



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *High End mach. Centers for Computer Integrated manuf.*

Date and Duration of Training: *28 Nov - 4 Dec, 2022*

Name of the Institute where Training has been conducted: *BITS Pilani, Pilani Campus.*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.									✓	
3.	Overall grading of the faculty members conducting the training									✓	
4.	How do you rate the overall training methodology										✓
5.	How far the field visit is relevant and related to your research study									✓	
6.	Usefulness of this training in your current role								✓		
7.	Usefulness of this training in future work/job you may handle									✓	
8.	How far have you benefitted from interaction with the fellow participants of the training									✓	
9.	How far the course material supplied relevant and related to the training curriculum									✓	
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

Excellent & it is useful for my current work.

Chitranjan Kumar
(Name of the Participant)

Name of the Participant : Mr. Chitranjan Kumar
Course/ Designation : Assistant Professor
University/ Institute : BKBIET, Pilani
Email Id : chitranjan.cusat@gmail.com
Phone No. : 8950540537



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *High end Machining Centers & Computer integrated Manufacturing*

Date and Duration of Training: *28 Nov - 04 Dec, 2022*

Name of the Institute where Training has been conducted: *BITS, Pilani*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.									✓	
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology									✓	
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role									✓	
7.	Usefulness of this training in future work/job you may handle									✓	
8.	How far have you benefitted from interaction with the fellow participants of the training									✓	
9.	How far the course material supplied relevant and related to the training curriculum										✓
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

Divesh Kr. Rohilla
(Name of the Participant)

Name of the Participant : Mr. Divesh Kumar Rohilla
Course/ Designation : Assistant Professor
University/ Institute : BKBIET, Pilani
Email Id : diveshrohilla@gmail.com
Phone No. : 9784535100



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: "High End Machining centres for computer Integrated Manufacturing"
Date and Duration of Training: 28 NOV - 4 Dec 2022.
Name of the Institute where Training has been conducted: BITS Pillani

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology										✓
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role										✓
7.	Usefulness of this training in future work/job you may handle										✓
8.	How far have you benefitted from interaction with the fellow participants of the training										✓
9.	How far the course material supplied relevant and related to the training curriculum										✓
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

" That type of programme must be arranged again for maximum benefit in near future "

MD JAWED IQBAL
(Name of the Participant)

Name of the Participant : Mr. Md. Jawed Iqbal
Course/ Designation : Research Scholar
University/ Institute : BITS Pillani, Pillani Campus
Email Id : P20220048@pillani.bitspillani.ac.in
Phone No. :



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *High End Machining Centers for computer integrated manufacturing*
Date and Duration of Training: *28 November - 4 Dec 2022*
Name of the Institute where Training has been conducted: *BITS Pilani, Pilani campus*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/content etc.										✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training									✓	✓
4.	How do you rate the overall training methodology										✓
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role										✓
7.	Usefulness of this training in future work/job you may handle									✓	
8.	How far have you benefitted from interaction with the fellow participants of the training									✓	
9.	How far the course material supplied relevant and related to the training curriculum										✓
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

It has positive experience and nice learning.

Neeraj Kumar Sharma

(Name of the Participant)

Name of the Participant : Mr. Neeraj Kumar Sharma
Course/ Designation : Assistant Professor
University/ Institute : JIET, Jodhpur
Email Id : neeraj.ilw@gmail.com
Phone No. :



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: HIGH END MACHINING CENTERS FOR COMPUTER INTEGRATED MANUFACTURING

Date and Duration of Training: ONE WEEK (28-11-2022 to 04-12-2022)

Name of the Institute where Training has been conducted: BITS, Pilani

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.								✓		
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.								✓		
3.	Overall grading of the faculty members conducting the training									✓	
4.	How do you rate the overall training methodology								✓		
5.	How far the field visit is relevant and related to your research study								✓		
6.	Usefulness of this training in your current role							✓			
7.	Usefulness of this training in future work/job you may handle							✓			
8.	How far have you benefitted from interaction with the fellow participants of the training							✓			
9.	How far the course material supplied relevant and related to the training curriculum							✓			
10.	Overall grading of the process of training								✓		
11.	Your recommendation to your peers/ colleagues for the training Programme							✓			

Any other suggestions/ observations, if any-

Harish Kumar

Harish Kumar

(Name of the Participant)

Name of the Participant : Mr. Harish Kumar
Course/ Designation : Research Scholar
University/ Institute : IIT Delhi
Email Id : harishmechiitd@gmail.com
Phone No. : 9711166740



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *High End Machining Centers for Computer Integrated mfg.*

Date and Duration of Training: *28 Nov 2022 to 04 Dec 2022*

Name of the Institute where Training has been conducted: *BITS Pilani (Raj.)*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/content etc.										✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology										✓
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role										✓
7.	Usefulness of this training in future work/job you may handle										✓
8.	How far have you benefitted from interaction with the fellow participants of the training								✓		
9.	How far the course material supplied relevant and related to the training curriculum										✓
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

This type of hands-on training may be extended to two or more weeks.

Ankur
04/12/22

(Name of the Participant)

[ANKUR]

Name of the Participant : Mr. Ankur
Course/ Designation : Research Scholar
University/ Institute : BML Munjal University, Haryana
Email Id : ankur.pd2a@bmu.edu.in
Phone No. : 9050636969



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: HIGH END MACHINING CENTER FOR COMPUTER INTEGRATED MANUFACTURING - TURNING

Date and Duration of Training: 28/11/2022 to 04/12/2022 [07 DAYS]

Name of the Institute where Training has been conducted: BITS PILANI, PILANI [RAJASTHAN]

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating												
		1	2	3	4	5	6	7	8	9	10			
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.					✓								
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.						✓							
3.	Overall grading of the faculty members conducting the training						✓							
4.	How do you rate the overall training methodology				✓									
5.	How far the field visit is relevant and related to your research study						✓							
6.	Usefulness of this training in your current role					✓								
7.	Usefulness of this training in future work/job you may handle					✓								
8.	How far have you benefitted from interaction with the fellow participants of the training					✓								
9.	How far the course material supplied relevant and related to the training curriculum					✓								
10.	Overall grading of the process of training				✓									
11.	Your recommendation to your peers/ colleagues for the training Programme					✓								

Any other suggestions/ observations, if any-

- 1) Improve food quality & varieties provided.
- 2) Next time please provide actual hands on training on machines just not the demonstration only.
- 3) ALSO invite ^{more} speakers from renowned institutions like IIT'S. This time only. RAHUL THAKUR
(Name of the Participant)
- 4) ALSO allow or invite maximum participants from ~~other~~ outside institutions. This time only. Participants are from outside & maximum are from BIT'S.

Name of the Participant : Mr. Rahul Thakur
Course/ Designation : Assistant Professor
University/ Institute : Medicaps University Indore
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Phone No. : 9713553770



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: "High End Machining Centers for Computer Integrated Manufacturing"

Date and Duration of Training: 28-11-2022 to 04-12-2022 / 07 Days

Name of the Institute where Training has been conducted: BITS PILANI

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.						✓				
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.								✓		
3.	Overall grading of the faculty members conducting the training						✓				
4.	How do you rate the overall training methodology						✓				
5.	How far the field visit is relevant and related to your research study					✓					
6.	Usefulness of this training in your current role						✓				
7.	Usefulness of this training in future work/job you may handle						✓				
8.	How far have you benefitted from interaction with the fellow participants of the training						✓				
9.	How far the course material supplied relevant and related to the training curriculum						✓				
10.	Overall grading of the process of training						✓				
11.	Your recommendation to your peers/ colleagues for the training Programme							✓			

Any other suggestions/ observations, if any-

- 1) 20% session should be conducted by Industrialist
- 2) 40% session should be delivered by Prof. of IIT only
- 3) SCI Papers (soft & Hard copy) on the topic deliver by one Prof. (atleast two in number)

(ANSHUMAN PUROHIT)
(Name of the Participant)

4)

Name of the Participant : Mr. Anshuman Purohit
Course/ Designation : Assistant Professor
University/ Institute : Medi-Caps University Indore
Email Id : anshuman.purohit@medicaps.ac.in
Phone No. : 9926021070



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *High End Machining Centers for Computer Integrated manufacturing*

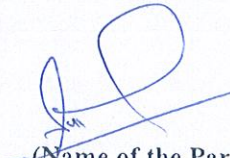
Date and Duration of Training: *28 NOV to 4 DEC 2022*

Name of the Institute where Training has been conducted: *BITS-PILANI, PILANI*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology										✓
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role										✓
7.	Usefulness of this training in future work/job you may handle										✓
8.	How far have you benefitted from interaction with the fellow participants of the training										✓
9.	How far the course material supplied relevant and related to the training curriculum										✓
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-


(Name of the Participant)
SUMIT KUMAR

Name of the Participant : Mr. Sumit Kumar
Course/ Designation : Assistant Professor
University/ Institute : SLSET, Kichha (UK)
Email Id : sumitk233@gmail.com
Phone No. : 9997794595



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme:

Date and Duration of Training:

Name of the Institute where Training has been conducted:

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating										
		1	2	3	4	5	6	7	8	9	10	
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.											✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.											✓
3.	Overall grading of the faculty members conducting the training											✓
4.	How do you rate the overall training methodology											✓
5.	How far the field visit is relevant and related to your research study											✓
6.	Usefulness of this training in your current role											✓
7.	Usefulness of this training in future work/job you may handle											✓
8.	How far have you benefitted from interaction with the fellow participants of the training								✓			
9.	How far the course material supplied relevant and related to the training curriculum										✓	
10.	Overall grading of the process of training											✓
11.	Your recommendation to your peers/ colleagues for the training Programme											✓

Any other suggestions/ observations, if any-

(Name of the Participant)

(Shailendra Pawan)

Name of the Participant : Mr. Shailendra Pawan
Course/ Designation : Research Scholar
University/ Institute : BITS Pillani, Pillani Campus
Email Id : p20170402@pilani.bitspilani.ac.in
Phone No. : 9926055354



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: HIGH END MACHINING CENTERS FOR COMPUTER INTEGRATED MANUFACTURING

Date and Duration of Training: 28 NOV - 04 DEC, 2022.

Name of the Institute where Training has been conducted: BITS Pilani

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology									✓	
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role										✓
7.	Usefulness of this training in future work/job you may handle										✓
8.	How far have you benefitted from interaction with the fellow participants of the training										✓
9.	How far the course material supplied relevant and related to the training curriculum									✓	
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

We need more Practical Session [hands on training] individually, that will helpful to explore our Knowledge in your higher End Machine's.

S. RAJAMAHENDRAN
(Name of the Participant)

Name of the Participant : Mr. Rajamahendran S
Course/ Designation : Assistant Professor
University/ Institute : DMI College of Engineering Chennai
Email Id : ezekiemahi@gmail.com
Phone No. : 9094044522



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: High End Machining Centers for Computer Integrated Manufacturing
Date and Duration of Training: 28/11/2022 to 04/12/2022 (7 days)
Name of the Institute where Training has been conducted: BITS Pilani, Pilani Campus, Rajasthan, India.
Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating										
		1	2	3	4	5	6	7	8	9	10	
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.									✓		
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.											✓
3.	Overall grading of the faculty members conducting the training										✓	
4.	How do you rate the overall training methodology								✓			
5.	How far the field visit is relevant and related to your research study									✓		
6.	Usefulness of this training in your current role											✓
7.	Usefulness of this training in future work/job you may handle											✓
8.	How far have you benefitted from interaction with the fellow participants of the training								✓			
9.	How far the course material supplied relevant and related to the training curriculum									✓		
10.	Overall grading of the process of training											✓
11.	Your recommendation to your peers/ colleagues for the training Programme									✓		

Any other suggestions/ observations, if any- A metrology facility and JE Smart building was not incorporated in the sessions (Mitsuboyo Centre for Advanced Measurement), (JinGEL, (Joint-Indo German lab)) (and Johnson Controls Smart building lab)

Dr. MANIKANDAN H

(Name of the Participant)

Dr. Manikandan H
04/12/2022

Name of the Participant : Dr. Manikandan H
Course/ Designation : Professor
University/ Institute : Manglam College of Engineering Kerala
Email Id : manikandan.h@gmail.com
Phone No. : 8239821122



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST-STUTI - 2022

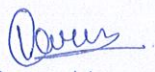
Date and Duration of Training: 04/12/22, 7 days (28/11/22 - 04/12/22)

Name of the Institute where Training has been conducted: BITS PILANI

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.								✓		
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology								✓		
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role									✓	
7.	Usefulness of this training in future work/job you may handle									✓	
8.	How far have you benefitted from interaction with the fellow participants of the training									✓	
9.	How far the course material supplied relevant and related to the training curriculum										✓
10.	Overall grading of the process of training									✓	
11.	Your recommendation to your peers/ colleagues for the training Programme									✓	

Any other suggestions/ observations, if any-


VARUN KUMAR
(Name of the Participant)

Name of the Participant : Mr. Varun Kumar
Course/ Designation : Research Scholar
University/ Institute : NIT Patna
Email Id : Varunkrjbad@gmail.com
Phone No. : 8233572424



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *One-week hands-on training workshop on HIGH END MACHINING CENTERS FOR COMPUTER INTEGRATED MANUFACTURING*

Date and Duration of Training: *28.11.2022 to 4.12.2022*

Name of the Institute where Training has been conducted: *BITS Pilani, Pilani Campus.*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.								✓		
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.									✓	
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology									✓	
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role								✓		
7.	Usefulness of this training in future work/job you may handle									✓	
8.	How far have you benefitted from interaction with the fellow participants of the training										✓
9.	How far the course material supplied relevant and related to the training curriculum								✓		
10.	Overall grading of the process of training									✓	
11.	Your recommendation to your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

Nice program.

M. Mohamed Ariffuddeen
(Name of the Participant)

M. Mohamed Ariffuddeen

Name of the Participant : Mr. M. Mohamed Ariffuddeen
Course/ Designation : Associate Professor
University/ Institute : SNS College of Technology, Coimboture
Email Id : mohamed.m.mehc@snsct
Phone No. : 9865142931



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *High End machining Centers for Computer Integrated Manufacturing*

Date and Duration of Training: *28 NOV. to 4 Dec. 2022*


Name of the Institute where Training has been conducted: *BITS PILANI*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology										✓
5.	How far the field visit is relevant and related to your research study									✓	
6.	Usefulness of this training in your current role										✓
7.	Usefulness of this training in future work/job you may handle										✓
8.	How far have you benefitted from interaction with the fellow participants of the training										✓
9.	How far the course material supplied relevant and related to the training curriculum										✓
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

— No —


(Name of the Participant)
Dheeraj Soni

Name of the Participant : Mr. Dheeraj Soni
Course/ Designation : Assistant Professor
University/ Institute : SS College of Engineering, Kota
Email Id : dheeraj.soni10@gmail.com
Phone No. : 7014908340



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *High end milking & CIM.*

Date and Duration of Training: *28 NOV - 4 Dec.*

Name of the Institute where Training has been conducted: *BITS, Pilani*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology										✓
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role										✓
7.	Usefulness of this training in future work/job you may handle										✓
8.	How far have you benefitted from interaction with the fellow participants of the training										✓
9.	How far the course material supplied relevant and related to the training curriculum										✓
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

Pronamika Borthakur

(Name of the Participant)

Name of the Participant : Ms. Pronamika Borthakur
Course/ Designation : Research Scholar
University/ Institute : BITS Pillani, Pillani Campus
Email Id : p20220044@pillani.bitspillani.ac.in
Phone No. : 9435492332



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: High End Machining Centers C/1^m"
Date and Duration of Training: 28/11/2022 to 06/12/2022
Name of the Institute where Training has been conducted: BITS, Pilani

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.								✓		
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.								✓		
3.	Overall grading of the faculty members conducting the training								✓		
4.	How do you rate the overall training methodology							✓			
5.	How far the field visit is relevant and related to your research study							✓			
6.	Usefulness of this training in your current role								✓		
7.	Usefulness of this training in future work/job you may handle								✓		
8.	How far have you benefitted from interaction with the fellow participants of the training								✓		
9.	How far the course material supplied relevant and related to the training curriculum							✓			
10.	Overall grading of the process of training								✓		
11.	Your recommendation to your peers/ colleagues for the training Programme								✓		

Any other suggestions/ observations, if any-

NIL

A. M. Nikalje
(Name of the Participant)

Name of the Participant : Dr. Aniruddha Maruti Nikalje
Course/ Designation : Associate Professor
University/ Institute : Govt. College of Engineering Aurangabad
Email Id : amnikalje@yahoo.com
Phone No. : 7588818446



FEEDBACK FORM FOR TRAINING PROGRAM (DST-STUTI)

Title of the Training Programme: *High end machining centers for computer integrated manufacturing*

Date and Duration of Training: *28/11/22 to 04/12/22 (7 days)*

Name of the Institute where Training has been conducted: *BITS Pilani*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating										
		1	2	3	4	5	6	7	8	9	10	
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓	
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.											✓
3.	Overall grading of the faculty members conducting the training											✓
4.	How do you rate the overall training methodology										✓	
5.	How far the field visit is relevant and related to your research study										✓	
6.	Usefulness of this training in your current role											✓
7.	Usefulness of this training in future work/job you may handle											✓
8.	How far have you benefitted from interaction with the fellow participants of the training										✓	
9.	How far the course material supplied relevant and related to the training curriculum										✓	
10.	Overall grading of the process of training										✓	
11.	Your recommendation to your peers/ colleagues for the training Programme										✓	

Any other suggestions/ observations, if any-

Dr. S. K. Das.
(Name of the Participant)

Name of the Participant : Dr. Sangram Keshari Das
Course/ Designation : Assistant Professor
University/ Institute : Banasthali Vidyapith University
Email Id : sangramkesharidas@banasthali.in
Phone No. : 9461754535



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: High End Machining Centres for Computer Integrated Mfg.

Date and Duration of Training: 28-01-2022 - 04-12-22

Name of the Institute where Training has been conducted: BITS, PILANI, RAJESTHAN

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology										✓
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role										✓
7.	Usefulness of this training in future work/job you may handle									✓	
8.	How far have you benefitted from interaction with the fellow participants of the training										✓
9.	How far the course material supplied relevant and related to the training curriculum									✓	
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any- overall all the programme organized very nice way. It's really useful for participants. Thanks to you all provide such this opportunities to attend this program.

(Name of the Participant)

Dr. MOHAMED ABBAS

Name of the Participant : Dr. Mohamed Abbas S
Course/ Designation : Head (R&D)
University/ Institute : Majestic Technologies Chennai
Email Id : abbas432@gmail.com
Phone No. : 7299977711



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *High End Machining Center for Computer Integrated manufacturing.*
Date and Duration of Training: *28/11/22 to 4/12/22*
Name of the Institute where Training has been conducted: *BITS - Pilani*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating										
		1	2	3	4	5	6	7	8	9	10	
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.											✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.											✓
3.	Overall grading of the faculty members conducting the training											✓
4.	How do you rate the overall training methodology											✓
5.	How far the field visit is relevant and related to your research study											✓
6.	Usefulness of this training in your current role											✓
7.	Usefulness of this training in future work/job you may handle											✓
8.	How far have you benefitted from interaction with the fellow participants of the training											✓
9.	How far the course material supplied relevant and related to the training curriculum											✓
10.	Overall grading of the process of training											✓
11.	Your recommendation to your peers/ colleagues for the training Programme											✓

Any other suggestions/ observations, if any- *Good to be a part of this workshop. Continue this way will enhance a good thoughts among people.*

Dr. Rajeeth Kumar R.
(Name of the Participant)

Rajeeth Kumar R.

Name of the Participant : Mr. Rajeeth Kumar R
Course/ Designation : Research Associate
University/ Institute : VIT, Vellore
Email Id : rajeeekumar264@gmail.com
Phone No. : 9003876588



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: HIGH END MACHINING CENTERS FOR COMPUTER INTEGRATED MANUFACTURING

Date and Duration of Training: 28/11/2022, One-week long, 4/12/2022

Name of the Institute where Training has been conducted: Department of mechanical engineering
BITS Pilani, pilani Campus

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology										✓
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role										✓
7.	Usefulness of this training in future work/job you may handle										✓
8.	How far have you benefitted from interaction with the fellow participants of the training										✓
9.	How far the course material supplied relevant and related to the training curriculum										✓
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

MUKESH KUMAR (NERIST)
(Name of the Participant)

Name of the Participant : Mr. Mukesh Kumar
Course/ Designation : Research Scholar
University/ Institute : NERIST Arunachal Pradesh.
Email Id : mk15880@gmail.com
Phone No. : 6290204166



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *HIGH END MACHINING CENTERS FOR COMPUTER INTEGRATED MFG.*

Date and Duration of Training: *28-11-2022 — 04-12-2022*

Name of the Institute where Training has been conducted: *BITS PILANI — PILANI CAMPUS*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating									
		1	2	3	4	5	6	7	8	9	10
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓
3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology										✓
5.	How far the field visit is relevant and related to your research study										✓
6.	Usefulness of this training in your current role										✓
7.	Usefulness of this training in future work/job you may handle										✓
8.	How far have you benefitted from interaction with the fellow participants of the training										✓
9.	How far the course material supplied relevant and related to the training curriculum										✓
10.	Overall grading of the process of training										✓
11.	Your recommendation to your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

Dr. Maheshwar Dwivedy

(Name of the Participant)

Dr. Maheshwar Dwivedy

Name of the Participant : Dr. Maheshwar Dwivedy
Course/ Designation : Associate Professor
University/ Institute : BML Munjal University, Haryana
Email Id : maheshwar.dwivedi@bmu.edu.in
Phone No. : 895005693



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: one-week hands on training workshop on
"High end machining centres for computer integrated
Date and Duration of Training: Manufacturing."
28-11-2022 - 04-12-2022
Name of the Institute where Training has been conducted: BITS Pilani, Pilani Campus, Rajasthan.

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating										
		1	2	3	4	5	6	7	8	9	10	
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓	
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓	
3.	Overall grading of the faculty members conducting the training											✓
4.	How do you rate the overall training methodology										✓	
5.	How far the field visit is relevant and related to your research study										✓	
6.	Usefulness of this training in your current role											✓
7.	Usefulness of this training in future work/job you may handle										✓	
8.	How far have you benefitted from interaction with the fellow participants of the training										✓	
9.	How far the course material supplied relevant and related to the training curriculum										✓	
10.	Overall grading of the process of training										✓	
11.	Your recommendation to your peers/ colleagues for the training Programme										✓	

Any other suggestions/ observations, if any-

(K. Vijaya Bhaskar Reddy)
(Name of the Participant)

Name of the Participant : Mr. K. Vijaya Bhaskar Reddy
Course/ Designation : Research Scholar
University/ Institute : NIT Warangal
Email Id : bhaskarsave.61@gmail.com
Phone No. : 7416425885



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *one week hands-on training workshop on
"High End Machining Centers for Computer Integrated
Manufacturing"*

Date and Duration of Training: *28-11-2022 to 04-12-2022*

Name of the Institute where Training has been conducted: *BITS - Pilani*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating										
		1	2	3	4	5	6	7	8	9	10	
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.											✓
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.											✓
3.	Overall grading of the faculty members conducting the training											✓
4.	How do you rate the overall training methodology											✓
5.	How far the field visit is relevant and related to your research study											✓
6.	Usefulness of this training in your current role											✓
7.	Usefulness of this training in future work/job you may handle											✓
8.	How far have you benefitted from interaction with the fellow participants of the training											✓
9.	How far the course material supplied relevant and related to the training curriculum											✓
10.	Overall grading of the process of training											✓
11.	Your recommendation to your peers/ colleagues for the training Programme											✓

Any other suggestions/ observations, if any- *nil*

(Signature)

(Name of the Participant)

*(Prof. Dr. D. Shanmugasundaram)
Principal & Prof in Mechanical Engg
St. Joseph's College of Engineering and Technology, Tamil Nadu
9940869974*

Name of the Participant
Course/ Designation
University/ Institute
Email Id
Phone No.

: Dr. D. Shanmugasundaram
: Principal
: St. Joseph's College of Engineering and Technology, Tamil Nadu
: principal@sjcettnj.edu.in
: 9940869974



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: High End Machining centers for Computer-Integrated manufacturing

Date and Duration of Training: 28-11-22 to 4-12-22

Name of the Institute where Training has been conducted: BITS, Pilani campus

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating											
		1	2	3	4	5	6	7	8	9	10		
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.											✓	
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.												✓
3.	Overall grading of the faculty members conducting the training											✓	✓
4.	How do you rate the overall training methodology										✓		✓
5.	How far the field visit is relevant and related to your research study												✓
6.	Usefulness of this training in your current role												✓
7.	Usefulness of this training in future work/job you may handle											✓	
8.	How far have you benefitted from interaction with the fellow participants of the training												✓
9.	How far the course material supplied relevant and related to the training curriculum								✓				
10.	Overall grading of the process of training											✓	
11.	Your recommendation to your peers/ colleagues for the training Programme												✓

Any other suggestions/ observations, if any-

Very Good Program. ~~we~~ Enjoyed Pilani campus best one week, Good Hospitality, kind people

Dr. G. Tharanitharan (As/mech
(Name of the Participant) SNSCT)

Name of the Participant : Dr. G. Tharanitharan
Course/ Designation : Assistant Professor
University/ Institute : SNS College of Technology, Coimboture
Email Id : tharanig.mech@snsct.org
Phone No. : 9994417125



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *High end machining centers for computer Integrated manufacturing*
Date and Duration of Training: *28 Nov - 04 Dec 2022*
Name of the Institute where Training has been conducted: *BITS, Pilani*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating										
		1	2	3	4	5	6	7	8	9	10	
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓	
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.											✓
3.	Overall grading of the faculty members conducting the training											✓
4.	How do you rate the overall training methodology											✓
5.	How far the field visit is relevant and related to your research study											✓
6.	Usefulness of this training in your current role									✓		
7.	Usefulness of this training in future work/job you may handle										✓	
8.	How far have you benefitted from interaction with the fellow participants of the training											✓
9.	How far the course material supplied relevant and related to the training curriculum										✓	
10.	Overall grading of the process of training											✓
11.	Your recommendation to your peers/ colleagues for the training Programme											✓

Any other suggestions/ observations, if any-

Bhagmat Majhi

(Name of the Participant)

B. Bhagmat Majhi

Name of the Participant : Mr. Bhagmat Majhi
Course/ Designation : Dy. Manager
University/ Institute : OPGC, Odisha
Email Id : bhagmat.majhi@opg.co.in
Phone No. : 7682854466



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *High end Machining centers for computer integrated Manufacturing.*

Date and Duration of Training: *28/11/2022 to 4/12/2022.*

Name of the Institute where Training has been conducted: *BITS ; pilani.*

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating										
		1	2	3	4	5	6	7	8	9	10	
1.	Overall grading of the Programme with reference to relevance of course, module/ content etc.										✓	
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.										✓	
3.	Overall grading of the faculty members conducting the training											✓
4.	How do you rate the overall training methodology										✓	
5.	How far the field visit is relevant and related to your research study										✓	
6.	Usefulness of this training in your current role									✓		
7.	Usefulness of this training in future work/job you may handle									✓		
8.	How far have you benefitted from interaction with the fellow participants of the training										✓	
9.	How far the course material supplied relevant and related to the training curriculum										✓	
10.	Overall grading of the process of training										✓	
11.	Your recommendation to your peers/ colleagues for the training Programme									✓		

Any other suggestions/ observations, if any-

Amit Kumar Maharana

(Name of the Participant)

(OPGC) 4/12/2022 -

Name of the Participant : Mr. Amit Kumar Maharana
Course/ Designation : Sr. Manager
University/ Institute : OPGC, Odisha
Email Id : amit.maharana@OPGC.co.in
Phone No. : 9348585676



FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST (STUTI)

Date and Duration of Training: 28/11/22 to 4/12/22 (7 days)

Name of the Institute where Training has been conducted: BITS, Pilani, Pilani Campus

Please rate the Programme components on a scale of 10 to 1 (10 indicates 'Excellent/Most Effective' and 1 indicates 'Poor/ Least Effective') wherever necessary.

S. No.	Content	Rating										
		1	2	3	4	5	6	7	8	9	10	
1.	Overall grading of the Programme with reference to relevance of course, module/content etc.										✓	
2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class Rooms, Transport/infrastructure etc.											✓
3.	Overall grading of the faculty members conducting the training										✓	
4.	How do you rate the overall training methodology											✓
5.	How far the field visit is relevant and related to your research study											✓
6.	Usefulness of this training in your current role											✓
7.	Usefulness of this training in future work/job you may handle										✓	
8.	How far have you benefitted from interaction with the fellow participants of the training											✓
9.	How far the course material supplied relevant and related to the training curriculum											✓
10.	Overall grading of the process of training											✓
11.	Your recommendation to your peers/colleagues for the training Programme											✓

Any other suggestions/ observations, if any-

Parth Patpatiya

(Name of the Participant)

Name of the Participant : Mr. Parth Patpatiya
Course/ Designation : Assistant Professor
University/ Institute : Banasthali Vidyapith
Email Id : parthpatpatiya@banasthali.in
Phone No. : 9718309037