



**DST- STUTI TRAINING FORM**

**FEEDBACK FORM**

Topic: **Technological Advancement in Pharmaceutical & Health Care Research**

Date and Duration of Training: **4<sup>th</sup> – 10<sup>th</sup> January 2023**

Organized by: **Maulana Abul Kalam Azad University of Technology, West Bengal.**

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 : *Rajashri Bezbartuah*  
Course/Designation : *Assistant Professor*  
University /Institute : *Dept. of Pharm. Sc., Debrajyoti University*  
Email id : *rajashri.bezbartuah@dibru.ac.in*  
Phone No. : *6003564074*



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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 : **Jatin Jawhir Pandit**  
Course/Designation : **Researcher**  
University /Institute : **NIT Rourkela**  
Email id : **JatinJawhir@gmail.com**  
Phone No. : **914969679**



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FEEDBACK FORM

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Table with 11 rows and 11 columns (S. No., Content, Rating 1-10). Contains feedback items and their corresponding ratings.

Other suggestions/observations, if any-

Name of the Participant : Amit Kumar Mohapatra
Course/Designation : Ph.D scholar
University /Institute : Sambalpur University
Email id : amit.kumarmohapatra216@gmail.com
Phone No. : 8327709541



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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 : L. Ronibala Singha  
Course/Designation : Ph.D. Research Scholar  
University /Institute : Dibrugarh University  
Email id : loitongsamsonil23@gmail.com  
Phone No. : 7002533709



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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 : *SK Habibullah.*  
Course/Designation : *PhD Research Scholar*  
University /Institute : *School of Pharmaceutical Sciences, SOA (deemed to be University)*  
Email id : *SKhabibullah.lucky@gmail.com*  
Phone No. : *9178183677.*



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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 : *Mohini Singh*  
 Course/Designation : *Scientist A, Department of pharmaceutical sciences, Dibrugarh University.*  
 University /Institute : *Dibrugarh University*  
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 Phone No. : *7002942466.*



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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 : Anpita Paul  
 Course/Designation : Ph.D. Research Scholar  
 University /Institute : Dibrugarh University  
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 Phone No. : 8638640556



# Jamia Hamdard PMU



## 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-

Name of the Participant :

Course/Designation :

University /Institute :

Email id :

Phone No. :

Tumpa Sarkar  
Research Scholar  
Jadavpur University  
tumpa\_sarkar\_kumra59@gmail.com  
9366369938





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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 : *Chandreyi Ghosh*  
 Course/Designation : *Research scholar, Dept. of Biotechnology*  
 University /Institute : *Techno India University, West Bengal*  
 Email id : *chandreyi.ghoshdas@gmail.com*  
 Phone No. : *9038557478*



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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 : Mr Sanjeeb Kumar Kar  
Course/Designation : Pharmacy / Associate Professor  
University /Institute : Narayan Institute of Pharmacy, Gopal Narayan Singh  
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Phone No. : sanjeeb.bit@gmail.com  
9438691252



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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 : **DR. SAGNIKA PRADHAN**  
Course/Designation : **ASSISTANT PROFESSOR**  
University /Institute : **RAI UNIVERSITY RANCHI**  
Email id : **Sagnikapradhan06@gmail.com**  
Phone No. : **9090006854**



# Jamia Hamdard PMU



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## DST- STUTI TRAINING FORM

### FEEDBACK 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-

*It was a wonderful hands-on experience on newest technology.*

Name of the Participant : *Anisha Chakrabarty*  
Course/Designation : *Asst. Prof.*  
University /Institute : *Bengal School of Technology.*  
Email id : *anishachakrabarty.g@gmail.com*  
Phone No. : *8777568072*



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Table with 11 rows and 11 columns (S. No., Content, Rating 1-10). All rating cells are empty except for checkmarks in the 10th and 11th columns.

Other suggestions/observations, if any-

It is a very good interactive training programme.

Name of the Participant : Pallabita Rakshit
Course/Designation : Masters (2 Yr.)
University /Institute : Jadavpur University
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Phone No. : 6291011561



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FEEDBACK FORM

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Other suggestions/observations, if any- NONE

Name of the Participant : ATREYEE GANGULY
Course/Designation : ASST PROF
University /Institute : CIPT 2 AHS
Email id : atreyee.ganguly01@gmail.com
Phone No. : 8584925572



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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-

COLLABORATIVE PROJECTS VERY ESSENTIAL

Name of the Participant : SANJIBAN UTPALKUMAR SARKAR  
Course/Designation : ASSOCIATE PROFESSOR  
University /Institute : BCD A COLLEGE OF PHARMACY & TECHNOLOGY  
Email id : sanjibansarkar@gmail.com  
Phone No. : 8910637448



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Other suggestions/observations, if any-

I have enjoying the overall session of DST STUTI. I will expecting this kind of workshop in future also.

Name of the Participant : MR. AYON DUTTA.
Course/Designation : Assistant Professor.
University /Institute : Global College of Pharmaceutical Technology -
Email id : duttaayon7@gmail.com.
Phone No. : 6290747946.



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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. :**



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Other suggestions/observations, if any-

Name of the Participant : Dr. Shaileya Das
Course/Designation : Assistant Professor (Pharmaceutical Technology)
University /Institute : Bharat Technology
Email id : shaileya21@gmail.com
Phone No. : 8017497871



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Other suggestions/observations, if any-

If the topic is more specific we will enrich us more. But overall its perfect with all aspects. I am very much benefitted with that course.

Name of the Participant :

Course/Designation :

University /Institute :

Email id :

Phone No. :

Sougata Mallik
Assistant Professor
Bengal School of Technology
msougata481@gmail.com
8017457949



**DST- STUTI TRAINING FORM**

**FEEDBACK FORM**

Topic: **Technological Advancement in Pharmaceutical & Health Care Research**

Date and Duration of Training: **4<sup>th</sup> – 10<sup>th</sup> January 2023**

Organized by: **Maulana Abul Kalam Azad University of Technology, West Bengal.**

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 : Sandip Dolui  
Course/Designation : Associate professor  
University /Institute : Eminent College of Pharmaceutical Technology, Barasat  
Email id : sandip@ecpt.in  
Phone No. : 9609534743



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# Jamia Hamdard PMU



## DST- STUTI TRAINING FORM

### FEEDBACK FORM

Topic: **Technological Advancement in Pharmaceutical & Health Care Research**

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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-

Eloquent lecture, <sup>and training</sup> sessions ~~and~~ ~~which~~ ~~are~~ provided us informations and hands on experience which in-together will help us to proceed ~~with~~ our research work.

Name of the Participant : *Rituparna Das*  
Course/Designation : *Assistant- Professor*  
University /Institute : *Bengal School of Technology*  
Email id : *daserituparna500@gmail.com*  
Phone No. : *8981400296*



DST- STUTI TRAINING FORM

FEEDBACK FORM

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Table with 11 rows and 11 columns (S. No., Content, Rating 1-10). Contains feedback items and their corresponding ratings.

Other suggestions/observations, if any-

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

Dr. Partha Niyog
Associate Professor
Gufta College of Technical Science
parthaniyogister@gmail.com
8984457605



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DST- STUTI TRAINING FORM

FEEDBACK FORM

Topic: Technological Advancement in Pharmaceutical & Health Care Research

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Table with 11 rows and 11 columns (S. No., Content, Rating 1-10). Contains handwritten checkmarks in the rating columns for each row.

Other suggestions/observations, if any- Focusing on the recent advancements in healthcare would have been beneficial. Moreover, focussing on Nanotechnology would have benefitted. Field visits to shall be beneficial.

Name of the Participant : NIVA RANI GOGOI
Course/Designation : RESEARCH SCHOLAR (PHARM-SC.)
University /Institute : DIBRUGARH UNIVERSITY
Email id : niva.rgogoi@gmail.com
Phone No. : 600177261



**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 : *Mr. Ujjal Pal*  
Course/Designation : *Assistant Professor*  
University /Institute : *Eminent College of pharmaceutical Technology*  
Email id : *palujjal21@gmail.com*  
Phone No. : *7003551901*





**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 : KAUSHIK BISWAS  
Course/Designation : Associate Prof.  
University /Institute : Eminent College of Pharm. Tech.  
Email id : kaushikbiswas24@gmail.com.  
Phone No. : 9732594887



**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-**

Behaviour of some of the staffs in guest house should be polite. If delegates are invited over call then proper accomodation should be provided for those who are finally attending the training for full session. This should be taken care of.

Name of the Participant : **AMRITA CHAKRABORTY**  
Course/Designation : **PhD Scholar**  
University /Institute : **Techno India University**  
Email id : **amritachakraborty@gmail.com**  
Phone No. : **8240027968**



# Jamia Hamdard PMU



## DST- STUTI TRAINING FORM

### FEEDBACK 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-**

Please reduce official formalities for providing guest house to the invited members. other things are really very wonderful.

**Name of the Participant :** Jishnu Sarathi Deb.  
**Course/Designation :** M.Sc Biotechnology, NET Aspirant.  
**University /Institute :** Techno india University, WB.  
**Email id :** jishnusarathi@gmail.com.  
**Phone No. :** +91-8240173224.



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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										✓
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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 : **DEBASMITA PAUL**  
Course/Designation : **ASSISTANT PROFESSOR**  
University /Institute : **M.R. COLLEGE OF PHARMACEUTICAL SCIENCES AND RESEARCH**  
Email id : **debasmita64@gmail.com**  
Phone No. : **8981592326**



# Jamia Hamdard PMU



## DST- STUTI TRAINING FORM

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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-

Name of the Participant : **GOLAM PARVEZ**  
Course/Designation : **Assistant Professor**  
University /Institute : **M.R. college of Pharmaceutical Sciences & Research.**  
Email id : **golamparvez2@gmail.com**  
Phone No. : **7407507570**



Jamia Hamdard PMU



**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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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 : *Atindriya Jorjkar*  
Course/Designation : *Master of Pharmacy*  
University /Institute : *Jadavpur University*  
Email id : *atindriyajorjkar722@gmail.com*  
Phone No. : *7047484442*