



## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *National Level Training Programme on Chromatography, Spectroscopy and Microscopy.*

Date and Duration of Training: *28<sup>th</sup> November – 4<sup>th</sup> December 2022, 7 days.*

Name of the Institute where Training has been conducted: *M G University, Kottayam.*

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-

*Minu Mary Sebastian*  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: National Level Training Program on Chromatography, Spectroscopy, & Microscopy.

Date and Duration of Training: 28<sup>th</sup> Nov - 4<sup>th</sup> Dec, 2022

Name of the Institute where Training has been conducted: Mahatma Gandhi University, Kottayam.

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- kindly do some workshop on Sanger Sequencing, next generation sequencing, which will cover the present & future generation & research area in molecular biology. particle size Analyzer, Elemental Analyzer also be good.

( Chandan )  
Chandan Kumar Sahoo  
(Name of the Participant)





## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *DST-STUTI Training on chromatography, spectroscopy & Microscopy.*

Date and Duration of Training: *Nov 28<sup>th</sup> - Dec 4<sup>th</sup> 2022*

Name of the Institute where Training has been conducted: *MG University, Kottayam & St. Dominics, Kanjirapalli.*

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, the training program was well organized. All the theory and technical sessions were very informative. My only concern was for few sessions wherein because of ups problem, we could not get hands-on experience for techniques like (HPLC).

Another humble suggestion is accomodation room could have been better in terms of cleanliness and Basic amenities. Otherwise, the training was very nice.

Your hospitality was fabulous. Thank you so much.

Dr. Charukesi R  
(Name of the Participant)





Juhi Rani Verma  
VNIT Nagpur

### FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST-STUTI Hands on training program

Date and Duration of Training: November 28<sup>th</sup> to December 4<sup>th</sup> 2022

Name of the Institute where Training has been conducted: MG University &  
St. Dominic's College

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-

Juhi Rani Verma  
(Name of the Participant)



## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *DST-STUT*

Date and Duration of Training: *28.11.2022 - 04.12.2022*

Name of the Institute where Training has been conducted: *Mahatma Gandhi University, Kottayam*

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- *We are the end user of the instruments, we should know how to operate after knowing the sample preparation. You are giving only the theory session. The manual provided consists of only the principle without the procedure of sample preparation which doesn't make sense.*

*Kota Chakrapani*  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST-STUTI HANDS ON TRAINING PROGRAM

Date and Duration of Training: 28-11-2022 to 4-12-2022

Name of the Institute where Training has been conducted: M.G. university, Kottayam & St. Dominics college, Kanjirapally

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- I wish I could handle the instrument

& learn to operate it. Because even after the training program I have no confidence to handle the instrument.

I wish it was a real hands on training program. I wish the program focussed on more on the training the students in handling the instruments rather than taking the theory classes which could be learnt from the internet. But we can't learn to handle the instrument through the internet source so I wish the program focus on the instruments.

Risty Paul  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *DST-STUTI Hands on training program.*

Date and Duration of Training: *Nov 28<sup>th</sup> to 4<sup>th</sup> 2022*

Name of the Institute where Training has been conducted: *M G 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-

*Aparna V M.*

(Name of the Participant)



## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *DST- STU1 TRAINING PROGRAM*

Date and Duration of Training: *28-11-2022 to 4-12-2022*

Name of the Institute where Training has been conducted: *MG 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-

*Bisa Susan Zachariah*

(Name of the Participant)









## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST-STUTI TRAINING PROGRAM

Date and Duration of Training: 28-11-2022 to 04-12-2022

Name of the Institute where Training has been conducted: M. G. UNIVERSITY, KOTTAYAM

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-

DR. RAJEENA. K. S.  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *National level training program on Chromatography Spectroscopy & Microscopy*

Date and Duration of Training: *28th Nov 2022 - 4th Dec 2022*

Name of the Institute where Training has been conducted: *Mahatma Gandhi University Kottayam & St. Dominics College Kariyapally*

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-

*Mahendee. M*

(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: National level Training program on chromatography Spectroscopy & Microscopy

Date and Duration of Training: 28<sup>th</sup> Nov- 4<sup>th</sup> Dec 2022.

Name of the Institute where Training has been conducted: Mahatma Gandhi 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- need some more workshop on same. Along with the training if any trainees needs a sample analysis the Coordinators arranges the possibility.

Name- Manish Pant  
DIT University, Dehradun  
Ph.D Research Scholar

(Name of the Participant)







## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST ST01 National Level Training Programme

Date and Duration of Training: 28<sup>th</sup> Nov - 04<sup>th</sup> Dec

Name of the Institute where Training has been conducted: MGU, SD College Kanjirapally

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-

Data interpretation, Plots etc, identification of & calculations of different parameters were also expected.

we also expected Spectroscopic techniques like XMR, other techniques like TEM, XRD etc

(Name of the Participant)













## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST - STUTF

Date and Duration of Training: 28/11/22 - Seven days Programme

Name of the Institute where Training has been conducted: Mahatma Gandhi 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-

K. Swarna Kumari  
(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *National Level training program on Chromatography, spectroscopy and Microscopy*

Date and Duration of Training: *28<sup>th</sup> Nov to 4<sup>th</sup> Dec.*

Name of the Institute where Training has been conducted: *MCI 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-

*M. Somayya devi*  
*M. Somayya*  
*31/12/2022*  
 (Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST STU1 Hands on training program

Date and Duration of Training: Nov. 28<sup>th</sup> to Dec. 4

Name of the Institute where Training has been conducted: MGI 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-

Aparna Raj

(Name of the Participant)

## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: *Training Program on chromatography, spectroscopy and microscopy*

Date and Duration of Training: *28<sup>th</sup> - 04<sup>th</sup> Dec, 2022*

Name of the Institute where Training has been conducted: *MG University, Kottayam*

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.*

Tanwir  
(Name of the Participant)

*MD TANWIR ALAM*



## FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme: DST STU11 National Level Training Program

Date and Duration of Training: 28<sup>th</sup> Nov to 4<sup>th</sup> Dec 2022, 7 days

Name of the Institute where Training has been conducted: Mg University & St. Dominic's college

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 focus on instrumentation and hands on sessions apart from the theory classes.

  
 (Name of the Participant)  
 Reshma Sara Johnson

