointly by more than one Examiner? **Yes**
10. How many marks are allotted for clinical examination? **20**
11. What is the minimum percentage for passing the clinical part? **50%**
12. Are marks obtained in regular internal examinations added on to the marks obtained in the final clinical examination? **No**
13. Were any other marks from their course of training, or clinical works done in the wards added to the marks obtained in the final clinical examination? **No**
14. If so, to what extent (in percentage of marks)? **NA**
15. Has it influenced the result at the final examination? **No**  
(Method of assessment of clinical work in the wards may be clearly stated).

**VIVA-VOICE**

1. The content of the interaction (Give extent of coverage of subject)  
**Interaction done from known to unknown, easy to difficult using millers pyramid technique covering all domains of the syllabus**
2. How was it conducted (provide details)?  
**All students were assessed for cognitive, psychomotor level questions, jointly by all four examiners for each student.**

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3. What was the standard? (On a scale of 10 where 0 = Very poor and 10 = Outstanding).  
8
4. What was the nature of assessment? **Viva voce**
5. Was it done jointly by more than one examiner? **Yes**
6. How are the marks obtained in different parts of the examination grouped? **As per MUHS norms**
7. What is the minimum for passing in each section and in the grand total? **50% marks**
8. Results for the last three years. Attached with annexures
9. No. of students appeared? **74**
10. No. of students passed? **Results submitted online to MUHS, Nashik and confidentiality maintained.**
11. Other remarks if any. **Exams conducted smoothly as per university & NMC guidelines**
12. Feedback forms from the examiners and students are enclosed

**Conclusions :**

Was the standard sufficient for the M.B.B.S. examination as required by Regulations of the Medical Council of India/National Medical Commission? **Yes**

Was the examination conducted satisfactorily to the assessor? **Yes**

If not, the reasons to be mentioned: **NA**

Observations of the assessors are to be made in assessment report only.

  
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**Examination was conducted smoothly. With the work of practical examination was equally distributed to all examiners and the result & the necessary documents were sealed & sent to university. There were no any complaints received from examiners & students.**

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# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

MUHS

Winter - 2025 Phase - II Theory Examinations Time Table  
Third Year MBBS (OLD & 2019) and PG Courses University Theory Examinations



MUHS

Day	Date	Time	Course	Subject	Sub. Code
<b>THIRD (I) MBBS (OLD)</b>					
Sat	29-Nov-25	10:00 am to 01:00 pm	THIRD(I) MBBS (OLD)	Community Medicine - I	01301A
Mon	01-Dec-25	10:00 am to 01:00 pm		Community Medicine - II	01301B
Wed	03-Dec-25	10:00 am to 12:30 pm		E.N.T.	01302
Fri	05-Dec-25	10:00 am to 12:30 pm		Ophthalmology	01303
<b>THIRD (I) MBBS (2019)</b>					
Sat	29-Nov-25	10:00 am to 01:00 pm	THIRD (I) MBBS (2019)	Community Medicine - I	AAB0100027243201-P1
Mon	01-Dec-25	10:00 am to 01:00 pm		Community Medicine - II	AAB0100027243201-P2
Wed	03-Dec-25	10:00 am to 01:00 pm		Otorhinolaryngology	AAB0100027243203
Fri	05-Dec-25	10:00 am to 01:00 pm		Ophthalmology	AAB0100027243202
Mon	08-Dec-25	10:00 am to 01:00 pm		Forensic Medicine & Toxicology	AAB0100027243204

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Code: 1406

Centre Name:

Vilasrao Deshmukh Government Medical College, Latur

Students: 150+ Repeater

Batch : A To F

Com. Medicine			FMT		
Batch	Date	No. of Stud.	Batch	Date	No. of Stud.
A	11/12/2025	27	A	12/12/2025	27
B	12/12/2025	27	B	13/12/2025	27
C	13/12/2025	27	C	14/12/2025	27
D	15/12/2025	27	D	16/12/2025	27
E	16/12/2025	27	E	17/12/2025	27
F	17/12/2025	27	F	15/12/2025	27



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर  
(जनऔषधवैद्यकशास्त्र विभाग)

जा.क्र.वि.दे.शा.वै.म.ला./जनऔषधवैद्यकशास्त्र विभाग/ 829 /२०२५

दिनांक ०८/१२/२०२५

## Notice

उपरोक्त विषयान्वये MUHS Nashik III/I<sup>st</sup> Year (UG-Winter-2025) विद्यापीठ प्रात्याक्षिक परिक्षा खालील विवरणपत्रात नमुद केलेल्या वेळापत्रकानुसार जनऔषधवैद्यकशास्त्र विभागात घेण्यात येणार आहे.

त्या अनुषंगाने III/I<sup>st</sup> Year सर्व विद्यार्थ्यांना सुचित करण्यात येते की, आपआपल्या परिक्षेच्या दिवसी सकाळी ठिक 8:15 am sharp जनऔषधवैद्यकशास्त्र विभागात उपस्थित राहावे व परिक्षेस कोणत्याही प्रकारचे इलेक्ट्रीकल उपकरण (उदा. स्मार्ट फोन, स्मार्ट घडयाळ, इतर इलेक्ट्रीकल उपकरण) आणण्यास सक्त मनाई आहे. तसेच सर्व विद्यार्थ्यांनी गणकयंत्र (Calculator) सोबत आणावे.

Subject	Exam Date	Batch	Seat Numbers	Total
Community Medicine	15-12-2025	Batch- D	102853 to 102877	25
	16-12-2025	Batch- E	102878 to 102902	25
	17-12-2025	Batch- F	102903 to 102926+108729	25

Practical Centre Incharge  
& Convenor,

Dr. V.K.Sonkar,  
V.D.GMC,Latur.

Copy to,

1. Dean Office, V.D.GMC,Latur.
2. Boy's Hostel, V.D.GMC,Latur.
3. Girls Hostel, V.D.GMC,Latur.
4. Library, V.D.GMC,Latur.

आयुक्त विभाग

विलासराव देशमुख शासकीय वैद्यकीय  
महाविद्यालय, लातूर.

दिनांक : 10 / 12 / 2025

**Course Content**

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018, Vol. 2 ; page no.41-59)

**Applicable for batch admitted in M.B.B.S Course from Academic Year 2019-20 & onwards**

**Subject: Community Medicine**

**Year: First MBBS**

Competency No. CM	Topics & subtopics
	Health care of the community
17.1	Health care to community Visit to primary/secondary health facility
	Role of physician in health care delivery- Integration with AETCOM module 1.1 What does it mean to be doctor?
17.2	Community diagnosis
17.3	Primary Health Care- Def, Principles
17.4	National Health Policies, MDGs SDG- Current national / state level status of health indicators
17.5	Health Care delivery in India Nutrition
5.1	Common sources of various nutrients

# III-I MBBS Practical Mark's Structure (Prelim exam)

Applicable w.e.f October 2021 onwards examination for batches admitted from June 2019 onwards

**Subject: Community Medicine**

Practical				Total
Serial No.	Systems	Statistical Gr.	Clinical/Epidemiological case	Total
1	20	20	20	60
2	20	20	20	60
3	20	20	20	60
<b>Total</b>				<b>180</b>

As per BCI competency based document

**Method of Clinical epidemiological Case evaluation**

Serial	Head	Marks allotted
1	Identifying and socio demographic information (with basic landmark, facilities for health care)	05
2	Present and past illness history (with risk factors, exposures)	05
3	Environmental, behavioral and family information	05
4	Demonstration of relevant clinical signs/skills	05
5	Management plan and relevant control measures at individual, family and community level	05
<b>Total</b>		<b>30</b>



**Paper wise distribution of topics for Prelim & MUHS Annual Examination**  
**Year: III-I MBBS Subject: Community Medicine**

Paper	Section	Topics
I	A	MCQs on all topics of the paper I
		Concept of health and disease
		Epidemiology
		Screening for disease
		Communicable diseases & related NHP
		Emerging & Reemerging diseases
		Sociology
		Environmental health
		Occupational Health
		Hospital waste management
Biostatistics & Vital statistics		
		AETCOM Module no. 3.1 & 3.3
II	A	MCQs on all topics of the paper II
		Demography & FP & NHP
		MCH, Geriatrics & related NHP
		Nutrition & related NHP
		Mental Health
		Health education & Communication
		Health planning & Management
		Health care delivery system
		Non communicable Diseases & related NHP
		International health
		Disaster Management

**THIRD (I) M.B.B.S. (2019) EXAMINATIONS**  
**Community Medicine - I**

**Total Duration : 3 Hrs.**

**Total Marks : 80**

- Instruction:**
- 1) Use black ball point pen only.
  - 2) Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as an attempt to resort to unfair means.
  - 3) All questions are compulsory.
  - 4) The number to the right indicates full marks.
  - 5) Draw diagrams wherever necessary.
  - 6) Distribution of syllabus in Question Paper is only meant to cover entire syllabus within the stipulated frame. This format is a mere guideline. Questions from the syllabus can be asked in any paper. Students cannot claim that the Question is out of syllabus, as this format and distribution has been given only for the sake of placement.
  - 7) Use a common answer book for all sections.

**SECTION - "B"**

2. Short Answer Question. (1x7=7)  
 A 3-year-old child of a tribal mother has presented to primary health centre with excessive crying, refusal to feed and failure to thrive. Child has 2 episodes of loose motions & developed lethargy today. Mother is worried and panic. Communicate the mother for further line of management according to IMNCI guidelines in the manner she will understand.
3. Short Answer Questions (Any 3 out of 4) (3x7=21)
  - a) List determinants of Health. Explain the role of Behavioural and sociocultural conditions on health. (3+4)
  - b) Define epidemiology. Describe uses of epidemiology. (3+4)
  - c) Define screening in health and compare between 'screening test' and 'diagnostic test'. (3+4)
  - d) Define emerging and re-emerging diseases. Describe four re-emerging diseases in short. (3+4)
4. Structured Long Answer Question (1x12=12)  
 Describe the epidemiology of Dengue fever in India. Discuss the prevention and control measures for the same. (6+6)
5. Short Answer Questions (Answer Any 4 out of 5) (4x7=28)
  - a) Draw a schematic diagram of cohort studies. Discuss how to estimate risk in cohort study. (3+4)
  - b) Describe the role of medical social workers.
  - c) Describe sources and health effects on Air pollution. (3+4)
  - d) Discuss various methods of disposal of Healthcare waste.
  - e) Describe census and explain its use in Public Health. (3+4)
6. Structured Long Answer Question. (1x12=12)  
 Classify and enlist occupational diseases based on causative agents. (6 marks)  
 Describe prevention and control measure of occupational diseases. (6 marks)

Section II

Que2.Short Answer Questions (Solve any 4 out of 5)

(4x7=28.00)

a.

What do you mean by "Disaster"? (1 mark)

Explain Disaster Cycle with diagram. (3 marks)

As a Medical Officer of Health of a cyclone prone block how will you proceed for preparedness to tackle the impending disaster in your area? (3 marks)

b.

Define Health education (Mark 1)

Explain how health education is not health propaganda- justify with example.(3 marks)

What are health education models. (3 marks)

c.

What is UNICEF (1 mark)

What are content of UNICEF services. (3 marks)

Write about GOBI campaign. (3 marks)

d.

Classify the health problems of the aged with suitable examples.(3 + 1 marks)

What are preventive health care aspects in geriatric people. (3 marks)

e.

A 27 years old mother with 2 children aged 4 years and 1 year, has come to the OPD for family planning advice. Write at least three methods of contraception that can be offered to her. (3 marks)

Write merits & demerits of each of these methods with failure rates. (3 + 1 marks)

Que3.Long Answer Questions

(1x12=12.00)

a.

Enumerate the common.MCH (Mother and Child Health) Indicators used (2 marks).

Define perinatal mortality (2 marks).

Write causes of perinatal mortality (3 marks)

Describe the services to be strengthened to bring down perinatal mortality (5 marks).

Que4.Short Answer Questions (Solve any 4 Out of 5) :-

(4x7=28.00)

a.

Enumerate steps of Planning cycle in health. (3 marks)

Write about Network analysis with examples (4 marks)

b

Define Primary health care? (2 marks)

Write a note on preventive services offered by your Medical College & Hospital. (5 marks)

c

Enumerate six warning signs of poor mental health. (3 marks)

Write in short about Social stigma associated with mental illness. (4 marks)

d

A 56 years old female has found small lump in the breast.

What important history questions do you like to ask in relation to this condition? (2 marks)

What are warning signals of cancer. (2 marks)

Write in short about primary preventive measures of breast cancer. (3 marks)

e

What do you mean by Essential Hypertension? (1 mark)

What is tracking of Blood Pressure. (2 marks)

What preventive measures will you take to reduce prevalence and complication due to Hypertension? (4 marks)

**Que5. Long Answer Questions**

**(1x12=12.00)**

a.

Enumerate four major nutritional problems in our country (2 marks).

How will you assess the nutritional status of a 36 months old child attending your PHC? (5 marks)

What are the strategies that should be taken for prevention and control of PEM (Protein Energy Malnutrition)? (5 marks)

To,  
DR. SONKAR VENKATRAMANA KISHANRAO  
Vilasrao Deshmukh Government Medical College, Latur  
(9922937578, sonkar123@gmail.com)

**Sub.: Regarding Conduct of University Practical Examinations and Assessment of Theory Papers.**

Sir/Madam,

1. I am directed to inform you that Board of Examinations is pleased to appoint you as an 'Convenor/Examiner'. The details of your assignments are given in Appendix-A mentioned below. Please keep your appointment strictly confidential and address all the correspondence in connection to the Controller of Examinations.
2. This appointment is issued subject to the assumptions mentioned below:-
  - o That none of you has any relation of the following type appearing in the class and faculty for which your appointment is made, at this examination of the University:-  
*wife, husband, son, daughter, grand-son, grand-daughter, brother, sister, nephew, niece, uncle, grand-nephew, grand-niece, aunt, first cousin, son-in-law, daughter-in-law, brother-in-law and sister-in-law.*  
(N.B. - Son, daughter, brother or sister will be understood to include also step-son, step-daughter, step-brother or step-sister as the case may be.)
  - o That none of you is debarred from examination work by the parent or any other University.
  - o That you are not a member of Board of Examinations.
  - o That you are not undergoing Post Graduate examination of this University.
3. You are required to be in touch with the Principal and the Convenor for further details. Kindly specify your acceptance or non-acceptance online or by email to email id and telephone numbers to this office with a copy to the Convenor.
4. Kindly also note that during the period of Practical Examination, you will be given a job of assessment of Theory Answerbooks and you will not be permitted to leave the Exam Centre without completion of the said task. Valuation of Theory manuscripts is compulsory if allotted.
5. **Sr. External Examiner should be held responsible for checking IA marks of concerned subject as per norms of respective central council / commission.**
6. Your reply should reach the University within 7 days from the receipt of the appointment by SMS/Email/etc.; otherwise it will be treated as your non-acceptance for the same.
7. Please note that the University examination work is mandatory as per the provisions of Section-63(g) of the MUHS Act 1998. If it is refused without substantial ground, disciplinary action shall be initiated.
8. Please intimate this office, if you are holding any other appointment of the University, other than this appointment.
9. Your kind cooperation in smooth functioning of the examination is solicited.

**APPENDIX-A**

Name of the Centre	Subject and Course	Appointed As	Co-Examiners	Date of Appointment	Theory Assessment
Vilasrao Deshmukh Government Medical College, Latur	Community Medicine Paper Third (I) M.B.B.S. (2019)	Practical Int. Examiner (2)	<p>Practical Chairman, DR., <b>NAGAONKAR AJIT SHRIPAL</b>, 9423078393, ajit101064@gmail.com, 21-<b>Non-Accepted</b>, , Vilasrao Deshmukh Government Medical College, Latur</p> <p>Practical Chairman, DR., <b>SONKAR VENKATRAMANA KISHANRAO</b>, 9922937578, sonkar123@gmail.com, 11-Accepted, , Vilasrao Deshmukh Government Medical College, Latur</p>	12/15/2025 to 12/15/2025	If applicable

Thanking you.

Yours,

Sd/-

**Controller of Examinations**

To,  
DR. SONKAR VENKATRAMANA KISHANRAO  
Vilasrao Deshmukh Government Medical College, Latur  
(9922937578, sonkar123@gmail.com)



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2. This appointment is issued subject to the assumptions mentioned below:-
  - o That none of you has any relation of the following type appearing in the class and faculty for which your appointment is made, at this examination of the University:-  
*wife, husband, son, daughter, grand-son, grand-daughter, brother, sister, nephew, niece, uncle, grand-nephew, grand-niece, aunt, first cousin, son-in-law, daughter-in-law, brother-in-law and sister-in-law.*  
(N.B. - Son, daughter, brother or sister will be understood to include also step-son, step-daughter, step-brother or step-sister as the case may be.)
  - o That none of you is debarred from examination work by the parent or any other University.
  - o That you are not a member of Board of Examinations.
  - o That you are not undergoing Post Graduate examination of this University.
3. You are required to be in touch with the Principal and the Convenor for further details. Kindly specify your acceptance or non-acceptance online or by email to email id and telephone numbers to this office with a copy to the Convenor.
4. Kindly also note that during the period of Practical Examination, you will be given a job of assessment of Theory Answerbooks and you will not be permitted to leave the Exam Centre without completion of the said task. Valuation of Theory Manuscripts is compulsory if allotted.
5. **Sr. External Examiner should be held responsible for checking IA marks of concerned subject as per norms of respective central council / commission.**
6. Your reply should reach the University within 7 days from the receipt of the appointment by SMS/Email/etc.; otherwise it will be treated as your non-acceptance for the same.
7. Please note that the University examination work is mandatory as per the provisions of Section-63(g) of the MUHS Act 1998. If it is refused without substantial ground, disciplinary action shall be initiated.
8. Please intimate this office, if you are holding any other appointment of the University, other than this appointment.
9. Your kind cooperation in smooth functioning of the examination is solicited.

**APPENDIX-A**

Name of the Centre	Subject and Course	Appointed As	Co-Examiners	Date of Appointment	Theory Assessment
Vilasrao Deshmukh Government Medical College, Latur	Community Medicine Paper Third (I) M.B.B.S. (2019)	Practical Chairman	<p>Practical Chairman, DR., <b>NAGAONKAR AJIT SHRIPAL</b>, 9423078393, ajit101064@gmail.com, <b>21-Non-Accepted</b>, Vilasrao Deshmukh Government Medical College, Latur</p> <p>Practical Ext. Examiner (1), DR., <b>JADAV PRATAP</b>, 9323817993, pratappjadhav1979@gmail.com, <b>21-Non-Accepted</b>, Audiology &amp; Speech Therapy School, Topiwala National Medical College &amp; Hospital, Mumbai</p> <p>Practical Ext. Examiner (1), DR., <b>WADDE SATISH KISHANRAO</b>, 9422070861, skwadde@yahoo.co.in, <b>11-Accepted</b>, Government Medical College, Nandurbar</p> <p>Practical Ext. Examiner (2), DR., <b>BALAJI VITHALRAO UKARANDE</b>, 9422988240, balaji.uk10@gmail.com, <b>11-Accepted</b>, Government Medical College, Jalna</p> <p>Practical Ext. Examiner (2), DR., <b>CHAUDHARY SANJEEV MOHAN</b>, 9890036373, dr_sanjeev_1805@yahoo.com, <b>21-Non-Accepted</b>, Indira Gandhi Government Medical College, Nagpur</p> <p>Practical Int. Examiner (1), DR., <b>BHARATBHUSHAN TELANG</b>, 9561493149, bhushanbtelang09@gmail.com, <b>11-Accepted</b>, Vilasrao Deshmukh Government Medical College, Latur</p> <p>Practical Int. Examiner (2), DR., <b>SONKAR VENKATRAMANA KISHANRAO</b>, 9922937578, sonkar123@gmail.com, <b>21-Non-Accepted</b>, Vilasrao Deshmukh Government Medical College, Latur</p>	12/15/2025 to 12/15/2025	If applicable

Thanking you.

Yours,

Sd/-

Controller of Examinations

## Curriculum vitae (C.V.)

<b>Name</b>	Dr. Venkatramana Kishanrao Sonkar
<b>Email Id</b>	<a href="mailto:Sonkar123@gmail.com">Sonkar123@gmail.com</a>
<b>Designation</b>	Assistant Professor
<b>Department</b>	Community Medicine
<b>College</b>	Vilasrao Deshmukh Govt. Medical College, Latur
<b>Educational Qualifications</b>	MBBS, MD-Community Medicine
<b>Teaching Experience</b>	UG Teaching-17 years PG Teaching-13
<b>Total Publications</b>	12
<b>Areas of Expertise</b>	Community based Teaching Operational Research International Health
<b>Training in Medical Education</b>	Revised Basic Course workshop (rBCW) Basic Course in Biomedical Research (BCBR)

## Curriculum Vitae

- Full Name : Dr. Wadde Satish Kishanrao
- Designation : Associate Professor
- Organization : Govt. Medical College, Nandurbar
- Address : Dept. of Community Medicine, GMC, Nandurbar
- Email : [skwadde@gmail.com](mailto:skwadde@gmail.com)
- Worked as Professor at MIMSR Medical College, Latur.
- Presently working as Associate Professor at GMC, Nandurbar
- MBBS from Govt. Medical College, Aurangabad (1999)
- MD (PSM) from S. R. T. R. Medical College, Ambajogai (2005)
- 20 Years of Undergraduate teaching experience
- 15 years of Postgraduate teaching experience.
- Recognized PG Guide of MUHS Nashik.
- Twenty three publications in various journals
- Member of Department of Medical Education since 15 years.
- Attended various 19 national and international conferences and presented papers
- Attended more than 50 workshops and CMEs on Research methodology, Medical Education, Nutrition, Biomedical waste management, communicable diseases etc.
- MUHS Approved faculty for Research Methodology and Medical Education Technology.
- Delivered more than 50 lectures in various workshops;
- Received best paper award in 21st Maharashtra State Conference of IAPSM & IPHA Maharashtra Branch And IAPSM Young Leaders' National Conclave at DMIMS(DU), Wardha.
- Worked as Editor of Journal of Medical Education and Research (Journal of MIMSR Research Society)
- Participated in various research projects.

## Curriculum vitae (C.V.)

<b>Name</b>	Dr Bharatbhushan Bhaurao Telang
<b>Email id</b>	bhushanbtelang09@gmail.com
<b>Designation</b>	Assistant Professor
<b>Department:</b>	Community Medicine
<b>College</b>	Vilasrao Deshmukh Government Medical College, Latur
<b>Educational Qualification</b>	MBBS , MD (community Medicine) , UGC NET (Social Medicine & Community Health)
<b>Teaching experience:</b>	UG teaching – 7 years 6 months PG teaching – 1 Year 10 months
<b>Total Publications:</b>	05
<b>Areas of expertise:</b>	Community based Teaching Operational Research Public Health Administration International Health
<b>Training in Medical Education</b>	Revised Basic course workshop (rBCW) Curriculum Implementation Support Program (CISP) Basic Course in Biomedical Research (BCBR)

## Curriculum vitae (C.V.)

<b>Name</b>	Dr. Balaji Vithalrao Ukarande
<b>Email Id</b>	<a href="mailto:drbvukarande@gmail.com">drbvukarande@gmail.com</a>
<b>Designation</b>	Associate Professor
<b>Department</b>	Community Medicine
<b>College</b>	Govt. Medical College, Jalna
<b>Educational Qualifications</b>	MBBS, MD-Community Medicine
<b>Teaching Experience</b>	UG Teaching-12 years PG Teaching-5 years
<b>Total Publications</b>	6
<b>Areas of Expertise</b>	Community based Teaching Operational Research International Health
<b>Training in Medical Education</b>	Revised Basic Course workshop (rBCW) Basic Course in Biomedical Research (BCBR)

**DEPARTMENT OF COMMUNITY MEDICINE**  
**III MBBS: Part-I (COMMUNITY MEDICINE)**  
**Spot Examination Sets**

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**Set 6**

**Spot 1 – CuT Intrauterine device**

1. Identify the device and write its mechanism of action.
2. Mention any two contraindications.

**Spot 2 – Sandfly**

1. Name two disease transmitted by it.
2. Describe any two control measures.

**Spot 3 – Goitre/hypothyroidism**

1. Identify the condition and mention the nutritional deficiency causing it.
2. describe any two preventive measures?

**Spot 4 – SPOT map**

1. Identify the epidemiological tool.
2. Mention its uses.

**Spot 5 – Harpenden's skin Callipers**

1. Identify the tool and write its use.
2. Mention any two common sites on the body where it is used

**Spot 6 – Parboiled rice**

1. What is parboiling technique?
2. Mention one advantage and one disadvantage of parboiling?

**Spot 7- World Health organisation logo.**

1. – Identify the logo and mention where the headquarters is located?
2. write any two of its functions?

**Spot 8 –DPT Vaccine**

1. Write the schedule, dose, route of administration.
2. Name any two adverse reactions

*TSW  
15/12*

*R  
15/12/25*

*Q  
15/12/25*

*B  
15/12/25*

**Spot 9 –Globe thermometer**

1. Identify the instrument and mention what it measures?
2. Mention one occupational health use of this instrument.

**Spot 10 – ATT Blister pack**

1. Mention the first line drugs used in management of tuberculosis case.
2. Mention the national health program related to it.

**MUHS Practical Examination, Winter 2025**  
**Department of Community Medicine**  
**VDGMC, Latur**

**Statistical Exercise – Set VI**

**Time: 30 min**

**Total Marks: 20**

*All questions are compulsory.*  
*Each question carries 4 marks*

1. In a rural area of 20,000 population, 500 live births and 10 infant deaths occurred.  
Calculate CBR and IMR.
2. In a malaria surveillance of 70,000 people, 9,000 blood smears were taken and 90 were positive. Find ABER and API.
3. Among 800 screened individuals, 150 were true TB cases. A new test detected 140 true positives and 20 false positives. Calculate sensitivity and specificity.
4. Group A:  $n=60$ ,  $\text{mean}=100$ ,  $\text{SD}=10$ . Group B:  $n=80$ ,  $\text{mean}=96$ ,  $\text{SD}=8$ . Find SE of difference in means.
5. Study on exercise and diabetes: Calculate RR and AR.

Exercise	Diabetic	Non-diabetic	Total
No	25	75	100
Yes	10	90	100

*Bin*  
*15/12/25*

*Q*  
*15/12/25*

*15/12/25*

*15/12/25*

**MUHS Practical Examination, Winter 2025**  
**Department of Community Medicine**  
**VDGMC, Latur**

**Skill Assessment – Set VI**

**Time: 30 min**

**Total Marks: 20**

*All questions are compulsory.*  
*Each question carries 2 marks*

1. How will you tell the importance of breast feeding to a PNC mother who delivered in a hospital
2. ANC mother has come for a routine checkup, her weight is 56 Kg and she is housewife. What is her calorie and protein requirement? What dietary advice will you give to her?
3. How will counsel a 55 year old patient of DM with diabetic foot at the time of discharge from the hospital
4. Read the following values for a given water sample and comment on its quality, Ph 6, Turbidity 6 NTU, TDS 600 MG/L.
5. A male person of 37 yrs age having height of 168 cm and weight of 73 Kgs. Calculate his BMI and interpret
6. Old age dependency ratios for two countries are as given below  
Country 1 – 40%  
Country 2 – 10%  
Comment on above data
7. In a village, volume of water in a well is 202000 liters and Horrock's test shows blue colour in 4<sup>th</sup> cup. How much bleaching powder is required for disinfection of well water?
8. Immunization session was planned in a village. What are the things ANM should check before opening a vial for giving the vaccine to a child?
9. Write content of your talk to be given to class IV workers in an Oil company in Harangul MIDC regarding the occupational exposure and care to be taken
10. Prepare frequency distribution table of Exclusive class interval for a given data set  
11,12, 13, 13, 14 ,15, 18, 17, 16, 14, 13, 16, 17, 18 , 13, 14 , 18 , 12 14 17 19 20 10 24 23

*RM*  
*15/12*

*Sample*  
*15/12/25*

*Dr*  
*15/12/25*

*BM*  
*15/12/25*

MUHS Practical Examination, Winter 2025  
Department of Community Medicine  
VDGMC, Latur

SPOTTERS – Set V

Time: 20 min

Total Marks: 20

*All questions are compulsory.  
Each question carries 2 marks*

**Spot 1 – Groundnut Sample**

1. Mention fat and protein content.
2. Name the toxin due to poor storage.

**Spot 2 – Aedes Mosquito**

1. Name two diseases transmitted by it.
2. Mention two preventive measures.

**Spot 3 – Vaccine Carrier**

1. Identify and state use.
2. Define cold chain and reverse cold chain.

**Spot 4 – DDT Bottle**

1. Expand abbreviation and mode of action.
2. Mention disadvantages.

**Spot 5 – Antara Injection**

1. What type of contraceptive?
2. How is it administered?

**Spot 6 – BCG Vaccine Vial**

1. Write schedule, dose, route.
2. What level of prevention is this?

**Spot 7 – Kata Thermometer**

1. Identify and mention two uses.
2. Write the function of dry and wet bulb.

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16/12/25

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17/12/25

*[Signature]* 16/12/25

### **Spot 8 – N95 Mask**

1. Significance of "95".
2. Mention two environments of use.

### **Spot 9 – Iron & Folic Acid Tablet**

1. Mention dosage in pregnancy.
2. What deficiency does it prevent?

### **Spot 10 – Sputum Container**

1. Name decolourizer in ZN stain.
2. What does ++ indicate in smear result?

**MUHS Practical Examination, Winter 2025**  
**Department of Community Medicine**  
**VDGMC, Latur**

**Statistical Exercise – Set IV**

**Time: 30 min**

**Total Marks: 20**

*All questions are compulsory.*  
*Each question carries 4 marks*

Q1. You are working in medicine ward of VDGMC Latur. On 20<sup>th</sup> October 10 patients were discharged from the ward. The duration of hospital stay (in days) of patients in medicine ward is as follows

4, 3, 2, 1, 3, 6, 2, 33, 4, 5

- a) Calculate measures of central tendencies of given data.
- b) Which measure would be most appropriate to use in given data.

Q2. If mean height and weight of 100 students in a class is 162 cm and 62 kg with standard deviation of 8 cm and 12 kg respectively. In the given data set, which is more variable height or weight?

Q3. A trial was conducted to assess whether therapeutic effect of drug Q is better than the conventional drug P. The findings of the study were noted in 2X2 table as follows.

Drug	Cured	Non cured	Total
P	40	60	100
Q	35	65	100
Total	75	125	200

- a) Write the null hypothesis and alternate hypothesis.
- b) Is it one tailed or two tailed?
- c) Which test of significance you will apply to this table and why?

Q4. The number of deliveries in labor room of VDGMC for the first quarter of 2025 is given below. Plot a graph of given data.

Sr no	Month	No of deliveries
1	September	96
2	October	78
3	November	85
4	December	96

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*16/12/25*

*Qadeer*  
*16/12/25*

*Qadeer*  
*16/12/25*

*Qadeer*  
*16/12*

**MUHS Practical Examination, Winter 2025**  
**Department of Community Medicine**  
**VDGMC, Latur**

**Skill Assessment – Set V**

**Time: 30 min**

**Total Marks: 20**

*All questions are compulsory.*  
*Each question carries 2 marks*

1. Explain to an ANC mother with poor nutritional status the importance of iron, folic acid, and calcium during pregnancy.
2. A PNC mother expresses concern about low milk production. How will you reassure and counsel her?
3. A 45-year-old diabetic patient asks about how to plan a balanced meal within a limited budget. What is your advice?
4. Demonstrate the preparation and use of handwashing steps using WHO technique to school children.
5. Calculate Broca's Index for a 32-year-old male, height 172 cm, weight 82 kg. Interpret.
6. Prepare a brief talk to be given to sanitation workers about safe handling of hospital waste.
7. Prepare an exclusive class frequency distribution for:  
8, 9, 11, 11, 12, 14, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24
8. What points will you include in counselling a newly married couple opting for natural methods of family planning?
9. A child with high-grade fever and rash is brought to health centre. What steps will you take for syndromic management and IEC to parents?
10. Present this data graphically:

Category of households in Urban areas	N%
Poor Income	35
Middle Income	40
High Income	25

*Q.10*  
*16/12/25*

*Q.10*  
*16/12/25*

*16/12/25*

*16/12/25*

**MUHS Practical Examination, Winter 2025**  
**Department of Community Medicine**  
**VDGMC, Latur**

**Spotters – Set IV**

**Time: 20 min**

**Total Marks: 20**

*All questions are compulsory.*  
*Each question carries 2 marks*

**Spot 1 – Egg**

1. Why is it called a reference protein?
2. Mention nutrients deficient in egg.

**Spot 2 – Female Anopheles Mosquito**

1. Mention two diseases transmitted by female anopheles mosquito.
2. List two antilarval measures.

**Spot 3 – MMR Vaccine Vial**

1. Mention dose, route, and schedule.
2. Name the strain used.

**Spot 4 – Malathion Bottle**

1. Type of insecticide and mode of application.
2. Write its mechanism of action.

**Spot 5 – Growth Chart Case (2-year child)**

1. Interpret growth status.
2. Define Severe Acute Malnutrition (SAM).

**Spot 6 – Tuberculin Syringe**

1. Identify and explain Mantoux test.
2. How to interpret the result?

**Spot 7 – Chloroscope**

1. Identify and mention use.
2. How to educate communities on waterborne diseases?

**Spot 8 – Mala D Packet**

1. Type and composition of contraceptive.
2. Mention two absolute contraindications.

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17/12/25

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17/12/25

*[Signature]*  
17/12/25

### **Spot 9 – Safety Goggles**

1. Mention environments where used.
2. Occupational hazards prevented.

### **Spot 10 – Group Discussion (Image)**

1. Identify the method.
2. Define moderator and mention two advantages.

Set 4

**Spot 1 – Egg**

**MUHS Practical Examination, Winter 2025**  
**Department of Community Medicine**  
**VDGMC, Latur**

**Statistical Exercise – Set V**

**Time: 30 min**

**Total Marks: 20**

*All questions are compulsory.*  
*Each question carries 4 marks*

1. 500 live births and 25 infant deaths were reported in a village of 10,000 population.  
Find CBR and IMR.
2. A PHC covers 90,000 population. 12,000 blood smears taken, 120 positive. Calculate ABER and SPR.
3. In a cancer screening test, true cases were 200. Test detected 190 true positives and 10 false positives. Find sensitivity and specificity.
4. Mean blood pressure of two groups of patients ( $n=80$ , mean=132 mmHg, SD=6) and ( $n=100$ , mean=130 mmHg, SD=8). Find S.E. of difference and interpret.
5. Study on alcohol consumption and road accidents: Find RR and AR

Alcohol status	Accident	No Accident	Total
Alcoholics	20	80	100
Non-alcoholics	05	95	100

*Confdr*  
*17/12/25*

*R*  
*17/12*

*Rml*  
*17/12/25*

*Amg*  
*17/12/25*

**MUHS Practical Examination, Winter 2025**  
**Department of Community Medicine**  
**VDGMC, Latur**

**Skill Assessment – Set IV**

**Time: 30 min**

**Total Marks: 20**

*All questions are compulsory.*  
*Each question carries 2 marks*

1. Counsel a PNC mother accompanied by family elders on early initiation and continuation of breastfeeding.
2. A 60-year-old hypertensive male on medication presents with mild chest pain. Give him dietary advice.
3. Dependency ratio:  
Country X – 25%  
Country Y – 35%  
Comment and compare.
4. Given water quality data:  
NTU – 2, pH – 7.2, TDS – 350 mg/L. Is this water safe to drink?
5. A couple with two children (1 male, 1 female) seeks advice on permanent contraception. Counsel them.
6. What should the PHN check before conducting school-based immunization?
7. Graph this data:

Occupation	N (%)
Shopkeeper	40
Labourer	30
Driver	30

8. Draft a health education talk for sugar factory workers on occupational health hazards.
9. How would you prioritize patients for triage in a fire disaster in a slum area?
10. A male has height 170 cm and weight 102 kg. Calculate BMI and categorize.

*Dr. S. S.*  
*17/11/25*

*Rishi*  
*17/11/25*

*Smile*  
*17/11/25*

*Bin*  
*17/11/25*

**Allotment of Cases**  
For batch D - 15/12/25

S.N	Patient name	Pt. Sign	Diagnosis	Age /sex	Ward no / opd no	Allotted Roll no.
1	SHANTABAI PULKEWAR		LRTI	60/F	WARD 12	102874
2	ARUNA UPADE		RHD	60/F	WARD 12	102866
3	DWARKABAI BHOSLE		AFI	64/F	WARD 12	102859
4	ASHWINI PODUTE		VIRAL HEPATITIS	21/F	WARD 11	102868
5	NIKITA KATMANDE		LRTI	25/F	WARD 12	102864
6	SNEHAL SHELKE		AFI	14/F	WARD 11	102853
8	DAULATABAI PATHAN		COPD	84/F	WARD 11	102869
9	BANU SHAIKH		AFI	62/F	WARD 11	102875
10	RUKMINI MULE		PLEURAL EFFUSION	42/F	WARD 11	102855
12	AMBADAS GHODKE		HTN	42/M	WARD 09	102858
13	ROHIT BANSODE		TB	28/M	WARD 09	102863
14	MANOJ GARSUDE		TB	24/M	WARD 09	102857
16	SUBHASH SARWADE		AFI	70/M	WARD 09	102877
17	SOMNATH ROY		AFI	28/M	WARD 09	102860
18	TUKARAM SUNAPE		HTN	75/M	WARD 09	102862
20	SHOURYA SAGAT		ANAEMIA	04/M	WARD 07	102873
21	ADARSH BHALERAO		PNEUMONIA	07/M	WARD 07	102870
22	PRAVIN KAMBLE		AFI	8/M	WARD 07	102871
23	PARVEEN SHAIKH		PNC	25/F	WARD 03	102856
24	PALLAVI AKRUPE		PNC	18/F	WARD 03	102867
26	ANIMAL BITE		ANIMAL BITE	-	OPD 119	102854
27	ANC		ANC	-	OPD 24	102861
28	ANIMAL BITE		ANIMAL BITE	-	OPD 119	102876
29	ANC		ANC	-	OPD 24	102865
30	ANC		ANC	-	OPD 24	102872

17/12/25  
**Dr. V. K. Sonkar**  
[Convener]

15/12/25  
**Dr. B. B. Telang**  
[Internal Examiner]

15/12/25  
**Dr. S. K. Wadde**  
[External Examiner-1]

15/12/25  
**Dr. B. V. Ukarande**  
[External Examiner-2]

**ALLOTMENT OF CASES**  
**FOR BATCH "E" 16/12/25**

S.n o	Patient name	Pt. Sign	Diagnosis	Age /sex	Ward no / opd no	Allotted Roll no.
1	Animal bite		Animal bite	-	Opd no 119	102885
2	Anc		Anc	-	Opd no 24	102901
3	Animal bite		Animal bite	-	Opd no 119	102893
4	Anc		Anc	-	Opd no 24	102891
5	Animal bite		Animal bite	-	Opd no 119	102883
6	Anc		Anc	-	Opd no 24	102887
7	SUJATA MADANE		PNC	25/F	03	102896
8	KAJAL RATHOD		PNC	28/F	03	102878
9	TAMMANA LADAKHYA		PNC	18/F	03	102886
10	PARVEEN SHAIKH		PNC	25/F	03	102898
11	RAJARAM VAIDYA		COPD	65/M	09	102889
12	SWATI MALI		PNC	30/F	03	102888
13	SHEETAL SONKAWADE		PNC	24/F	03	102902
14	PALLAVI AKURTHE		PNC	18/F	03	102897
15	NEHA GIRI		PNC	23/F	03	102882
16	JAISHREE MORE		AFI	65/F	12	102880
17	UJWALA BHOSALE		RHD	60/F	12	102884
18	NAGARBAI DONGRE		LRTI	80/F	12	102894
19	DWARKABAI BHOSALE		AFI	64/F	12	102892
20	SHANTABAI PULKEWAR		HTN	60/F	12	102895
21	ROHIT BANSODE		TB	28/M	09	102899
22	VITHABAI JANMALE		HTN	70/F	11	102890
23	AMIRABIN PATHAN		LRTI	55/F	11	102879
24	AMBDAS GODKE		HTN & DM	47/M	09	102881
25	AZAN MANIYAR		ANAEMIA	1/M	07	102900

Dr V.K.Sonkar  
[Convener]

Dr. B. B. Telang  
[Internal Examiner]

Dr. S. K. Wadde  
[External Examiner-1]

Dr. B.V. Ukande  
[External Examiner-2]

**ALLOTMENT OF CASES**  
**FOR BATCH "F" 17/12/25**

S.no	Patient name	Pt. Sign	Diagnosis	Age /sex	Ward no / opd no	Allotted Roll no.
1	ANIMAL BITE		ANIMAL BITE	-	OPD NO 119	102917
2	ANC		ANC	-	OPD NO 24	102925
3	ANIMAL BITE	Protam	ANIMAL BITE	-	OPD NO 119	ABSENT
4	ANC	Prinasa	ANC	-	OPD NO 24	102903
5	ANIMAL BITE	Rohit	ANIMAL BITE	-	OPD NO 119	102908
6	ANC		ANC	-	OPD NO 24	102905
7	SWATI MALI		PNC	30/F	03	102921
8	PALLAVI AKRUPE		PNC	18/F	03	102924
9	VIDYA GAIKAWAD		PNC	25/F	03	102911
10	HANUMANT JADHAV		LRTI	65/M	09	102909
11	CHANDRAKANT HADMUDE		AFI	25/M	09	102915
12	NARAYAN WAGH		PTB	24/M	09	102913
13	MANOJ GANESH GAUSUDE		PTB	24/M	09	102906
14	HALIMA BANSI MULANI		DM	77/F	12	102919
15	PHULABAI NADHUKAR		LRTI	85/F	12	102904
16	NIKITA KATMANDU		LRTI	25/F	12	102920
17	MAMITA VARVATE		S.ANAEMIA	32/F	11	102926
18	AMIEABEE PATHAN		LRTI	55/F	11	102923
19	PRAVIN SATISH KAMBLE		URTI	8/M	7	102912
20	AJAN MANIYAR		PNEUMONIA	1/M	7	102916
21	SHRAVANI PAWAR		FEVER W/RASH	2/F	7	102914
22	ANIMAL BITE		ANIMAL BITE	-	OPD NO 119	102918
23	ANC		ANC	-	OPD NO 24	102910
24	ANIMAL BITE		ANIMAL BITE	-	OPD NO 119	102907
25	POOJA JYOTIRAM KALE		PNC	24/F	3	102922

17/12/25  
Dr V.K.Sonkar  
[Convener]

17/12/25  
Dr. B. B. Telang  
[Internal Examiner]

17/12/25  
Dr. S. K. Wadde  
[External Examiner-1]

17/12/25  
Dr. B.V. Ukarande  
[External Examiner-2]



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर  
(जनऔषधवैद्यकशास्त्र विभाग)

जा.क्र.वि.दे.शा.वै.म.ला./जनऔषधवैद्यकशास्त्र विभाग/

/२०२५

दिनांक १७/१२/२०२५

**Student Feedback Form - Community Medicine Practical Examination**

Dear Students,

Thank you for participating in the Community Medicine Practical Examination. Your feedback is valuable to us in improving the quality of our assessments. Please take a few moments to fill out this feedback form. Your responses will remain confidential.

**\*Instructions:\***

- Please rate each aspect of the examination on a scale of 1 to 5, with 1 being "Strongly Disagree" and 5 being "Strongly Agree."

[1] Very Poor, [2] Poor, [3] Average, [4] Good, [5] Excellent

- Feel free to provide additional comments or suggestions for improvement at the end of the form.

**A) OSCE (Objective Structured Clinical Examination) Questions:**

1. The OSCE stations were relevant to the topics covered in the course, covering a wide range of community medicine aspects such as preventive healthcare, epidemiology, and health promotion.

- [ ] 1      - [ ] 2      - [ ] 3      - [X] 4      - [ ] 5

- Comments:

2. The instructions provided at each OSCE station were clear and easy to understand, and the questions were diverse, including observation-based, patient interaction, and interpretation of epidemiological data.

- [ ] 1      - [ ] 2      - [ ] 3      - [X] 4      - [ ] 5

- Comments:

3. The examiners were fair and unbiased in their assessment, ensuring all students were evaluated equally regardless of their background or previous performance.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [X] 5

- Comments:

4. The time allocated for each OSCE station was sufficient, allowing adequate time for students to complete the tasks without feeling rushed.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [X] 5

- Comments:

**B) OSPE (Objective Structured Practical Examination) Questions:**

1. The OSPE stations provided a comprehensive assessment of practical skills, covering areas such as health education, data analysis, and community diagnosis.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [X] 5

- Comments:

2. The equipment and resources provided at each OSPE station were adequate, allowing students demonstrate their skills effectively.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

3. The examiners effectively communicated the expectations at each OSPE station, providing clear guidance on the tasks to be performed and the criteria for evaluation.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

4. The OSPE stations were reflective of real-world scenarios, simulating situations that students may encounter in their future practice of community medicine.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

### C) Content of Viva Voce:

1. The viva voce session covered a wide range of topics in community medicine, including current public health issues, research methodologies, and ethical considerations.

- [ ] 1    - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

### D) Spotters and Statistical Exercises:

1. The spotter stations provided an opportunity to apply theoretical knowledge to practical scenarios effectively.

- [ ] 1    - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

2. The statistical exercises were relevant and challenging, testing understanding and application of statistical methods in public health research.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

### E) Uniformity in Examination:

1. The examination process was uniform across all students, with consistent evaluation criteria and standards applied.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

### F) Bias by Examiners:

1. I did not perceive any bias from the examiners during the examination, and all students were treated fairly and objectively.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:



its to

**Overall Assessment:**

Overall, I found the Community Medicine Practical Examination to be:

- Very Poor
- Poor
- Average
- Good
- Excellent

\*Additional Comments or Suggestions for Improvement:\*

All good

Thank you for your participation! Your feedback is invaluable in helping us enhance our examination process.

MAYUK

Signature of student



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर  
(जनऔषधवैद्यकशास्त्र विभाग)

जा.क्र.वि.दे.शा.वै.म.ला./जनऔषधवैद्यकशास्त्र विभाग/

/२०२५

दिनांक १९/१२/२०२५

**Student Feedback Form - Community Medicine Practical Examination**

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1. The OSCE stations were relevant to the topics covered in the course, covering a wide range of community medicine aspects such as preventive healthcare, epidemiology, and health promotion.

- [ ] 1      - [ ] 2      - [ ] 3      - [X] 4      - [ ] 5

- Comments:

2. The instructions provided at each OSCE station were clear and easy to understand, and the questions were diverse, including observation-based, patient interaction, and interpretation of epidemiological data.

- [ ] 1      - [ ] 2      - [ ] 3      - [X] 4      - [ ] 5

- Comments:

3. The examiners were fair and unbiased in their assessment, ensuring all students were evaluated equally regardless of their background or previous performance.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [X] 5

- Comments:

4. The time allocated for each OSCE station was sufficient, allowing adequate time for students to complete the tasks without feeling rushed.

- [ ] 1      - [ ] 2      - [ ] 3      - [X] 4      - [ ] 5

- Comments:

**B) OSPE (Objective Structured Practical Examination) Questions:**

1. The OSPE stations provided a comprehensive assessment of practical skills, covering areas such as health education, data analysis, and community diagnosis.

- [ ] 1      - [ ] 2      - [ ] 3      - [X] 4      - [ ] 5

- Comments:

2. The equipment and resources provided at each OSPE station were adequate, allowing students demonstrate their skills effectively.

- [ ] 1      - [ ] 2      - [ ] 3      ✓ - [ ] 4      - [ ] 5

- Comments:

3. The examiners effectively communicated the expectations at each OSPE station, providing clear guidance on the tasks to be performed and the criteria for evaluation.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      ✓ - [ ] 5

- Comments:

4. The OSPE stations were reflective of real-world scenarios, simulating situations that students may encounter in their future practice of community medicine.

- [ ] 1      - [ ] 2      - [ ] 3      ✓ - [ ] 4      - [ ] 5

- Comments:

### C) Content of Viva Voce:

1. The viva voce session covered a wide range of topics in community medicine, including current public health issues, research methodologies, and ethical considerations.

- [ ] 1   - [ ] 2      - [ ] 3      ✓ - [ ] 4      - [ ] 5

- Comments:

### D) Spotters and Statistical Exercises:

1. The spotter stations provided an opportunity to apply theoretical knowledge to practical scenarios effectively.

- [ ] 1   - [ ] 2      - [ ] 3      - [ ] 4      ✓ - [ ] 5

- Comments:

2. The statistical exercises were relevant and challenging, testing understanding and application of statistical methods in public health research.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      ✓ - [ ] 5

- Comments:

### E) Uniformity in Examination:

1. The examination process was uniform across all students, with consistent evaluation criteria and standards applied.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      ✓ - [ ] 5

- Comments:

### F) Bias by Examiners:

1. I did not perceive any bias from the examiners during the examination, and all students were treated fairly and objectively.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      ✓ - [ ] 5

- Comments:

all Assessment  
Overall, I found the  
- [ ] Very Poor  
- [ ] Poor

Overall Assessment:

Overall, I found the Community Medicine Practical Examination to be:

- Very Poor
- Poor
- Average
- Good
- Excellent

\*Additional Comments or Suggestions for Improvement:\*

Everything was good.

Thank you for your participation! Your feedback is invaluable in helping us enhance our examination process.

*Ushant*  
Signature of student



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर  
(जनऔषधवैद्यकशासत्र विभाग)

जा.क्र.वि.दे.शा.वै.म.ला./जनऔषधवैद्यकशासत्र विभाग/

/२०२५

दिनांक १३/१२/२०२५

## Student Feedback Form - Community Medicine Practical Examination

Dear Students,

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### \*Instructions:\*

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[1] Very Poor, [2] Poor, [3] Average, [4] Good, [5] Excellent

- Feel free to provide additional comments or suggestions for improvement at the end of the form.

### A) OSCE (Objective Structured Clinical Examination) Questions:

1. The OSCE stations were relevant to the topics covered in the course, covering a wide range of community medicine aspects such as preventive healthcare, epidemiology, and health promotion.

- [ ] 1      - [ ] 2      - [ ] 3      - [x] 4      - [ ] 5

- Comments:

2. The instructions provided at each OSCE station were clear and easy to understand, and the questions were diverse, including observation-based, patient interaction, and interpretation of epidemiological data.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [x] 5

- Comments:

3. The examiners were fair and unbiased in their assessment, ensuring all students were evaluated equally regardless of their background or previous performance.

- [ ] 1    - [ ] 2      - [ ] 3      - [ ] 4      - [x] 5

- Comments:

4. The time allocated for each OSCE station was sufficient, allowing adequate time for students to complete the tasks without feeling rushed.

- [ ] 1    - [ ] 2      - [ ] 3      - [x] 4      - [ ] 5

- Comments:

### B) OSPE (Objective Structured Practical Examination) Questions:

1. The OSPE stations provided a comprehensive assessment of practical skills, covering areas such as health education, data analysis, and community diagnosis.

- [ ] 1      - [ ] 2      - [ ] 3      - [x] 4      - [ ] 5

- Comments:

2. The equipment and resources provided at each OSPE station were adequate, allowing students to demonstrate their skills effectively.

-  1      -  2      -  3      -  4      -  5

- Comments:

3. The examiners effectively communicated the expectations at each OSPE station, providing clear guidance on the tasks to be performed and the criteria for evaluation.

-  1      -  2      -  3      -  4      -  5

- Comments:

4. The OSPE stations were reflective of real-world scenarios, simulating situations that students may encounter in their future practice of community medicine.

-  1      -  2      -  3      -  4      -  5

- Comments:

### C) Content of Viva Voce:

1. The viva voce session covered a wide range of topics in community medicine, including current public health issues, research methodologies, and ethical considerations.

-  1    -  2      -  3      -  4      -  5

- Comments:

### D) Spotters and Statistical Exercises:

1. The spotter stations provided an opportunity to apply theoretical knowledge to practical scenarios effectively.

-  1    -  2      -  3      -  4      -  5

- Comments:

2. The statistical exercises were relevant and challenging, testing understanding and application of statistical methods in public health research.

-  1      -  2      -  3      -  4      -  5

- Comments:

### E) Uniformity in Examination:

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-  1      -  2      -  3      -  4      -  5

- Comments:

### F) Bias by Examiners:

1. I did not perceive any bias from the examiners during the examination, and all students were treated fairly and objectively.

-  1      -  2      -  3      -  4      -  5

- Comments:

Overall  
Overall  
Overall

Students t  
**Overall Assessment:**

Overall, I found the Community Medicine Practical Examination to be:

- Very Poor
- Poor
- Average
- Good
- Excellent

\*Additional Comments or Suggestions for Improvement:\*

Thank you for your participation! Your feedback is invaluable in helping us enhance our examination process.

*Niharika*  
Signature of student  
Niharika Sharma.



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर  
(जनऔषधवैद्यकशास्त्र विभाग)

जा.क्र.वि.दे.शा.वै.म.ला./जनऔषधवैद्यकशास्त्र विभाग/ /२०२५ दिनांक १२/१२/२०२५

## Student Feedback Form - Community Medicine Practical Examination

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- Feel free to provide additional comments or suggestions for improvement at the end of the form.

### A) OSCE (Objective Structured Clinical Examination) Questions:

1. The OSCE stations were relevant to the topics covered in the course, covering a wide range of community medicine aspects such as preventive healthcare, epidemiology, and health promotion.

- [ ] 1      - [ ] 2      - [ ] 3      - [x] 4      - [ ] 5

- Comments:

2. The instructions provided at each OSCE station were clear and easy to understand, and the questions were diverse, including observation-based, patient interaction, and interpretation of epidemiological data.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [x] 5

- Comments:

3. The examiners were fair and unbiased in their assessment, ensuring all students were evaluated equally regardless of their background or previous performance.

- [ ] 1    - [ ] 2      - [ ] 3      - [x] 4      - [ ] 5

- Comments:

4. The time allocated for each OSCE station was sufficient, allowing adequate time for students to complete the tasks without feeling rushed.

- [ ] 1    - [ ] 2      - [ ] 3      - [ ] 4      - [x] 5

- Comments:

### B) OSPE (Objective Structured Practical Examination) Questions:

1. The OSPE stations provided a comprehensive assessment of practical skills, covering areas such as health education, data analysis, and community diagnosis.

- [ ] 1      - [ ] 2      - [ ] 3      - [x] 4      - [ ] 5

- Comments:

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-  1      -  2      -  3      -  4      -  5

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- Comments:

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-  1      -  2      -  3      -  4      -  5

- Comments:

### C) Content of Viva Voce:

1. The viva voce session covered a wide range of topics in community medicine, including current public health issues, research methodologies, and ethical considerations.

-  1    -  2      -  3      -  4      -  5

- Comments:

### D) Spotters and Statistical Exercises:

1. The spotter stations provided an opportunity to apply theoretical knowledge to practical scenarios effectively.

-  1    -  2      -  3      -  4      -  5

- Comments:

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-  1      -  2      -  3      -  4      -  5

- Comments:

### E) Uniformity in Examination:

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-  1      -  2      -  3      -  4      -  5

- Comments:

### F) Bias by Examiners:

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-  1      -  2      -  3      -  4      -  5

- Comments:

**Overall Assessment:**

. Overall, I found the Community Medicine Practical Examination to be:

- Very Poor
- Poor
- Average
- Good
- Excellent

\*Additional Comments or Suggestions for Improvement:\*

Thank you for your participation! Your feedback is invaluable in helping us enhance our examination process.



Signature of student

Mugale Himanshu Ranaji



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर  
(जनऔषधवैद्यकशास्त्र विभाग)

जा.क.वि.दे.शा.वै.म.ला./जनऔषधवैद्यकशास्त्र विभाग/

/२०२५

दिनांक १६/१२/२०२५

**Student Feedback Form - Community Medicine Practical Examination**

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- Feel free to provide additional comments or suggestions for improvement at the end of the form.

**A) OSCE (Objective Structured Clinical Examination) Questions:**

1. The OSCE stations were relevant to the topics covered in the course, covering a wide range of community medicine aspects such as preventive healthcare, epidemiology, and health promotion.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

2. The instructions provided at each OSCE station were clear and easy to understand, and the questions were diverse, including observation-based, patient interaction, and interpretation of epidemiological data.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

3. The examiners were fair and unbiased in their assessment, ensuring all students were evaluated equally regardless of their background or previous performance.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

4. The time allocated for each OSCE station was sufficient, allowing adequate time for students to complete the tasks without feeling rushed.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

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1. The OSPE stations provided a comprehensive assessment of practical skills, covering areas such as health education, data analysis, and community diagnosis.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

2. The equipment and resources provided at each OSPE station were adequate, allowing students to demonstrate their skills effectively.

-  1      -  2      -  3      -  4      -  5

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- Comments:

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1. The viva voce session covered a wide range of topics in community medicine, including current public health issues, research methodologies, and ethical considerations.

-  1    -  2      -  3      -  4      -  5

- Comments:

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-  1    -  2      -  3      -  4      -  5

- Comments:

2. The statistical exercises were relevant and challenging, testing understanding and application of statistical methods in public health research.

-  1      -  2      -  3      -  4      -  5

- Comments:

### E) Uniformity in Examination:

1. The examination process was uniform across all students, with consistent evaluation criteria and standards applied.

-  1      -  2      -  3      -  4      -  5

- Comments:

### F) Bias by Examiners:

1. I did not perceive any bias from the examiners during the examination, and all students were treated fairly and objectively.

-  1      -  2      -  3      -  4      -  5

- Comments:

Following students  
clear

**Final Assessment:**

Overall, I found the Community Medicine Practical Examination to be:

- Very Poor
- Poor
- Average
- Good
- Excellent

**\*Additional Comments or Suggestions for Improvement:\***

Thank you for your participation! Your feedback is invaluable in helping us enhance our examination process.



Signature of student

Piyush Prabhakar Pawar



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर  
(जनऔषधवैद्यकशासत्र विभाग)

जा.क्र.वि.दे.शा.वै.म.ला./जनऔषधवैद्यकशासत्र विभाग/

/२०२५

दिनांक १६/१२/२०२५

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- Feel free to provide additional comments or suggestions for improvement at the end of the form.

#### A) OSCE (Objective Structured Clinical Examination) Questions:

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- [ ] 1      - [X] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

2. The instructions provided at each OSCE station were clear and easy to understand, and the questions were diverse, including observation-based, patient interaction, and interpretation of epidemiological data.

- [ ] 1      - [ ] 2      - [X] 3      - [ ] 4      - [ ] 5

- Comments:

3. The examiners were fair and unbiased in their assessment, ensuring all students were evaluated equally regardless of their background or previous performance.

- [ ] 1      - [ ] 2      - [X] 3      - [ ] 4      - [ ] 5

- Comments:

4. The time allocated for each OSCE station was sufficient, allowing adequate time for students to complete the tasks without feeling rushed.

- [ ] 1      - [ ] 2      - [ ] 3      - [ ] 4      - [X] 5

- Comments:

#### B) OSPE (Objective Structured Practical Examination) Questions:

1. The OSPE stations provided a comprehensive assessment of practical skills, covering areas such as health education, data analysis, and community diagnosis.

- [ ] 1      - [X] 2      - [ ] 3      - [ ] 4      - [ ] 5

- Comments:

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-  1    -  2    -  3    -  4    -  5

- Comments:

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-  1    -  2    -  3    -  4    -  5

- Comments:

4. The OSPE stations were reflective of real-world scenarios, simulating situations that students may encounter in their future practice of community medicine.

-  1    -  2    -  3    -  4    -  5

- Comments:

### C) Content of Viva Voce:

1. The viva voce session covered a wide range of topics in community medicine, including current public health issues, research methodologies, and ethical considerations.

-  1    -  2    -  3    -  4    -  5

- Comments:

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1. The spotter stations provided an opportunity to apply theoretical knowledge to practical scenarios effectively.

-  1    -  2    -  3    -  4    -  5

- Comments:

2. The statistical exercises were relevant and challenging, testing understanding and application of statistical methods in public health research.

-  1    -  2    -  3    -  4    -  5

- Comments:

### E) Uniformity in Examination:

1. The examination process was uniform across all students, with consistent evaluation criteria and standards applied.

-  1    -  2    -  3    -  4    -  5

- Comments:

### F) Bias by Examiners:

1. I did not perceive any bias from the examiners during the examination, and all students were treated fairly and objectively.

-  1    -  2    -  3    -  4    -  5

- Comments:

Overall Assessment  
Overall, I found  
-  Very Poor  
-  Poor  
-  Fair  
-  Good  
-  Excellent

the students to

Overall Assessment:

Overall, I found the Community Medicine Practical Examination to be:

- Very Poor
- Poor
- Average
- Good
- Excellent

\*Additional Comments or Suggestions for Improvement:\*

Thank you for your participation! Your feedback is invaluable in helping us enhance our examination process.

Rahul

Signature of student

Rahul Jangid



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर  
(जनऔषधवैद्यकशास्त्र विभाग)

जा.क्र.वि.दे.शा.वै.म.ला./जनऔषधवैद्यकशास्त्र विभाग/

/२०२५

दिनांक १७/१२/२०२५

**Examiners Feedback Form - Community Medicine Subject**

Dear Examiners,

Thank you for your participation in conducting the Community Medicine examination. Your feedback is essential for maintaining the quality and fairness of our assessment process. Please take a few moments to provide your insights and suggestions regarding various aspects of the examination. Your responses will help us improve our procedures and enhance the learning experience for students.

**A) Examination Notice and Preparation:**

1. Were you adequately informed about the examination schedule, format, and expectations prior to the examination day?

Yes -  No

- Comments:

2. Did you have sufficient time to prepare for your role as an examiner?

Yes -  No

- Comments:

**B) Examination Atmosphere:**

3. How would you rate the overall atmosphere of the examination hall/venue?

-  Excellent -  Good -  Average -  Poor -  Very Poor

- Comments:

4. Were the facilities and resources provided during the examination adequate (e.g., seating arrangements, equipment, stationery)?

Yes -  No

- Comments:

**C) Students' Level and Involvement:**

5. How would you rate the level of preparedness and engagement of the students during the examination?

-  Excellent -  Good -  Average -  Poor -  Very Poor

- Comments:

6. Did the students demonstrate satisfactory aptitude and problem-solving skills relevant to the subject matter?

Yes -  No

- Comments:

7. Were the students actively involved in the examination process (e.g., asking questions, seeking clarification)?

Yes -  No

- Comments:

#### D) Coverage of Topics:

8. Do you believe that the examination covered all essential topics outlined in the course curriculum?

Yes -  No

- Comments:

9. Did the examiners ensure that questions and tasks assessed a broad range of knowledge and skills in community medicine?

Yes -  No

- Comments:

#### E) Adherence to Guidelines:

10. Did the examiners follow the guidelines provided by the university or relevant governing body for conducting the examination?

Yes -  No

- Comments:

#### F) Nature and Relevance of Questions:

11. Were the questions asked by examiners in OSCE, OSPE, spotters, statistical exercises, and viva voce relevant to the course content and objectives?

Yes -  No

- Comments:

12. Were the instructions provided by the examiners clear and easy to understand during all assessment components?

Yes -  No - Comments:

#### G) Viva Voce Conducted by Examiners:

13. Did the viva voce session effectively assess students' understanding of theoretical concepts and their ability to apply them in real-world scenarios?

Yes -  No

- Comments:

14. How would you rate the overall performance of students in the viva voce session?

-  Excellent -  Good -  Average -  Poor -  Very Poor

- Comments:

#### H) Students' Performance in OSCE, OSPE, Spotters, and Statistical Exercises:

15. How would you rate the performance of students in OSCE stations?

-  Excellent -  Good -  Average -  Poor -  Very Poor

- Comments:

How would you rate the performance of students in OSPE stations?

Excellent  Good -  Average -  Poor -  Very Poor

- Comments:

17. Were the students able to successfully complete the spotters and statistical exercises?

Yes

-  No

- Comments:

#### I) Bias and Unfair Means:

18. Did you observe any instances of bias or favouritism towards certain students during the examination?

-  Yes  No - Comments:

19. Were there any indications of students resorting to unfair means or cheating during the examination?

-  Yes  No

- Comments:

#### J) Overall Assessment:

20. Overall, how would you rate the conduct of the Community Medicine examination?

-  Excellent -  Good -  Average -  Poor -  Very Poor

- Comments:


#### K) Suggestions for Improvement:

21. Do you have any suggestions or recommendations for improving future Community Medicine examinations?

-  Yes  No

- Comments:

Thank you for taking the time to provide your feedback. Your input is invaluable in enhancing the quality and fairness of our examination process.

  
Signature of examiner Dr. SK Wadde



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर  
(जनऔषधवैद्यकशास्त्र विभाग)

जा.क्र.वि.दे.शा.वै.म.ला./जनऔषधवैद्यकशास्त्र विभाग/

/२०२५

दिनांक १३/१२/२०२५

**Examiners Feedback Form - Community Medicine Subject**

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**A) Examination Notice and Preparation:**

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Yes -  No

- Comments:

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Yes -  No

- Comments:

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3. How would you rate the overall atmosphere of the examination hall/venue?

Excellent  Good  Average  Poor  Very Poor

- Comments:

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- Comments:

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- Comments:

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...would you rate the performance of students in OSPE stations?  
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Comments:

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-  Yes

-  No

- Comments:

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- Comments:

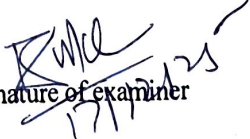
**K) Suggestions for Improvement:**

21. Do you have any suggestions or recommendations for improving future Community Medicine examinations?

-  Yes -  No

- Comments:

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Signature of examiner



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर  
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/२०२५

दिनांक ११/१२/२०२५

**Examiners Feedback Form - Community Medicine Subject**

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**A) Examination Notice and Preparation:**

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- Comments:

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-  Yes -  No

- Comments:

**B) Examination Atmosphere:**

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- Comments:

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#### D) Coverage of Topics:

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- Comments:

#### E) Adherence to Guidelines:

10. Did the examiners follow the guidelines provided by the university or relevant governing body for conducting the examination?

-  Yes -  No

- Comments:

#### F) Nature and Relevance of Questions:

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#### G) Viva Voce Conducted by Examiners:

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Comments:

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Signature of examiner



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/२०२५

दिनांक १०/१२/२०२५

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-----

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- Comments:

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- Comments:

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- Comments:

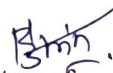
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Signature of examiner