

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 : 11.12.2025 to 13.12.2025 (Panel 1)

SL	Name	Official address	Mobile No.	email address
1.	Dr. Namrata Abhijit Acharya	Department of Community Medicine, VDGMC, Latur	9823714836	drnamratathakur@gmail.com
2.	Dr. Bharatbhushan Bhaurao Telang	Department of Community Medicine, VDGMC, Latur	8767283940	bhushanbtelang09@gmail.com
3.	Dr. Wadde Satish Kishanrao	Department of Community Medicine, GMC, Nandurbar	9422070861	skwadde@gmail.com
4.	Dr. Amit Jagdish Jogdande	Department of Community Medicine, GMC, Gondia	7089664500	amit.jogdande1111@gmail.com

Dr. Namrata
13.12.25

Amr
13/12/25

Amr
13/12/2025

Amr
12/12/25

1. ASSESSORS

Assessment order/letter number:

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

1. REPORT OF PREVIOUS ASSESSMENT

Deficiencies pointed out in the last Assessment/ if any	Remarks

A. Scheme of Examination

	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	
Grand Total :	300	150

Shah
13.12.25

Arms
13/12/25

Q. m. d. r.
13/12/2025

B. J. /
13/12/25

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

Shakur
13/12/25

Ann
13/12/25

3

Amol
13/12/2025

Bhim
13/12/25

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 mins
4. Skill assessment- 4 mins 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
Dr. Namrata Abhijit Acharya MBBS., MD (PSM)	Associate Professor	13 years
Dr. Bharatbhushan Bhaurao Telang MBBS., MD (PSM)	Assistant Professor	7 years 6 months
Dr. Wadde Satish Kishanrao MBBS., MD (PSM)	Associate Professor	20 years
Dr. Amit Jagdish Jogdande MBBS., MD (PSM)	Associate Professor	10 years 4 months

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

Date	Batch	No. of students
11/12/2025	A	26
12/12/2025	B	25
13/12/2025	C	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)

Remarks- Examiners are randomly appointed by MUHS Nashik to different MUHS Affiliated medical colleges and appointments are confidential.

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

Blaker
13/12/25

Amr
13/12/25

Amr
13/12/25

Blaker
13/12/25

- i) Date and time when the examination was inspected by the assessors
Remarks- 11/12/2025 to 13/12/2025 at 8.30 AM onwards
- j) Are the invigilation arrangements satisfactory? **Yes**
- k) No. of candidates appeared. **76**
- 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**
 - c. Was the discussion fair, searching and sufficient for the assessment of practical knowledge and skills? **Yes**

Shaker
13.12.25

Amr
13/12/25

5

Comdr
13/12/2025

Shah
13/12/25

- 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.
3. What was the standard? (On a scale of 10 where 0 = Very poor and 10 = Outstanding).

8

Shalini
13.12.25

Amu
13/12/25

Amu
13/12/25

Amu
13/12/25

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? **76**
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.

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.

Shakun
13/12/25

Pravin
13/12/25

7

Sanjay
13/12/25

Pravin
13/12/25



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Winter - 2025 Phase - II Theory Examinations Time Table

MUHS Third Year MBBS (OLD & 2019) and PG Courses University Theory Examinations



MUHS

Day	Date	Time	Course	Subject	Sub. Code
THIRD (I) MBBS (OLD)					
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
THIRD (I) MBBS (2019)					
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

@AtiqueDon

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	11/12/2025	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.क.वि.दे.शा.वै.म.ला./जनऔषधवैद्यकशास्त्र विभाग/ 820/2025

दिनांक 08/12/2025

Notice

उपरोक्त विषयान्वये MUHS Nashik IIIIst Year (UG-Winter-2025) विद्यापीठ प्रात्याक्षिक परिक्षा खालील विवरणपत्रात नमुद केलेल्या वेळापत्रकानुसार जनऔषधवैद्यकशास्त्र विभागात घेण्यात येणार आहे.

त्या अनुषंगाने IIIIst Year सर्व विद्यार्थ्यांना सुचित करण्यात येते की, आपआपल्या परिक्षेच्या दिवसी सकाळी ठीक 8:15 am sharp जनऔषधवैद्यकशास्त्र विभागात उपस्थित राहावे व परिक्षेस कोणत्याही प्रकारचे इलेक्ट्रिकल उपकरण (उदा. स्मार्ट फोन, स्मार्ट घडयाळ, इतर इलेक्ट्रिकल उपकरण) आणण्यास सक्त मनाई आहे. तसेच सर्व विद्यार्थ्यांनी गणकयंत्र (Calculator) सोबत आणावे.

Subject	Exam Date	Batch	Seat Numbers	Total
Community Medicine	11-12-2025	Batch- A	102775 to 102800	26
	12-12-2025	Batch- B	102801 to 102827	26
	13-12-2025	Batch- C	102828 to 102852	24

Practical Centre Incharge
& Convenor,

Shaker
8-12-25

Dr. N.A.Acharya,
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.

आवक विभाग
विलासराव देशमुख शासकीय वैद्यकीय
(महाविद्यालय), लातूर.
दिनांक : 08/12/2025

Shaker
9-12-25

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
17.1	Health care of the community Health care to community Visit to primary/secondary health facility
17.2	Role of physician in health care delivery- Integration with AETCOM module 1.1 What does it mean to be doctor? Community diagnosis
17.3	Primary Health Care- Def, Principles
17.4	National Health Policies , MIDGs
17.5	SDG- Current national / state level status of health Indicators 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					
Seat No.	Speeterns	Statistical Et	Practical		Total
			Clinicoepidemiological case	Skill assessment (10 skills) *	
	20	20	20	20	100

* As per MCI competency based document

Method of Clinico epidemiological Case evaluation

Sr.no.	Head	Marks allotted
	Identifying and socio demographic information (with house landmark, facilities for health care)	05
	Present and past illness history (with risk factors , exposures)	05
	Environmental , behavioural and family information	05
	Demonstration of relevant clinical signs/skills	05
	Management plan and relevant control measures at individual, family and community level	05
	Total	20

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 worker.
- 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)

Ref.No.MUHS/Pract/Appt/338281/2025

CONFIDENTIAL

Date: 05-Dec-2025

To,
 DR. THAKUR NAMRATA ARVIND
 Vilasrao Deshmukh Government Medical College, Latur
 (9823714836, dmamratathakur@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

Examiners | PR Appointments / Assignments

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., NAGAONKAR AJIT SHRIPAL, 9423078393, ajit101064@gmail.com, 21-Non-Accepted, , Vilasrao Deshmukh Government Medical College, Latur</p> <p>Practical Ext. Examiner (1), DR., Pardal Maninder Pal, 9945699381, ltcolpmsingh@yahoo.com, 21-Non-Accepted, , Armed Forces Medical College, Pune</p> <p>Practical Ext. Examiner (1), DR., WADDE SATISH KISHANRAO, 9422070861, skwadde@yahoo.co.in, 11-Accepted, , Government Medical College, Nandurbar</p> <p>Practical Ext. Examiner (2), DR., JOGDANDE AMIT JAGDISH, 7089664500, amitjogdande@yahoo.com, 11-Accepted, , Government Medical College, Gondia</p> <p>Practical Int. Examiner (1), DR., V. M. HOLAMBE, 9850056648, drmandinidole@gmail.com, 21-Non-Accepted, , Vilasrao Deshmukh Government Medical College, Latur</p> <p>Practical Int. Examiner (1), DR., BHARATBHUSHAN TELANG, 9561493149, bhushanbtelang09@gmail.com, 00-Issued, , Vilasrao Deshmukh Government Medical College, Latur</p>	11-12-2025 to 11-12-2025	If applicable

Thanking you.

Yours,

Sd/-

Controller of Examinations

Ref.No.MUHS/Pract/Appt/338282/2025

CONFIDENTIAL

Date: 05-Dec-2025

To,
 DR. THAKUR NAMRATA ARVIND
 Vilasrao Deshmukh Government Medical College, Latur
 (9823714836, drmamratathakur@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

Examiners | PR Appointments / Assignments

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., NAGAONKAR AJIT SHRIPAL, 9423078393, ajit101064@gmail.com, 21-Non-Accepted, , Vilasrao Deshmukh Government Medical College, Latur</p> <p>Practical Ext. Examiner (1), DR., Pardal Maninder Pal, 9945699381, ltcolpmsingh@yahoo.com, 21-Non-Accepted, , Armed Forces Medical College, Pune</p> <p>Practical Ext. Examiner (1), DR., WADDE SATISH KISHANRAO, 9422070861, skwadde@yahoo.co.in, 11-Accepted, , Government Medical College, Nandurbar</p> <p>Practical Ext. Examiner (2), DR., JOGDANDE AMIT JAGDISH, 7089664500, amit.jogdande@yahoo.com, 11-Accepted, , Government Medical College, Gondia</p> <p>Practical Int. Examiner (1), DR., V. M. HOLAMBE, 9850056648, dmandinidole@gmail.com, 21-Non-Accepted, , Vilasrao Deshmukh Government Medical College, Latur</p> <p>Practical Int. Examiner (1), DR., BHARATBHUSHAN TELANG, 9561493149, bhushanbtelang09@gmail.com, 00-Issued, , Vilasrao Deshmukh Government Medical College, Latur</p>	12-12-2025 to 12-12-2025	If applicable

Thanking you.

Yours,

Sd/-

Controller of Examinations

Ref.No.MUHS/Pract/Appt/338283/2025

CONFIDENTIAL

Date: 05-Dec-2025

To,
 DR. THAKUR NAMRATA ARVIND
 Vilasrao Deshmukh Government Medical College, Latur
 (9823714836, drmamratathakur@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

Examiners | PR Appointments / Assignments

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., NAGAONKAR AJIT SHRIPAL, 9423078393, ajit101064@gmail.com, 21-Non-Accepted, , Vilasrao Deshmukh Government Medical College, Latur</p> <p>Practical Ext. Examiner (1), DR., Pardal Maninder Pal, 9945699381, ltcolpmsingh@yahoo.com, 21-Non-Accepted, , Armed Forces Medical College, Pune</p> <p>Practical Ext. Examiner (1), DR., WADDE SATISH KISHANRAO, 9422070861, skwadde@yahoo.co.in, 11-Accepted, , Government Medical College, Nandurbar</p> <p>Practical Ext. Examiner (2), DR., JOGDANDE AMIT JAGDISH, 7089664500, amit.jogdande@yahoo.com, 11-Accepted, , Government Medical College, Gondia</p> <p>Practical Int. Examiner (1), DR., V. M. HOLAMBE, 9850056648, drmandinidole@gmail.com, 21-Non-Accepted, , Vilasrao Deshmukh Government Medical College, Latur</p> <p>Practical Int. Examiner (1), DR., BHARATBHUSHAN TELANG, 9561493149, bhushanbtelang09@gmail.com, 00-Issued, , Vilasrao Deshmukh Government Medical College, Latur</p>	13-12-2025 to 13-12-2025	If applicable

Thanking you.

Yours,

Sd/-

Controller of Examinations

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

Total present - 26
Absentee - 0.
Started - 8:30 am
Ended - 9: am.

Time: 20 min

Spotters - Set II

Total Marks: 20

All questions are compulsory.
Each question carries 2 marks

Spot 1 - Salt Sample

1. What is the minimum iodine content at consumer level?
2. Mention two diseases caused by iodine deficiency.

Spot 2 - Hard Tick

1. Mention two diseases transmitted by Hard Tick.
2. What is trans-stadial transmission?

Spot 3 - Male Condom

1. Mention two uses.
2. What is its failure rate?

Spot 4 - Vitamin A Solution

1. Write the dose for a 2-year-old child.
2. Mention two signs of deficiency.

Spot 5 - Albendazole Tablet

1. Mention its dose in school-aged children.
2. Name the national program that uses this medicine.

Spot 6 - MCP Card (Mother-Child Protection)

1. Mention two uses.
2. How does it help in maternal and child care?

Spot 7 - Sling Psychrometer

1. Identify the instrument and its use.
2. Why is there a difference in temperature readings?

Shalini
11/12/25

Amr
11/12/25

Amr
11/12/25

Amr
11/12/25

Spot 8 – Rapid Sand Filter (Image)

1. Identify the water purification method.
2. List the steps involved.

Spot 9 – Face Mask (N-95)

1. What does "95" indicate?
2. Mention two scenarios where it is useful.

Spot 10 – Cigarette Packet

1. What is the mode of communication used?
2. Mention two harmful effects of smoking.

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

Statistical Exercise – Set III

Time: 30 min

Total Marks: 20

All questions are compulsory.
Each question carries 4 marks

Q1. BMI scores of 8 girls are:
18, 19, 22, 24, 26, 22, 30, 32
Calculate **mean, median, mode** and comment.

Q2. Two BP measuring instruments have SD:
Device A → 8 mmHg; Device B → 2 mmHg.
Which device is more reliable? Explain statistically.

Q3. A new iron supplement was tested:

Group	Improved	Not Improved	Total
Test	55	25	80
Control	35	45	80

Calculate the **relative risk (RR)** of improvement in the Test group compared to the Control group and interpret the result

Q4. Plot an appropriate chart for:

Type of delivery	Count
Normal	120
Assisted	30
Caesarean	70

Q5. Identify whether the variable is **quantitative** or **qualitative**:

- Age in years
- Number of hospital beds
- Educational status
- Heart rate

Shalini
11.12.25

Anny
11/12/25

Amal
11/12/2025

Shobha
11/12/25

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

Skill Assessment – Set I

Time: 30 min

Total Marks: 20

All questions are compulsory.
Each question carries 2 marks

1. A 24-year-old ANC mother is in her third trimester. On examination, her Hb level is 8 g%.
What advice will you give regarding anemia?
2. A 22-year-old lactating mother complains of feeling weak. Her weight is 48 kg and height is 150 cm. Provide dietary advice with calorie and protein needs.
3. A 45-year-old male smoker with a history of hypertension and sedentary lifestyle comes for health check-up. What lifestyle modifications will you suggest?
4. What key messages will you give to parents attending immunization session for a 6-month-old child regarding vaccine-preventable diseases?
5. In a village, well contains 1,60,000 liters of water. Horrock's test turns blue in 2nd cup. Calculate bleaching powder required.
6. Calculate BMI for a female aged 30 years, height 162 cm, weight 85 kg, and interpret.
7. A person is advised for sputum examination for TB. What instructions will you give regarding early morning sample collection?
8. Tabulated data is given. Present it graphically:

Occupation	N (%)
Teacher	30
Labourer	50
Shopkeeper	20

9. A 60-year-old male died of pneumonia post COVID-19 infection. He had DM for 10 years.
Write:
 - Underlying cause of death
 - Other significant conditions
10. How will you perform triage in a mass casualty situation due to building collapse?

Shaker
11/12/25

Amr
11/12/25

Amr
11/12/25

Amr
11/12/25

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

Spotters – Set III

Time: 20 min

Total Marks: 20

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

Spot 1 – Red Gram (Pulse)

1. Mention toxin present and related disease.
2. Give two preventive measures.

Spot 2 – Sanitary Open Well (Image)

1. Describe two features.
2. List two waterborne diseases.

Spot 3 – Shakir's Tape

1. Identify and explain color codes.
2. How is it used in health assessment?

Spot 4 – Blue Bag (BMW)

1. What waste is discarded here?
2. What symbols are printed on the bag?

Spot 5 – Saheli Tablet

1. What is the mechanism of action?
2. How is it used and its side effects?

Spot 6 – Rat Flea

1. Mention two diseases transmitted by Rat flea.
2. Mention two control measures against it.

Spot 7 – Oral Polio Vaccine Vial

1. Write schedule, dose, route, and site.
2. Give two advantages.

Shaker
12.12.25

Amn
12/12/25

Bmm
12/12/25

Chander
12/12/25

Spot 8 – MDT Blister Pack

1. Define paucibacillary leprosy.
2. Mention the treatment schedule.

Spot 9 – Bleaching Powder

1. Mention percentage of available chlorine.
2. Describe storage conditions.

Spot 10 – Simple Bar Graph

1. Identify and list uses.
2. Mention different types.

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

Statistical Exercise – Set I

Time: 30 min

Total Marks: 20

All questions are compulsory.
Each question carries 4 marks

Q1. The daily outpatient attendance in a PHC for 12 days was:
 45, 52, 60, 49, 55, 58, 120, 65, 66, 53, 61, 54
 Calculate **mean, median and mode**.
 Which indicator best describes the dataset?

Q2. Mean systolic BP of adults in a village is 135 ± 15 mmHg (SD).
 Mean diastolic BP is 85 ± 10 mmHg (SD).
 Using **coefficient of variation**, determine which measurement is more variable.

Q3. A screening test for diabetes was compared with the gold standard. Results were:

Test Result	Diabetes Present	Diabetes Absent	Total
Test Positive	80	20	100
Test Negative	40	160	200
Total	120	180	300

Calculate the **sensitivity and specificity** of the screening test

Q4. Plot a suitable graph for the following data on neonatal deaths reported in 2024:

Month	Neonatal Deaths
January	5
February	4
March	6
April	3

Q5. Identify whether the variable is **quantitative** or **qualitative**:

- Birth weight
- Number of children in family
- Religion
- Type of cooking fuel used

Shalini
12.12.25

Anus
12/12/25

Arjun
12/12/25

Amey
12/12

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

Time: 30 min

Skill Assessment – Set III

Total Marks: 20

All questions are compulsory.
Each question carries 2 marks

1. A postnatal mother is hesitant to breastfeed due to myths. How will you educate her on benefits of breastfeeding?
2. A 26-year-old ANC mother weighs 60 kg. She is a working woman. Calculate her daily energy and protein requirement.
3. How will you counsel a 60-year-old diabetic patient with recent foot ulcer on discharge?
4. Given values: Turbidity – 5 NTU, pH – 8.5, TDS – 600 mg/L. Comment on potability.
5. A 40-year-old female, height 160 cm, weight 95 kg. Calculate BMI and interpret.
6. Dependency ratio of two nations:
Country A – 50%
Country B – 20%
Interpret in context of health care needs.
7. In a village, well contains 1,90,000 litres of water. Horrock's test turns blue in 3rd cup. Calculate bleaching powder required.
8. Before immunization session, what steps should ANM take for cold chain and vaccine vial checks?
9. Draft a talk for factory workers in pesticide plant about occupational health hazards and preventive care.
10. Create a frequency distribution table (exclusive class) for:
9, 10, 11, 11, 13, 14, 14, 16, 17, 18, 20, 22, 22, 24, 25

Shaker
12.12.25

Anam
12/12/25

Bimh
14/12/25

Chok
12/12

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

Spotters – Set I

Time: 20 min

Total Marks: 20

All questions are compulsory.
Each question carries 2 marks

Spot 1 – RCH Card (MCP Card)

1. Identify the tool shown.
2. Mention any two services recorded in this card.

Spot 2 – Mosquito Larva

1. Mention any two diseases transmitted by Aedes mosquito.
2. Mention one larval control and one adult control measure.

Spot 3 – ORS Packet

1. Mention its standard composition.
2. State two indications for its use in under-5 children.

Spot 4 – Iceberg Phenomenon (Pictorial Representation)

1. Identify and define the concept.
2. Mention two examples of diseases that follow this phenomenon.

Spot 5 – Vaccine Vial Monitor (VVM)

1. What does VVM indicate?
2. How is it interpreted?

Spot 6 – BMI Chart

1. Identify the tool.
2. How do you classify BMI for an adult using this chart?

Spot 7 – Biohazard Sign

1. Identify the item and its purpose.
2. Which level of waste does this symbol relate to?

Spot 8 – Handwashing Steps (Picture Chart)

1. Identify the public health practice.
2. Write any two key steps involved in proper hand hygiene.

Shahar
13.12.25

Bhish
13/12/25

Mur
13/12/25

Chadler
13/12/25

Spot 9 – Dengue Test Strip / NS1 Kit

1. Identify the test.
2. Mention one limitation and one indication for its use.

Spot 10 – Pie Chart (E.g., Causes of Infant Mortality)

1. Identify the type of chart.
2. Mention one advantage and one limitation of using it in public health communication.

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

Statistical Exercise – Set II

Time: 30 min

Total Marks: 20

All questions are compulsory.
Each question carries 4 marks

Q1. Calculate **range, mean deviation, and standard deviation** for:
12, 10, 15, 18, 20, 17, 16, 15, 19, 21
Interpret variability.

Q2. A study reported height of males = 170 ± 6 cm; females = 155 ± 4 cm.
Using coefficient of variation, state which group has greater variability.

Q3. Study comparing cure rate of 2 vaccines:

Vaccine	Cured	Not Cured	Total
A	127	23	150
B	135	15	150

Calculate the **proportion of success (cure rate)** for each vaccine and determine which vaccine shows better treatment effect

Q4. Use a suitable graph for monthly malaria cases:

Month	Cases
May	20
June	35
July	50
August	80

Q5. Identify whether the variable is **qualitative** or **quantitative**:

- Smoking status
- Pulse rate
- Blood group
- Family income

Shahar
13.12.25

Bhish
12/12/25

Amur
23/12/25

Sandeep
13/12/25

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

Skill Assessment – Set II

Time: 30 min

Total Marks: 20

All questions are compulsory.
Each question carries 2 marks

1. A mother visits OPD for her 9-month-old child's immunization. Advise her about complementary feeding and meal frequency.
2. A 20-year-old pregnant woman is non-compliant with IFA tablets. How will you counsel her?
3. A 60-year-old known diabetic belonging to upper-lower class (Modified Kuppuswamy) seeks diet advice. What will you suggest?
4. A 2-year-old child has acute diarrhoea. Demonstrate ORS preparation and explain home care.
5. What are the vector control methods for mosquitoes breeding in overhead tanks?
6. Calculate Broca's Index and interpret for a male aged 50, height 170 cm, weight 78 kg.
7. Draft a health talk to be given to nursing staff about sharp waste disposal in hospital.
8. Prepare frequency table (inclusive class) for data:
10, 12, 14, 15, 15, 16, 17, 18, 19, 19, 20, 22, 23, 24, 25
9. How will you counsel a couple recently married on temporary and permanent contraceptive options?
10. How will you communicate prognosis to relatives of a patient with terminal-stage cancer?

Shalun
13.12.25

Shalun
12/12/25

Amr
13/12/25

Amr
13/12/25

Allotment of Cases
For batch A - 11/12/25

S. no	Patient name	Diagnosis	Age /sex	Ward no / opd no	Allotted Roll no.
1	Animal bite	Animal bite	-	Opd no 119	102786
2	Anc	Anc	-	Opd no 24	102780
3	Animal bite	Animal bite	-	Opd no 119	102788
4	Anc	Anc	-	Opd no 24	102785
5	Animal bite	Animal bite	-	Opd no 119	102790
6	Anc	Anc	-	Opd no 24	102789
7	Animal bite	Animal bite	-	Opd no 119	102793
8	Anc	Anc	-	Opd no 24	102800
9	Sakshi Kanade	PNC	21/f	03	102783
10	Rajandini Dugale	PNC	20/f	03	102782
11	Akansha Surne	PNC	23/f	03	102778
12	Mohini Chavan	PNC	35/f	03	102799
13	Lata Donge	PNC	24/f	03	102797
14	Ashwini Awte	PNC	28/f	03	102787
15	Sneha Kamble	PNC	20/f	03	102781
16	Sushila Suryawanshi	DM	63/f	12	102784
17	Nikita Katmande	LRTI	25/f	12	102779
18	Yashoda Kanale	Anaemia	35/f	12	102796
19	Ranjodevi Jadav	AFI	44/f	12	102777
20	Pooja Devalte	Anaemia	13/f	12	102791
21	Maukawati More	HTN	42/f	12	102775
22	Shivrati Kamble	Pneumonia	2/m	7	102792
23	Swaraj Dhondane	Asthma	5/m	7	102798
24	Geeta Chandale	AGI	5/f	7	102794
25	Vitthal bai Janamle	HTN	70/f	11	102776
26	Ambadas Goldake	DM	47/m	9	102795

[Signature]
Dr N. A. Acharya
[Convener]


[Signature]
Dr. B. B. Telang
[Internal Examiner]


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


[Signature]
Dr. A. J. Jogdande
[External Examiner-2]


Allotment of Cases
For batch B - 12/12/25

S.no	Patient name	Diagnosis	Age /sex	Ward no / opd no	Allotted Roll no.
1	Animal bite	Animal bite	-	Opd no 119	102826
2	Anc	Anc	-	Opd no 24	102827
3	Animal bite	Animal bite	-	Opd no 119	102818
4	Anc	Anc	-	Opd no 24	102805
5	Animal bite	Animal bite	-	Opd no 119	102813
6	Anc	Anc	-	Opd no 24	102812
7	Animal bite	Animal bite	-	Opd no 119	102807
8	Anc	Anc	-	Opd no 24	102803
9	Seema Shaikh	PNC	23/f	03	102804
10	Poonam Pawar	PNC	35/f	03	102802
11	Swati Bhatane	PNC	30/f	03	NOT ALLOTTED (ABSENT)
12	Anuja Gawte	PNC	32/f	03	102808
13	Shahin bai Shaikh	HTN	34/f	12	102811
14	Shantabai Pukandewar	HTN	60/f	12	102817
15	Rukmini Mule	TB	42/f	11	102822
16	Shakuntala	LRTI	70/f	11	102815
17	Tukaram Sunpe	HTN	75/M	9	102814
18	Uttamrao Tamke	DM	60/M	9	102806
19	Anjana Muniyar	URTI	1/M	7	102821
20	Aadarsh Bhalerao	Pneumonia	7/M	7	102824
21	Yashoda Kanale	Anaemia	35/f	12	102820
22	Chayabai Bhosale	LRTI	39/f	11	102801
23	Sushila Suryawanshi	DM	63/f	12	102823
24	Swaraj dhondane	Asthama	5/m	7	102816
25	Geeta Chandale	AGI	5/F	7	102810


Dr. N. A. Acharya
[Convener]


Dr. B. B. Telang
[Internal Examiner]


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


Dr. A. J. Jogdande
[External Examiner-2]

ALLOTMENT OF CASES FOR BATCH "C" 13/12/2025

S.no	Patient name	Diagnosis	Age /sex	Ward no / opd no	Allotted Roll no.
1	Animal bite	Animal bite	-	Opd no 119	102834
2	Anc	Anc	-	Opd no 24	102845
3	Animal bite	Animal bite	-	Opd no 119	102842
4	Anc	Anc	-	Opd no 24	102841
5	Animal bite	Animal bite	-	Opd no 119	102846
6	Anc	Anc	-	Opd no 24	102848
7	Mrs.Asma Pathan	PNC	19/F	03	102837
8	Mrs.Naseema Sayyad	PNC	21/F	03	102828
9	Mrs.Pooja Sarade	PNC	25/F	03	102830
10	Mrs.Supriya Motibane	PNC	18/F	03	102829
11	Mrs.Dwarkabai Bhosale	HTN & DM	64/F	12	102851
12	Mrs.Yashoda Kanale	TB	34/F	12	102840
13	Mrs.Shantabai Pulkewad	HTN	60/F	12	102844
14	Mrs.Shantabai Gutte	RHD	65/F	12	102831
15	Mrs.Mainabai Chavhan	LRTI	55/F	11	102852
16	Miss.Neha Bhalekar	Anaemia	13/F	11	102836
17	Mr.Narsing Kamble	TB	32/M	9	102850
18	Mr.Vedant Patil	Asthma	44/M	9	102838
19	Mr.Rohit Bansode	TB	28/M	9	102839
20	Mr.Tukaram Sutpe	HTN	75/M	9	102832
21	Mrs.Fulabai Gaikwad	LRTI	84/F	11	102835
22	Mr.Amit Malode	DM	17/M	9	102833
23	Mrs.Nikita Karmande	LRTI	25/F	12	102849
24	Mrs.Chandrabhaga Nandgave	COPD	70/F	11	102843
25	Mrs.Satyabhama Kadam	DM & HTN	77/F	11	102847

Shakar
13/12/25
Dr N. A. Acharya
[Convener]

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

S. K. Wadde
13/12/25
Dr. S. K. Wadde
[External Examiner-1]

A. J. Jogdande
Dr. A. J. Jogdande
[External Examiner-2]

Curriculum vitae (C.V.)

Name	Dr Namrata A Acharya (Namrata A Thakur)
Email id	drnamratathakur@gmail.com
Designation	Associate Professor
Department:	Community Medicine
College	Vilasrao Deshmukh Government Medical College, Latur
Educational Qualification	MBBS , MD (Community Medicine) ,
Teaching experience:	UG teaching – 13 years 1 months PG teaching –9 Years
Total Publications:	17
Areas of expertise:	Medical Education MUHS approved faculty for Research Methodology Workshop, HSET.
Training in Medical Education	Revised Basic course workshop (rBCW) Advanced Course in Medical Education (ACME) 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
- 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.)

Name	Dr Amit Jagdish Jogdande
Email id	amit.jogdande@yahoo.com
Designation	Associate Professor
Department:	Community Medicine
College	Government Medical College, Gondia
Educational Qualification	MBBS , MD (community Medicine) , DNB (Preventive and social Medicine)
Teaching experience:	UG teaching – 10 years 4 months PG teaching – 5 Years
Total Publications:	07
Recognition:	Felicitation through Vice-Chancellor MUHS for working as Chief Investigator in BLOSSOM project
Areas of expertise:	Community based Teaching Operational Research Public Health Administration
Training in Medical Education	Revised Basic course workshop (rBCW) Curriculum Implementation Support Program (CISP) Basic Course in Biomedical Research (BCBR)

Curriculum vitae (C.V.)

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



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर
(जनऔषधवैद्यकशासत्र विभाग)

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

/२०२५

दिनांक ११/१२/२०२५

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 - [] 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:

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 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:

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 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



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर

(जनऔषधवैद्यकशास्त्र विभाग)

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

/२०२५

दिनांक ११/१२/२०२५

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 - [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 - [] 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 - [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:

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 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



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

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 - [] 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:

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:

Overall Assessment:

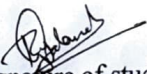
Overall, I found the Community Medicine Practical Examination to be:

- Very Poor
- Poor
- Average
- Good
- Excellent

Additional Comments or Suggestions for Improvement:

- The practical should have been over more early.

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


Signature of student



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

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 - [] 4 - [X] 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 - [] 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 to demonstrate their skills effectively.

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



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर
(जनऔषधवैद्यकशास्त्र विभाग)

जा.क्र.वि.दे.शा.वै.म.ला./जनऔषधवैद्यकशास्त्र विभाग/1

/२०२५

दिनांक १३/१२/२०२५

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 - [] 4 - [x] 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 - [] 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 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:

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 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



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर

(जनऔषधवैद्यकशास्त्र विभाग)

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

/२०२५

दिनांक १३/१२/२०२५

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 - [] 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: Time provided was sufficient to complete the task.

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 ✓ [] 5

- Comments:

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

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

Khushi zha.

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

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



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

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:

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.


13/12/25
Signature of examiner



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

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.


13/11/25
Dr. Satish Wadde
Signature of examiner



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

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:

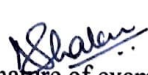
K) Suggestions for Improvement:

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 13.12.25