# FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Karyotyping & FISH, CHNS analysis and Stereozoom microscope operation*

Date and Duration of Training: *1ˢᵗ to 7ᵗʰ August 2022*

Name of the Institute where Training has been conducted: *Department of Earth and Environmental Science, KSKV Kachchh University, Bhuj-Kachchh*

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

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

Any other suggestions/ observations, if any-

Jaymeet Solanki

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | √ | | |

Any other suggestions/ observations, if any-

*Khayali Vaidya.*

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | √ | |

Any other suggestions/ observations, if any-

P.K. Mehta.

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | √ | |

Any other suggestions/ observations, if any-

Altof khan Talwani

(Name of the Participant)

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | √ | |

Any other suggestions/ observations, if any-

Sonita Chauhan

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | | √ |

Any other suggestions/ observations, if any-

Darshit Padia

(Name of the Participant)

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | | √ |

Any other suggestions/ observations, if any-


Niteshkumar Tandel

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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Any other suggestions/ observations, if any-

G. Jayanthi

(Name of the Participant)

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | √ | |

Any other suggestions/ observations, if any-

*Bhavyata chanda*

(Name of the Participant)

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | √ | | |

Any other suggestions/ observations, if any-

Remy Yudewe

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | √ | |

Any other suggestions/ observations, if any-

Ekta Joshi
(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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Any other suggestions/ observations, if any-

Sruchi Patel
(Name of the Participant)

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | √ | |

Any other suggestions/ observations, if any-

Jyoti Yadav

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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Any other suggestions/ observations, if any-

(Name of the Participant)

Pratik Desai

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

Any other suggestions/ observations, if any-

*Chalu Mesaria*

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Karyotyping & FISH, CHNS analysis and Stereozoom microscope operation*

Date and Duration of Training: *1ˢᵗ to 7ᵗʰ August 2022*

Name of the Institute where Training has been conducted: *Department of Earth and Environmental Science, KSKV Kachchh University, Bhuj-Kachchh*

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

| 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 | | | | | | √ | | | | |
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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 your peers/ colleagues for the training Programme | | | | | | | √ | | | |

Any other suggestions/ observations, if any-

Vala Sejal V.

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Karyotyping & FISH, CHNS analysis and Stereozoom microscope operation*

Date and Duration of Training: *1ˢᵗ to 7ᵗʰ August 2022*

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| 10. | Overall grading of the process of training | | | | | | | | | | √ |
| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | | √ |

Any other suggestions/ observations, if any- All of these are good. Good time management & all experts are very good. They Conducted there lectures Very well. all our Good efforts taken by the workshop team.

(Name of the Participant)

Harshal. Purohit

# FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Karyotyping & FISH, CHNS analysis and Stereozoom microscope operation*

Date and Duration of Training: *1ᵗ to 7ʰ August 2022*

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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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| 10. | Overall grading of the process of training | | | | | | | | | | √ |
| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | | √ |

Any other suggestions/ observations, if any- The overall time management and punctuality of management team was really commen -dable. Also organise a similar kind of Training on topics related to Geosciences.

(Name of the Participant)

Aditya N. Dharaiya

# FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: ***Karyotyping & FISH, CHNS analysis and Stereozoom microscope operation***

Date and Duration of Training: ***1ˢᵗ to 7ᵗʰ August 2022***

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| S. No. | Content | Rating | | | | | | | | | |
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| | | 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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| 10. | Overall grading of the process of training | | | | | | | | √ | | |
| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | √ | | |

Any other suggestions/ observations, if any-

*Karina sharma*

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Karyotyping & FISH, CHNS analysis and Stereozoom microscope operation*

Date and Duration of Training: *1ˢᵗ to 7ᵗʰ August 2022*

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| 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. | | | | | | | | | √ | |
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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 your peers/ colleagues for the training Programme | | | | | | | | | √ | |

Any other suggestions/ observations, if any-

*Pooja Chauhan*
(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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| 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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| 10. | Overall grading of the process of training | | | | | | | | | √ | |
| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | | √ |

Any other suggestions/ observations, if any-

*Kush Gupta.*

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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| 10. | Overall grading of the process of training | | | | | | | | | | √ |
| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | | √ |

Any other suggestions/ observations. if any-

*Chaudhary Nitesh*

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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| 10. | Overall grading of the process of training | | | | | | | | | √ | |
| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | | √ |

Any other suggestions/ observations, if any-

Nikhil Mehra

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Karyotyping & FISH, CHNS analysis and Stereozoom microscope operation*

Date and Duration of Training: *1ˢᵗ to 7ᵗʰ August 2022*

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| 10. | Overall grading of the process of training | | | | | | | | | | √ |
| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | | √ |

Any other suggestions/ observations, if any-

Devji Darshan kumar Rajesh Bhai

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

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| 10. | Overall grading of the process of training | | | | | | | | | | √ |
| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | | √ |

Any other suggestions/ observations, if any-

Limbachiya Akash B.

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Karyotyping & FISH, CHNS analysis and Stereozoom microscope operation*

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | √ | |

Any other suggestions/ observations, if any-

(Name of the Participant)

mihir chaudhary

# FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Karyotyping & FISH, CHNS analysis and Stereozoom microscope operation*

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| 10. | Overall grading of the process of training | | | | | | | | √ | | |
| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | √ | |

Any other suggestions/ observations, if any-

Panchal Aayushi Jashwantbhai

(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Karyotyping & FISH, CHNS analysis and Stereozoom microscope operation*

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| 10. | Overall grading of the process of training | | | | | | | | | √ | |
| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | | √ |

Any other suggestions/ observations, if any-

ARCHCHI SARKAR
(Name of the Participant)

# FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Karyotyping & FISH, CHNS analysis and Stereozoom microscope operation*

Date and Duration of Training: *1ˢᵗ to 7ᵗʰ August 2022*

Name of the Institute where Training has been conducted: *Department of Earth and Environmental Science, KSKV Kachchh University, Bhuj-Kachchh*

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

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

Any other suggestions/ observations, if any-

MoniKaShorma
(Name of the Participant)

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| 11. | Your recommendation to your peers/ colleagues for the training Programme | | | | | | | | | | √ |

Any other suggestions/ observations, if any-

*Dipmaly Geijker*
(Name of the Participant)