

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Using sophisticated instrument - Approaches to characterize novel drug delivery system*

Date and Duration of Training: *24 - 30 Nov. 2022*

Name of the Institute where Training has been conducted: *Pt. Ravishankar University, Raipur*

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 your peers/ colleagues for the training Programme											✓

Any other suggestions/ observations, if any- *Overall training program is very valuable but I felt reduce <sup>number of</sup> lecture and increase the duration of practice hands. (time).*

*(M)*

(Name of the Participant)

*Manohar Chauhan*

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST sponsored Synergistic Training Program [STUT]

Date and Duration of Training: 24/11/2022 to 30/11/2022

Name of the Institute where Training has been conducted: University Institute of Pharmacy, Pt. Ravishanker Shukla University Raipur (C.G.)

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 your peers/ colleagues for the training Programme												✓

Any other suggestions/ observations, if any-

GEETIKA SHARMA  
PhD Research Scholar  
IGNTU, Amarkantak

(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Utilizing the Scientific and Technological Infrastructure (STUTE) Hands on - Training programs*

Date and Duration of Training: *24/11/22 - 30/11/22 (7 days)*

Name of the Institute where Training has been conducted: *pt. Ravishankar Shukla University Raipur*

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 your peers/ colleagues for the training Programme												✓

Any other suggestions/ observations, if any-

*No suggestions. Thankyou.*

*Pranesh Kumar*  
*Sit & Rm Kashyap college of pharmacy*  
*[Signature]*  
 (Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: "Using Sophisticated instrumental approach to characterize Novel drug delivery System".

Date and Duration of Training: 24/11/22 to 30/11/22

Name of the Institute where Training has been conducted: UEOP, Pt. Ravishankar Shukla University  
Amankra, Raipur.

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 your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

Manisha Jaiswal.

(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *DST Sponsored by Logistic Training Program*

Date and Duration of Training: *24/11/22 to 30/11/22*

Name of the Institute where Training has been conducted: *Pt. Ravishankar Shukla University*

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

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

Any other suggestions/ observations, if any-

*Shalini Singh*

(Name of the Participant)

### FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Using sophisticated Instrumental Approach to characterize Novel drug delivery system.*

Date and Duration of Training: *24<sup>th</sup> to 30<sup>th</sup> November 2022*

Name of the Institute where Training has been conducted: *University Institute of Pharmacy, Pt. Ravishankar Shukla University Raipur (C.I.)*

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 your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

*No suggest - excellent organization, knowledgeable.*

*DIVYA SAHU*

(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: "Using sophisticated Instrumental approaches to characterise Novel drug delivery Systems"

Date and Duration of Training: 24<sup>th</sup> to 30<sup>th</sup> November 2022

Name of the Institute where Training has been conducted: University Institute of Pharmacy

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 your peers/colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

Anushi Saloti

(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *DST sponsored Synergistic training Program.*

Date and Duration of Training: *24-11-2022 to 30-11-2022*

Name of the Institute where Training has been conducted: *Pt. Ravishankar Shukla University, Raipur*

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 your peers/ colleagues for the training Programme									✓		

Any other suggestions/ observations, if any-

*Swati*

(Name of the Participant)

*Swati Dubey*



## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: Utilizing the scientific and technological information (study) # "Using sophisticated instrumental approaches to characterize novel drug delivery systems"

Date and Duration of Training: 24th to 30th Nov

Name of the Institute where Training has been conducted: University Institute of Pharmacy Pt. Ravishankar Shukla University, Raipur C.O.

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 your peers/ colleagues for the training Programme																			✓

Any other suggestions/ observations, if any-

Preeti

(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *DST-STUT Training Program*

Date and Duration of Training: *24<sup>th</sup>-30<sup>th</sup> NOV (7days)*

Name of the Institute where Training has been conducted: *PA-RSU Raipur*

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 your peers/ colleagues for the training Programme												✓

Any other suggestions/ observations, if any-

*Pratibha Sharma*  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Using Sophisticated instrumental approaches to Characterize Novel Drug Delivery System.*

Date and Duration of Training: *24<sup>th</sup> - 30<sup>th</sup> November 2022*

Name of the Institute where Training has been conducted: *University Institute of Pharmacy  
Pt. R.S. Raipur, C.G.*

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 your peers/colleagues for the training Programme											✓

Any other suggestions/ observations, if any-

*Priya Namdeo*  
(Name of the Participant)  
**PRIYA NAMDEO**

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Using sophisticated instrumental approaches to characterize novel drug delivery systems*

Date and Duration of Training: *24 Nov - 30 Nov 2022*

Name of the Institute where Training has been conducted: *UIOP*

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 your peers/ colleagues for the training Programme										✓	

Any other suggestions/ observations, if any-

*Shreya Singh*  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Using sophisticated Instrumental Approaches to characterize Novel Drug Delivery system*

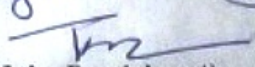
Date and Duration of Training: *24.11.2022 - 26.30.11.2022*

Name of the Institute where Training has been conducted: *University Institute of Pharmacy, Pt RSU, Raipur*

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 your peers/ colleagues for the training Programme											✓

Any other suggestions/ observations, if any-

*Taranjeet Kukreja*  
  
 (Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *DST-STUTJ Hands-on-Training program*

Date and Duration of Training: *24th to 30 Nov 2022*

Name of the Institute where Training has been conducted: *UIOP, Pt. RSU Raipur*

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 your peers/ colleagues for the training Programme											✓

Any other suggestions/ observations, if any-

*Anju Salveeria*

(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: Utilizing the scientific and technological infrastructure  
Hand-on-learning programme (using sophisticated instrumental Approaches to characterize NDDS)

Date and Duration of Training: 24<sup>th</sup> to 30<sup>th</sup> Nov. 2022

Name of the Institute where Training has been conducted: Pt. RSU, UIOP, Raipur (C.G.)

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 your peers/ colleagues for the training Programme												✓

Any other suggestions/ observations, if any- No

RASHMI MADHARIYA  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST STUTE

Date and Duration of Training: 24/11/22 - 30/11/22 (7 days)

Name of the Institute where Training has been conducted: A. Ravishankar Shukla University

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

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

Any other suggestions/ observations, if any- No.

NEHA DEWANGAN.

(Name of the Participant)



## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *DST-STUTI Training program*

Date and Duration of Training: *24 to 30 Nov. (7 days)*

Name of the Institute where Training has been conducted: *PT. RSU Raipur*

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 your peers/ colleagues for the training Programme										✓

Any other suggestions/ observations, if any-

*Vikash Mishra*  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST-STUI Sponsored Hands on Training Prog

Date and Duration of Training: 24/11/22 to 30/11/22

Name of the Institute where Training has been conducted: Pt. Ravishankar Shukla University Raipur.

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 your peers/colleagues for the training Programme											✓

Any other suggestions/ observations, if any- Please Contact, if any program further organizes. Programme is very beneficial.

POONAM SAHU  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST STU I

Date and Duration of Training: 24/11/22 to 30/11/22 7 days

Name of the Institute where Training has been conducted: Pt. Ravishankar Shukla University

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

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

Any other suggestions/ observations, if any-

Laxmi Narayan Sahu  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *DTE - STUTI Pt R.S.U., RAIPUR.*

Date and Duration of Training: *24/11/2022 to 30/11/2022 (07 Days)*

Name of the Institute where Training has been conducted: *Pt. Ravishankar Shukla University - VIOP, Raipur (C.G.)*

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 your peers/ colleagues for the training Programme											✓

Any other suggestions/ observations, if any-

*Training programme is very much informative, knowledgeable and upgrading. It will be more better, if participants will also get one to one chance of handling the Equipments.*

*Ashutosh*  
(Name of the Participant)

ASHUTOSH PATANKAR

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST - STUI Sponsored Training Program

Date and Duration of Training: 24<sup>th</sup> - 30<sup>th</sup> Nov

Name of the Institute where Training has been conducted: Pt. Ravishanker University, Raipur (C.G.)

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 your peers/ colleagues for the training Programme											✓

Any other suggestions/ observations, if any- please. Inform me when it was organizing again.

Aida Sahy  
*(Signature)*  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *DST STUTI sponsored Hands on Training Program*

Date and Duration of Training: *7 days (21/11/22 to 30/11/22)*

Name of the Institute where Training has been conducted: *UIOP, Pt. RSU, Raipur, C.G.*

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 your peers/ colleagues for the training Programme												✓

Any other suggestions/ observations, if any-

*Shamsh Ran Thakore*  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST STUITS

Date and Duration of Training: 24-11-22 to 30-11-22, 7 days.

Name of the Institute where Training has been conducted: University Institute of Pharmacy, Raipur.  
(Pt. Ravishankar Shukla University)

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

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

Any other suggestions/ observations, if any-

KHILESHWARJ.  
(Name of the Participant)

*(Signature)*

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST, STUT I

Date and Duration of Training: 24.11.2022 to 30.11.2022

Name of the Institute where Training has been conducted: Pandit Ravi Shankar Shukla University, Raipur, Chattishgarh.

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 your peers/ colleagues for the training Programme								✓		

Any other suggestions/ observations, if any-

Regarding the hands on training programs it could be better if they have demonstrated by using a sample in some sessions.

Sucharita Babu  
(Name of the Participant)



## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST, STU TI

Date and Duration of Training: 24th to 30th November, 2022

Name of the Institute where Training has been conducted: Pt. Ravi Sankar Shukla University, Raipur

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 your peers/ colleagues for the training Programme										✓	

Any other suggestions/ observations, if any-

some clinical sessions should be included in the programme. Lodging would be better.

Shubhashree Das

(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST, STUTI

Date and Duration of Training: 24<sup>th</sup> - 30<sup>th</sup> November, 2022

Name of the Institute where Training has been conducted: Pt. Ravi Shankar Shukla University, Raipur

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 your peers/ colleagues for the training Programme											✓	

Any other suggestions/ observations, if any- More session on advance technology.  
Fooding and lodging could be better.

Ayushi Pradhan.  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST STUTI

Date and Duration of Training: 24-11-22 to 30-11-22

Name of the Institute where Training has been conducted: VIOP, Pt. RSU, Raipur (C.G.)

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 your peers/ colleagues for the training Programme								✓		

Any other suggestions/ observations, if any- The conducted training program was informative but it should be more practical instead of theoretical lectures. The best part of events was demonstration on different instruments immediate after lecture, GM Pharmaceutical industry visit and informative lectures.

Dr. Jitendra Patel  
(Name of the Participant)

### FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Using sophisticated instrumental Approaches to Characterize novel drug delivery system*

Date and Duration of Training: *24<sup>th</sup> - 30<sup>th</sup> Nov*

Name of the Institute where Training has been conducted: *Pf. Ravishankar Shukla University*

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

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

Any other suggestions/ observations, if any-

*Sandeep*  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST STUTI Training Program  
 Date and Duration of Training: 24<sup>th</sup> to 30<sup>th</sup> Training (7 days)  
 Name of the Institute where Training has been conducted: Pt. RSU Raipur

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 your peers/ colleagues for the training Programme												✓

Any other suggestions/ observations, if any-

Shivani Sharma  
 (Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Using sophisticated instrumental Approaches to Characterize Novel Drug Delivery System*

Date and Duration of Training: *24<sup>th</sup> - 30<sup>th</sup> November (7 days)*

Name of the Institute where Training has been conducted: *Pt. Ravishankar Shukla University*

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

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

Any other suggestions/ observations, if any-

*Bhupendra*  
(Name of the Participant)