



DST- STUTI TRAINING FORM

FEEDBACK FORM

Topic: **Technological Advancements in Digital Healthcare**

Date and Duration of Training: **1st – 7th February 2023**

Organized by: **Jamia Millia Islamia**

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 : **ANDHESH KUMAR PODDAR**
 Course/Designation : **Asst. Prof.**
 University /Institute : **ADDITION New Delhi-53**
 Email id : **AKPM25@gmail.com**
 Phone No. : **7206357101**



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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

: Aakif Jawed Khan

Course/Designation

: MEd, Nuh

University /Institute

: MEd, Nuh

Email id

: aakifjawed@gmail.com

Phone No.

: 7015125724



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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 : ASIM RAHMAN ANSARI
 Course/Designation : ASSISTANT PROF. (SR. SCALE)
 University /Institute : EE DEPTT, FET, MJP R.U BLY (UP) 243606
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10.	Overall grading of the process of training												✓
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Other suggestions/observations, if any-

- Nicely organised workshop with very intellectual eminent speakers.
- Very interactive sessions, full of real life videos and photographs.
- Lab visits helped to go into the depth of the vision of workshop.

Name of the Participant : ANURAG GAUTAM
 Course/Designation : ELECTRICAL ENGINEERING DEPT., ASSISTANT PROFESSOR
 University /Institute : RAWAL INSTITUTE OF ENGG. & TECHNOLOGY, FARIDABAD.
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 Phone No. : 8851733484



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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 : ARPANA SINGH
Course/Designation : Phd.
University /Institute : DTU, Delhi
Email id : apsingh014@gmail.com
Phone No. : 8377996475



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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 : *Aaysha*
Course/Designation : *MSc Food and Nutrition*
University /Institute : *SD college Muzaffar Nagar U.P.*
Email id : *aayshaaalam1@gmail.com*
Phone No. : *7037874163*



Jamia Hamdard PMU



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Other suggestions/observations, if any-

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

Abu Rehan
PHD
Al-Falah University
abu_rehan@rediffmail.com.
98115 7894



Jamia Hamdard PMU



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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.

: Abdul - Azeem
: Ph-D
: Jamia Millia Islamia - New Delhi.
: azeemwith@gmail.com
: 0719194004



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

Other suggestions/observations, if any-

It is very good session and valuable for

Name of the Participant : km BAZIR M
Course/Designation : Resercher Sachariti
University /Institute : GBO Anandole
Email id : mishra16@gmail.com
Phone No. : 9540090673



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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.

: Deepak Kumar
: PhD
: DTU, Delhi-42
: deepakvns168@gmail.com.
: 9015650051, 9990435218.



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

Other suggestions/observations, if any-

Very good and quite relevant in today's world.

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

D. KHWATA MOHD. RAFI
PROFESSOR / DIRECTOR
MEC
kmrafi1@gmail.com
9873717866.



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

Other suggestions/observations, if any-

Name of the Participant : LILY GUPTA
 Course/Designation : Electrical Engg. Assistant Prof.
 University /Institute : Banacharya group of institutions
 Email id : lilygupta14dec@gmail.com
 Phone No. : 9818966355



Jamia Hamdard PMU



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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 : *DR. Naseem Raza*
Course/Designation : *Assistant Professor.*
University /Institute : *Jamia Hamdard*
Email id : *naseemjm20786@gmail.com*
Phone No. : *9811468973*



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Other suggestions/observations, if any- *N-A*

Name of the Participant : *Naved Alam*
Course/Designation : *Asstt. Prof.*
University /Institute : *JAMIA HAMDARD*
Email id : *navedalam@jamiahamdard.ac.in*
Phone No. : *844853605 ?*



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Other suggestions/observations, if any-

Name of the Participant : *Pallavi Gupta*
 Course/Designation : *Prof*
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Other suggestions/observations, if any-

Name of the Participant : RAHMA AMAN
 Course/Designation : PhD Research Scholar
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 Phone No. : 8173 87 0496



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Other suggestions/observations, if any-

Name of the Participant : *Dr. SOHRAB ALI*
Course/Designation : *Asstt Prof.*
University /Institute : *Jamia Hamdard.*
Email id : *m.sohrabali@gmail.com*
Phone No. : *9873520002.*



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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-

The Management done by Prof. Munna Khan Sir during this workshop is really appreciable. The speakers of this workshop deliver their Lecture is very informative & motivated towards the research.

Name of the Participant : Sakshi
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DST- STUTI TRAINING FORM

FEEDBACK FORM

Topic: **Technological Advancements in Digital Healthcare**

Date and Duration of Training: **1st - 7th February 2023**

Organized by: **Jamia Millia Islamia**

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.								✓		
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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									✓	
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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 : *Samreen*
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Jamia Hamdard PMU



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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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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
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Phone No.

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Jamia Hamdard PMU



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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-

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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-

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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 : *Tripti Kuni*
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Jamia Hamdard PMU



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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-

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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- *Workshop organising committee*
 I just wanted to express my gratitude for the amazing workshop experience you all provided. Everything was well organised and ran smoothly, which created a fantastic atmosphere for learning and networking.

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