



DST- STUTI TRAINING FORM

FEEDBACK FORM

Topic: **Developing Skills and Knowledge for Nanotechnology in drug delivery**

Date and Duration of Training: **23rd – 29th December 2022**

Organized by: **Delhi Pharmaceutical Sciences and Research University**

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 you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant

: Anjali Pant

Course/Designation

: PhD Scholar

University /Institute

: VIPS, Panjab University, Chandigarh

Email id

: anjali.pharm93@gmail.com, anjali4354@rediffmail.com

Phone No.

: 8439120010



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10.	Overall grading of the process of training									✓	
11.	Your recommendation to you peers/ colleagues for the training programme									✓	

Other suggestions/observations, if any- The program was conducted in a very effective manner. However, a handbook containing handout of all the presentation, & protocols used for various NP's synthesis & characterization, etc. would have been better.

Name of the Participant : **Amrit Kumar Singh**
 Course/Designation : **Scientist - D**
 University /Institute : **ICMR-NIILS MD, Agre**
 Email id : **dr.amit.icmr@gmail.com**
 Phone No. : **8130108764**



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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 you peers/ colleagues for the training programme			✓							

Other suggestions/observations, if any-

MANAGEMENT COULD HAVE BEEN ~~BETTER~~ BETTER

Name of the Participant : AMAR DHWAJ
 Course/Designation : RESEARCH SCHOLAR
 University /Institute : IIIT-A
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 Phone No. : 8400219306



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10.	Overall grading of the process of training										✓
11.	Your recommendation to you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant : *AFSANA*
Course/Designation : *Ph.D Scholar*
University /Institute : *Jamia Hamdard*
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Phone No. : *8810341213*



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Other suggestions/observations, if any-

Name of the Participant

: *Alishan Zia*

Course/Designation

: *PhD Scholar*

University /Institute

: *DPSRU, New Delhi*

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Phone No.

: *9639960396*



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11.	Your recommendation to you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant : Amardeep Kaur
Course/Designation : Pursuing Ph. D.
University /Institute : DPSRU
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Jamia Hamdard PMU



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Other suggestions/observations, if any-

Name of the Participant :

Course/Designation :

University /Institute :

Email id :

Phone No. :

Dr. G. Babu Shankar Rao
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Other suggestions/observations, if any-

Name of the Participant : Devanshi Mehra
Course/Designation : M. Pharmacy
University /Institute : Chitkara University
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Phone No. : 9516121899



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10.	Overall grading of the process of training										✓
11.	Your recommendation to you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant : Juhi
Course/Designation : PHD Scholar
University /Institute : DPCR, New Delhi
Email id :
Phone No. : 9953244508



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11.	Your recommendation to you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant : Dr. Kiran Joshi
Course/Designation : Assistant Professor.
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Phone No. : 7060407327.



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11.	Your recommendation to you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant : LARAIBAH HAMID
Course/Designation : P.hD Research Scholar
University /Institute : University of Kashmir
Email id : laraibah.scholar@kashmiruniversity.net
Phone No. : 7780828541



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11.	Your recommendation to you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant

: Lalita Palariya

Course/Designation

: Research Scholar

University /Institute

: Kumaun University Nainital

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: lalitapalariya 301@gmail.com

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: 821 84 96 941



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11.	Your recommendation to you peers/ colleagues for the training programme									✓	

Other suggestions/observations, if any-

Name of the Participant : Dr Monika Kaur
 Course/Designation : KIET GROUP OF INSTITUTIONS GZB
 University /Institute : AKTU, Gurgaon, UP
 Email id : monika11kaur@gmail.com
 Phone No. : 9926000671



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Other suggestions/observations, if any-

Name of the Participant

: Moumita Nath

Course/Designation

: Ph.D. Scholar

University /Institute

: Assam University Silchar

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: 6001452446



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Other suggestions/observations, if any-

I had benefitted by this training and looking forward to attend more Trainings like these.

Name of the Participant : Megha Tonk
 Course/Designation : Assistant Professor
 University /Institute : RKUAT
 Email id : meghafriends@gmail.com
 Phone No. : 8938004429



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Other suggestions/observations, if any- N/A

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

: Nidhi
: PhD Scholar
: DRDO - INMAS
: tiwarinidhi0893@gmail.com
: 91-9458357488



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Other suggestions/observations, if any-

- To Maintain proper schedule of the workshop.
- Suggest for proper hand on training for practical session.
- Eminent speakers should be invited for respective topic.

Name of the Participant : NIDHI SHARMA
 Course/Designation : Ph.D. Research scholar
 University /Institute : CCSMAU, HISAR
 Email id : nidhi972936@gmail.com
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DST- STUTI TRAINING FORM

FEEDBACK FORM

Topic: **Developing Skills and Knowledge for Nanotechnology in drug delivery**

Date and Duration of Training: **23rd – 29th December 2022**

Organized by: **Delhi Pharmaceutical Sciences and Research University**

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 you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Short duration training may also be planned

Name of the Participant

Course/Designation

University /Institute

Email id

Phone No.

: Dr. Meera K. Bhojani

: Associate Professor

: All India Institute of

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DST- STUTI TRAINING FORM

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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 you peers/ colleagues for the training programme									✓	

Other suggestions/observations, if any-

Name of the Participant

: Nidhi Mishra

Course/Designation

: Ph.D. (Pharmaceutical sciences)

University /Institute

: Babasaheb Bhimrao Ambedkar University

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DST- STUTI TRAINING FORM

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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 you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

I really learn a lot from this program, total team was very helpful.

Name of the Participant

Course/Designation

University /Institute

Email id

Phone No.

*Pritya Das
Research Scholar (PhD.)
Department of Pharmaceutical Technology, University
of North Bengal
daspritya28.1258@gmail.com
7278169730*



DST- STUTI TRAINING FORM

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3.	Overall grading of the faculty members conducting the training								✓		
4.	How do you rate the overall training methodology						✓				
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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 you peers/ colleagues for the training programme								✓		

Other suggestions/observations, if any-

The training programme should be in progressive manner. From basic to advancement. Got the relevant information in training programme but not in systematic manner.

Name of the Participant : *PRIVANKA SINGH*
 Course/Designation : *PhD Scholar*
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 Phone No. : *7905165215*



DST- STUTI TRAINING FORM

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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 you peers/ colleagues for the training programme								✓		

Other suggestions/observations, if any-

No

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

: Priyanka Sharma
: Ph.D. Student
: Delhi Pharmaceutical Sciences & Research University
: sharmapriyanka21992@gmail.com
: 9910621497



DST- STUTI TRAINING FORM

FEEDBACK FORM

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3.	Overall grading of the faculty members conducting the training										✓
4.	How do you rate the overall training methodology										✓
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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 you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant

Course/Designation

University /Institute

Email id

Phone No.

: Rakesh Raj
: Assistant Prof.
: Meerabai DSEU Maharani Bagh
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: 9079300448



DST- STUTI TRAINING FORM

FEEDBACK FORM

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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 you peers/ colleagues for the training programme									✓	

Other suggestions/observations, if any-

Name of the Participant : MS. RASHMI MADHARIYA
Course/Designation : Ph.D Scholar
University /Institute : Guru Ghasidas Vishwavidyalaya Bilaspur, Koni, C.G.
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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										✓
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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 you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant

Course/Designation

University /Institute

Email id

Phone No.

: SAKSHI GARG
: ASSISTANT PROFESSOR
: KIET GROUP OF INSTITUTIONS, GHAZIABAD
: Sakshi.garg@kiit.edu, sakshigarg1310@gmail.com
: 7895815076



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3.	Overall grading of the faculty members conducting the training						✓				
4.	How do you rate the overall training methodology								✓		
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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 you peers/ colleagues for the training programme								✓		

Other suggestions/observations, if any-

- ① Required to maintained Proper schedule of the Workshop.
- ② Suggest to invite eminent speaker for the respective topic.
- ③ Suggest for proper Hands-On training for practical sessions.

Name of the Participant : Sakshi
 Course/Designation : Ph.D. Research Scholar
 University /Institute : Dr. Harsingh Grouer University, Sagari, M.P., 470003.
 Email id : sakshisonidops@gmail.com
 Phone No. : 9518278869



DST- STUTI TRAINING FORM

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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									✓	
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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 you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant : Dr. Sumandeep Kaur
 Course/Designation : Research Associate
 University /Institute : Delhi Technological University
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 Phone No. : 8860853010



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6.	Usefulness of this training in your current role									✓	
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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 you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant : *Tarnjot Kaur*
 Course/Designation : *JRF*
 University /Institute : *UPES, Dehradun*
 Email id : *tarnmangot@yahoo.in*
 Phone No. : *9463271028*



DST- STUTI TRAINING FORM

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2.	Overall grading of the facilities provided by the institute, i.e., Hostel, Mess, Class, Rooms, Transport/ infrastructure etc.										✓
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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 you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant : *Vidish Kuman*
Course/Designation : *Research Scholar*
University /Institute : *Delhi Technological University*
Email id : *vidish.k93@gmail.com*
Phone No. : *8755739250*



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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 you peers/ colleagues for the training programme										✓

Other suggestions/observations, if any-

Name of the Participant : Vinmi Kalra
Course/Designation : Ph.D Research Scholar
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