



Vishal Shikshan Prasarak Mandals, Dhule Sanchalit
Prof. A. B. Patil Arts, Commerce and Science Mahavidyalaya, Mahindale, Dhule
Nagpur- Surat Diversion Road, New SRP camp Near, Mahindale, Dhule
Website: www.vspm.net.in Email: vspmdhule2018@gmail.com

Vice-President
Dr. Rajesh A. Patil
9823057943

President
Prof. A. B. Patil

Principal
Dr. A. A. Patil
9975931632

Feedback Form

Subject -

Name of the Participant: Sunil Abhiman Patil

Designation: ASS. Professor

Name of the College / Institute: A. B. Patil college mahindale dhule.

E-mail: _____

Mobile No: _____

1. How would you rate the organization of the workshop?
 Satisfactory Good Very Good Excellent
2. How the workshop was helpful for Syllabi Restructuring?
 Not Helpful Helpful Average Very Helpful
3. Did the workshop help you with new learning / knowledge?
 Satisfactory Good Very Good Excellent
4. Did the workshop meet your expectations?
 Satisfactory Good Very Good Excellent
5. Overall, how much you were satisfied with the workshop?
 Dissatisfied Satisfied Very satisfied Excellent
6. How do you rate Hospitality provided by institute?
 Satisfactory Good Very Good Excellent
7. Any other comments / suggestions that would help us to make future events better?


Signature of Participant



Vishal Shikshan Prasarak Mandals, Dhule Sanchalit
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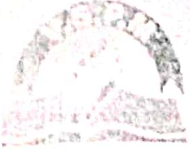
Principal
Dr. A. A. Patil
9975931632

Feedback Form

Subject -
Name of the Participant: Jayeshree Khotol
Designation: Asst. professor
Name of the College / Institute: A.B.P. College, mahindale, Dhule
E-mail: _____
Mobile No: _____

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Jkhotol
Signature of Participant



Vishal Shikshan Prasarak Mandals, Dhule Sauchalit
Prof. A. B. Patil Arts, Commerce and Science Mahavidyalaya, Mahindale, Dhule

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9823057943

President
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Principal
Dr. A. A. Patil
9975931632

Feedback Form

Subject -

Name of the Participant: Dnyanprabha Rajendra Wagh

Designation: Asst. professor

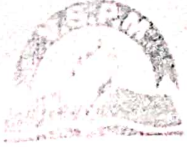
Name of the College / Institute: A. B. P. College, Mahindale, Dhule

E-mail: _____

Mobile No: _____

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Dnyanprabha Wagh
Signature of Participant



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Principal
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9975931632

Feedback Form

Subject -

Name of the Participant: Dr. Bharati Khamala Laalkar

Designation: Nice principal

Name of the College / Institute: A.B.P. College, mahindale Dhule

E-mail: bharatilalkar@gmail.com

Mobile No: 8698662277

1. How would you rate the organization of the workshop?
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B.K.
Signature of Participant



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Feedback Form

Subject -

Name of the Participant: Sandip Narayan Khatal


Designation: Ass. Professor

Name of the College / Institute: A. B. Patil College Mahindale Dhule

E-mail

Mobile No

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