



SHANTI INSTITUTE OF MEDICAL & HIGHER STUIDES
SHANTI AYURVEDI MEDICAL COLLEGE & HOSPITAL
MAJHAULI, BALLIA

COLLEGE FEEDBACK FROM

We will be grateful, if you can some of your valuable time in sharing your views by filling and returning thin from. Your support will help us in serving you better.

Course Name:-

Date of Visit:-

Mobile No.:-

College ID:-

- Your basic service was done in time:- Yes No
- The actual performed were as per instruction:- Yes No
- You are coming to our hospital for the last : 1 2 3 4 5 More Years

Satisfaction Level (Scale of 5 to 1)

<u>S.No.</u>	<u>Services</u>	<u>High-5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>Low1</u>
1	COLLEGE STAFF-HELPFUL POLITE					
2	TEACHINGSTAFF HELPFUL					
3	PERSONA CARE					
4	CLEANLINESS OF CLASSROOMCANTEEN SERICE					
5	YOUR SATISFACTION LEVEL					

- Would you recommend us to others ?
- Services Provided by the teacher's
- Your suggestion for improving our service quality
- Unpleasant Experience, if any

Signature of Student

Sign of Relative

Name

Name (Relation)



HOSPITAL FEEDBACK FORM

FORM 09

We will be grateful, if you can spare some of your valuable time in sharing your views by filling and returning this form. Your support will help us in serving you better.

Patient's Name
Room No.
Mobile No.

Date of Visit
Regn. No
Phone

Your basic check-up was done in time:

Yes No

The actual tests performed were as per instructions:

Yes No

You are coming to our hospital for the last

1

2

3

4

5

More

Years

SATISFACTION LEVEL (SCALE OF 5 TO 1)

		HIGH 5	4	3	2	LOW 1
1.	Emergency Staff-Helpful Polite					
2.	Main Reception Staff-Helpful & Polite					
3.	Nursing Staff - Helpful & Polite					
4.	Persona Care					
5.	Investigation was comfortable					
6.	Ambulance Services (IF Aailed					
7.	Waiting Area- Comfortable & Clean					
8.	Cleanliness of room/Toilets					
9.	Discharge Waiting Time					
10.	Room Nursing Care					
11.	Room Facility (Bed Sheet & Pillow Cover etc.)					
12.	Pantry Service (Canteen)					
13.	What is your satisfaction level ?					

14. Would you recommend us to others?

15. Services provided by the doctors

16. Your suggestion for improving our service quality

17. Unpleasant Experience, if any

Signature
Name

Patient/Relative (Relation)