

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

gurudutt.d@iitgn.ac.in

1. Name of the participant *

Gurudutt

2. Department of Study/Work *

IIT Gandhinagar

3. Current Position *

- ☐ Faculty
- ☐ Ph.D. Scholar
- ☐ Project Assistant/Associate
- ☐ Master's student
- ☒ Other: PDF

4. Current Institution of Study/Work *

IIT Gandhinagar

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

☒ Yes

☐ No

☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

It was perfect

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

sr91084@gmail.com

1. Name of the participant *

Dr. J. Sivaraman

2. Department of Study/Work *

Chemistry

3. Current Position *

☒ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

Srimad Andavan Arts and Science College

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
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7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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- ☐ No
- ☐ Maybe

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	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

A centralized power points in the center of the conference hall, so that we don't want to charge the laptop in the side.

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

amrithagnambiar.rs.phe21@itbhu.ac.in

1. Name of the participant *

Amritha G. Nambiar

2. Department of Study/Work *

Pharmaceutical Sciences

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

Indian Institute of Technology (Banaras Hindu University)

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

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- ☐ No
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7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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- ☐ No
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	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

Extremely happy with the workshop

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

sc280562@gmail.com

1. Name of the participant *

SOUMALYA CHAKRABORTY

2. Department of Study/Work *

DEPARTMENT OF PHARMACEUTICS

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

NIPER-S.A.S. NAGAR

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

It was a very insightful workshop. I think more focus could be paid on the troubleshooting aspects.

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

kapserahul2015@gmail.com

1. Name of the participant *

Rahul yadaorao kapse

2. Department of Study/Work *

Medicinal Chemistry

3. Current Position *

☐ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☒ Master's student

☐ Other:

4. Current Institution of Study/Work *

National institute of pharmaceutical education and research, S.A.S. Nagar.

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

Nil

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

anu_19310006@iitgn.ac.in

1. Name of the participant *

Anu

2. Department of Study/Work *

Chemistry

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

IIT GN

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

.

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

ankit.kendya@gmail.com

1. Name of the participant *

PRIYADARSHI KENDYA

2. Department of Study/Work *

Department of Pharmaceutical sciences

3. Current Position *

☐ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☒ Master's student

☐ Other:

4. Current Institution of Study/Work *

Dr. Harisingh Gour University Sagar Madhya Pradesh

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

If possible, then provide some notes of SCXRD technique

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STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

16drche001@charusat.edu.in

1. Name of the participant *

Unnati Dipakkumar Patel

2. Department of Study/Work *

Charotar University of Science and Technology, Changa, Anand, Gujarat.

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

Charotar University of Science and Technology, Changa, Anand, Gujarat.

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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☒ Yes

☐ No

☐ Maybe

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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☐ No

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent

10. Any suggestions *

No

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

asthaorai.289@gmail.com

1. Name of the participant *

Astha Gupta

2. Department of Study/Work *

Medicinal Chemistry

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

National Institute of Pharmaceutical Education and Research, S.A.S. Nagar

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent

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	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

Screen visibility in the conference room could have been better.

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

venkat@andavancollege.ac.in

1. Name of the participant *

Dr. P. Venkatesan

2. Department of Study/Work *

Chemistry

3. Current Position *

☒ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

Srimad Andavan Arts and Science College

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

Technical sessions, hands-on training sessions are very good and well arranged. Thanks for team members.

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STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

abhishekdadhania.bt@charusat.ac.in

1. Name of the participant *

Abhishek Ddadhania

2. Department of Study/Work *

Chemical Sciences

3. Current Position *

☒ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

P D Patel Institute of Applied Sciences, CHARUSAT

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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10. Any suggestions *

The workshop conducted very nicely. Expert talk on each day added a special flavor. Special thanks to Prof. Vijay and his entire team Dr. Gurudutt, Delna, Harita, Gaurav and other scholars for this wonderful workshop. Please keep continue to conduct such workshops in future also. Thanks.

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

pbhumi141@gmail.com

1. Name of the participant *

PATEL BHUMIBEN CHANDUBHAI

2. Department of Study/Work *

DEPARTMENT OF CHEMISTRY

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

INDRASHIL UNIVERSITY

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

NO

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

priyanshunema9908@gmail.com

1. Name of the participant *

priyanshu nema

2. Department of Study/Work *

department of pharmaceutical sciences

3. Current Position *

☐ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☒ Master's student

☐ Other:

4. Current Institution of Study/Work *

dr. harisingh gour university, sagar

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

no

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

hitarthp@iitgn.ac.in

1. Name of the participant *

Hitarth Patel

2. Department of Study/Work *

Chemistry

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

IIT GANDHINAGAR

5. Overall organization and plan for the workshop *

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

No

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

pvisayan@gmail.com

1. Name of the participant *

Dr. P. Vijayan

2. Department of Study/Work *

Chemistry

3. Current Position *

☒ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

Chikkanna Govt Arts College, Tirupur

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

May be conducted often. So that many people will get benefited.

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

sprajasingh@gmail.com

1. Name of the participant *

S. P. Rajasingj

2. Department of Study/Work *

Chemistry

3. Current Position *

☒ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

Chikkanna Government Arts College

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

The workshop can be conducted during end of the year (good climate)so that participants can enjoy the campus greenery environment.

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

maansingh25may97@gmail.com

1. Name of the participant *

Maan Singh

2. Department of Study/Work *

Department of Pharmaceutical Engineering & Technology, Indian Institute of Technology (Banaras Hindu University) Varanasi

3. Current Position *

☐ Faculty

☐ Ph.D. Scholar

☒ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

Department of Pharmaceutical Engineering & Technology, Indian Institute of Technology (Banaras Hindu University) Varanasi

5. Overall organization and plan for the workshop *

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

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Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

☒ Yes

☐ No

☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent

10. Any suggestions *

No, Thank you for the workshop

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

sunilk.phd20.ch@nitp.ac.in

1. Name of the participant *

Sunil Kumar

2. Department of Study/Work *

Chemistry

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

National institute of Technology, Patna

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

Thanku for your workshop

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

rchowhan@cug.ac.in

1. Name of the participant *

Dr. L. Raju Chowhan

2. Department of Study/Work *

School of Applied material Sciences

3. Current Position *

☒ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

Central University of Gujarat

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

Excellently organized. Thank you for your cooperation and all the very best for your future workshops

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

tahirmahmoodisu@gmail.com

1. Name of the participant *

Tahir Mehmood

2. Department of Study/Work *

Department of Chemistry

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

Indrashil University

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

No

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

madhu@karunya.edu

1. Name of the participant *

Dr. V. Madhu

2. Department of Study/Work *

Department of Applied Chemistry

3. Current Position *

☒ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

Karunya Institute of Technology and sciences

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

Very well organized and its really a hands on training workshop. Thanks for organizing such a excellent workshop.

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

arushichauhan.2294@gmail.com

1. Name of the participant *

Arushi Chauhan

2. Department of Study/Work *

Biophysics

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

PGIMER

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

Organize more such workshops.

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

18ftphdp50@nirmauni.ac.in

1. Name of the participant *

DATTATRAYA JALINDHAR YADAV

2. Department of Study/Work *

PHARMACEUTICAL SCIENCES

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

INSTITUTE OF PHARMACY, NIRMA UNIVERSITY

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

outstanding workshop

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

twinklegupta1970@gmail.com

1. Name of the participant *

Twinkle Gupta

2. Department of Study/Work *

pharmaceutical biotechnology

3. Current Position *

☐ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☒ Master's student

☐ Other:

4. Current Institution of Study/Work *

Dr. Harisingh Gour university

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

No

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

biplobbora18@gmail.com

1. Name of the participant *

Biplob Borah

2. Department of Study/Work *

School of Applied Material Sciences, Central University of Gujarat

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

Central University of Gujarat

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent

10. Any suggestions *

No

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

naveena.sv.snp@gmail.com

1. Name of the participant *

Naveena S V

2. Department of Study/Work *

Chemistry

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

Central University of Karnataka

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

☒ Yes

☐ No

☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

☒ Yes

☐ No

☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

It's good

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Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

nmsgwn@gmail.com

1. Name of the participant *

NAMRATA SANGWAN

2. Department of Study/Work *

BIOPHYSICS DEPARTMENT

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

PGIMER, CHANDIGARH

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

This workshop was perfect, informative and I am thankful to all of you for having us here.

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

saumya.kapoor@niperahm.res.in

1. Name of the participant *

Saumya Kapoor

2. Department of Study/Work *

Medicinal Chemistry

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

Niper-Ahmedabad

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

☒ Yes

☐ No

☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

☒ Yes

☐ No

☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

NA

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

aravind.chadhar@iitgn.ac.in

1. Name of the participant *

Aravind Chadhar

2. Department of Study/Work *

CIF IITGN

3. Current Position *

☐ Faculty

☐ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☒ Other: Staff

4. Current Institution of Study/Work *

IITGN

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

This workshop has enhanced my knowledge base. Thanks a lot. Keep doing workshops like this.

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

jeromeissac321@gmail.com

1. Name of the participant *

JEROME ISSAC

2. Department of Study/Work *

Department of chemistry

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other:

4. Current Institution of Study/Work *

Karunya Institute of technology and science

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

All were perfectly managed without any delay! Hats off to the organization team !

This form was created inside of IIT Gandhinagar.

Google Forms

STUTI-DST SCXRD Workshop - 7 Days Workshop on Single Crystal X-Ray Crystallography

Feedback Form

Email *

deepanjalydas@gmail.com

1. Name of the participant *

Deepanjaly K. S.

2. Department of Study/Work *

Chemistry

3. Current Position *

☐ Faculty

☒ Ph.D. Scholar

☐ Project Assistant/Associate

☐ Master's student

☐ Other: _____

4. Current Institution of Study/Work *

Karunya Institute of Technology and Sciences, Coimbatore

5. Overall organization and plan for the workshop *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

6. Did the workshop cover the basic principles of SCXRD technique *

- ☒ Yes
- ☐ No
- ☐ Maybe

7. Feedback on the technical sessions and hands-on training sessions for SCXRD technique *

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

8. Were your queries regarding the SCXRD technique answered or resolved by the team appropriately *

- ☒ Yes
- ☐ No
- ☐ Maybe

9. Feedback on accomodation, food and basic facilities provided

	1	2	3	4	5	
Very Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Excellent

10. Any suggestions *

Thank you for the informative and interesting workshop.

This form was created inside of IIT Gandhinagar.

Google Forms