



Date: 16/01/2026

## STUDENT FEEDBACK FORM – HOSTEL & CAMPUS FACILITIES

Academic Year: 2025-2026

Date: 24-01-26

### Student Details (Optional)

- Name (Optional): Fatima Shaikh
- Course / Program: BHMS 1st year
- Category:  Boys (UG)  Boys (PG)  Girls (UG)  Girls (PG)  Intern  Resident
- Hostel Name (if applicable): Queen hostel

### Rating Scale

(Please tick ✓ the appropriate option)

- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

### A. Hostel Facilities

Sr. No.	Particulars	5	4	3	2	1
1	Hostel Accommodation (Room, Ventilation, Lighting)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Toilets / Washrooms (Cleanliness & Hygiene)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Housekeeping Services (Hostel & Toilets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Drinking Water Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Warden / Rector Availability & Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Feedback Form  
Hostel & Camp

## B. Canteen Facility

Sr. No.	Particulars	5	4	3	2	1
1	Quality of Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Cleanliness & Hygiene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Drinking Water in Canteen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Timeliness & Availability of Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Monitoring as per MUHS Circular No. 18/2019 (19/03/2019)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. Hygiene & Sanitation (Overall Campus)

Sr. No.	Particulars	5	4	3	2	1
1	Cleanliness of Common Areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Waste Management & Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Pest Control Measures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. Security Services (Overall Campus)

Sr. No.	Particulars	5	4	3	2	1
1	Security Personnel Availability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Campus Safety (Day & Night)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	CCTV Surveillance & Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Entry / Exit Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. Overall Satisfaction

- Overall satisfaction with Hostel & Campus Facilities:  
 Excellent  Very Good  Good  Fair  Poor

## F. Suggestions / Remarks

(Please mention any issues, suggestions, or improvements required)

*No any suggestion everything is great.*



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 Narsinggaon, Kavathe Mahankal,  
 Dist. Sangli - 416 419, Maharashtra



Date: 16/01/2026

## STUDENT FEEDBACK FORM – HOSTEL & CAMPUS FACILITIES

Academic Year: 2026-2027

Date: 24/1/26

### Student Details (Optional)

- Name (Optional): Neha Gyanchand Sharma
- Course / Program: BHMS 2nd yr
- Category:  Boys (UG)  Boys (PG)  Girls (UG)  Girls (PG)  Intern  Resident
- Hostel Name (if applicable): Queen Hostel

### Rating Scale

(Please tick ✓ the appropriate option)

- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

### A. Hostel Facilities

Sr. No.	Particulars	5	4	3	2	1
1	Hostel Accommodation (Room, Ventilation, Lighting)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Toilets / Washrooms (Cleanliness & Hygiene)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Housekeeping Services (Hostel & Toilets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Drinking Water Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Warden / Rector Availability & Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Narsinhaon, Kavathe Mahankal,  
Dist. Sangli - 416 419, Maharashtra

## B. Canteen Facility

Sr. No.	Particulars	5	4	3	2	1
1	Quality of Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Cleanliness & Hygiene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Drinking Water in Canteen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Timeliness & Availability of Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Monitoring as per MUHS Circular No. 18/2019 (19/03/2019)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. Hygiene & Sanitation (Overall Campus)

Sr. No.	Particulars	5	4	3	2	1
1	Cleanliness of Common Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Waste Management & Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Pest Control Measures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. Security Services (Overall Campus)

Sr. No.	Particulars	5	4	3	2	1
1	Security Personnel Availability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Campus Safety (Day & Night)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	CCTV Surveillance & Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Entry / Exit Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. Overall Satisfaction

- Overall satisfaction with Hostel & Campus Facilities:  
 Excellent  Very Good  Good  Fair  Poor

## F. Suggestions / Remarks

(Please mention any issues, suggestions, or improvements required)

No need for improvement.

  
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Date: 16/ 01 / 2026

## STUDENT FEEDBACK FORM - HOSTEL & CAMPUS FACILITIES

Academic Year: 2025-2026

Date: 24/01/2026

### Student Details (Optional)

- Name (Optional): Komal Kolekar
- Course / Program: BHMS-UG III<sup>rd</sup> year
- Category:  Boys (UG)  Boys (PG)  Girls (UG)  Girls (PG)  Intern  Resident
- Hostel Name (if applicable): Queen Hostel

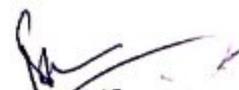
### Rating Scale

(Please tick ✓ the appropriate option)

- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

### A. Hostel Facilities

Sr. No.	Particulars	5	4	3	2	1
1	Hostel Accommodation (Room, Ventilation, Lighting)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Toilets / Washrooms (Cleanliness & Hygiene)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Housekeeping Services (Hostel & Toilets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Drinking Water Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Warden / Rector Availability & Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  
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Narsinhaon, Kavathe Mahankal,  
Dist. Sangli - 416 419, P.

## B. Canteen Facility

Sr. No.	Particulars	5	4	3	2	1
1	Quality of Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Cleanliness & Hygiene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Drinking Water in Canteen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Timeliness & Availability of Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Monitoring as per MUHS Circular No. 18/2019 (19/03/2019)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. Hygiene & Sanitation (Overall Campus)

Sr. No.	Particulars	5	4	3	2	1
1	Cleanliness of Common Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Waste Management & Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Pest Control Measures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. Security Services (Overall Campus)

Sr. No.	Particulars	5	4	3	2	1
1	Security Personnel Availability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Campus Safety (Day & Night)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	CCTV Surveillance & Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Entry / Exit Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. Overall Satisfaction

- Overall satisfaction with Hostel & Campus Facilities:  
 Excellent  Very Good  Good  Fair  Poor

## F. Suggestions / Remarks

(Please mention any issues, suggestions, or improvements required)

Facilities are adequate, with minor improvement in maintenance and cleanliness they can be excellent.



Date: 16/01/2026

## STUDENT FEEDBACK FORM - HOSTEL & CAMPUS FACILITIES

Academic Year: 2025-26

Date: 24/1/2026

### Student Details (Optional)

- Name (Optional): Shruti K. Kale
- Course / Program: BHMS 1<sup>st</sup> year
- Category:  Boys (UG)  Boys (PG)  Girls (UG)  Girls (PG)  Intern  Resident
- Hostel Name (if applicable): Queen Hostel

### Rating Scale

(Please tick ✓ the appropriate option)

- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

### A. Hostel Facilities

Sr. No.	Particulars	5	4	3	2	1
1	Hostel Accommodation (Room, Ventilation, Lighting)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3	Housekeeping Services (Hostel & Toilets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Drinking Water Facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Warden / Rector Availability & Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Dist. Sangli - 416 419, M

## B. Canteen Facility

Sr. No.	Particulars	5	4	3	2	1
1	Quality of Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Cleanliness & Hygiene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Drinking Water in Canteen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Timeliness & Availability of Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Monitoring as per MUHS Circular No. 18/2019 (19/03/2019)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. Hygiene & Sanitation (Overall Campus)

Sr. No.	Particulars	5	4	3	2	1
1	Cleanliness of Common Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## D. Security Services (Overall Campus)

Sr. No.	Particulars	5	4	3	2	1
1	Security Personnel Availability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3	CCTV Surveillance & Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Entry / Exit Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E. Overall Satisfaction

- Overall satisfaction with Hostel & Campus Facilities:  
 Excellent  Very Good  Good  Fair  Poor

## F. Suggestions / Remarks

(Please mention any issues, suggestions, or improvements required)

- No any suggestions, best campus available facilities are very very good.



Date: 16/01/2026

## STUDENT FEEDBACK FORM - HOSTEL & CAMPUS FACILITIES

Academic Year: 2025-26

Date: 24/1/26

### Student Details (Optional)

- Name (Optional): Rutuja. R. Sutar
- Course / Program: BHMS
- Category:  Boys (UG)  Boys (PG)  Girls (UG)  Girls (PG)  Intern  Resident
- Hostel Name (if applicable): Queen Hostel

### Rating Scale

(Please tick ✓ the appropriate option)

- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
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### A. Hostel Facilities

Sr. No.	Particulars	5	4	3	2	1
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5	Warden / Rector Availability & Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## B. Canteen Facility

Sr. No.	Particulars	5	4	3	2	1
1	Quality of Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4	Timeliness & Availability of Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Monitoring as per MUHS Circular No. 18/2019 (19/03/2019)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. Hygiene & Sanitation (Overall Campus)

Sr. No.	Particulars	5	4	3	2	1
1	Cleanliness of Common Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## D. Security Services (Overall Campus)

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## E. Overall Satisfaction

- Overall satisfaction with Hostel & Campus Facilities:  
 Excellent  Very Good  Good  Fair  Poor

## F. Suggestions / Remarks

(Please mention any issues, suggestions, or improvements required)

No any suggestion everything is great.

  
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