

JSS Academy of Higher Education & Research, Mysuru

(Deemed to be University, Accredited 'A+' Grade by NAAC)

JSS COLLEGE OF PHARMACY, OOTY

(Ranked 7th in India by NIRF 2021)

(An ISO 9001:2015 Certified Institution)

BIODATA

NAME Prof./Dr./Mr./Ms.																			

DESIGNATION																			
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ORGANIZATION																			

DATE OF ENTRY IN SERVICE																			
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CATEGORY (GENERAL / SC / ST / OBC)																			
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DATE OF BIRTH																			
SEX (M/ F)																			

COMPLETE ADDRESS (OFFICE)																			

COMPLETE ADDRESS (RESIDENCE)																			

CONTACT DETAILS	PHONE (O)	PHONE (R)	MOBILE No.	E-MAIL

EDUCATIONAL / PROFESSIONAL QUALIFICATIONS (GRADUATION ONWARDS)					
Sr. No.	EXAMINATION/ DEGREE	UNIVERSITY/ INSTITUTE	YEAR	SUBJECT	DIVISION/PERCENTAGE OF MARKS

EXPERIENCE					
Sr. No.	NAME OF THE ORGANISATION	DESIGNATION	FROM	TO	DUTY PERFORMED

TRAINING ATTENDED				
Sr. No.	YEAR	NAME OF THE TRAINING PROGRAMME	NAME OF THE INSTITUTE	DURATION

RESEARCH EXPERIENCE				
Sr. No.	YEAR	TOPIC OF RESEARCH	SPONSORING AGENCY	GIST OF RESEARCH

PAPER PUBLISHED / PATENT FILED/OBTAINED				
Sr. No.	YEAR	TOPIC OF PAPER/ BOOK	GIST OF PAPER	NAME OF JOURNAL/ MAGZINE/ PUBLISHER

Briefly give details of significant contribution made by you in the field of Science & Technology during your career. (100 words)

Date:

(Signature)

FEEDBACK FORM FOR TRAINING PROGRAM

Title of the Training Programme:

Date and Duration of Training:

Name of the Institute where Training has been conducted:

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-

(Name of the Participant)

FEEDBACK FORM FOR AWARENESS PROGRAM

Date and Duration of Training:

Name of the Institute visited:

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 program etc.										
2.	Overall grading of the facilities provided like Transport, Refreshments etc.										
3.	Overall grading of the faculty members/ teachers conducting the training										
4.	How far these awareness program suits your future vision for Science and Technology										
5.	Usefulness of this training program in your current study										
6.	Do you want such programs to be conducted more in the country										
7.	How far you think these learnings will benefit your future study and help in fulfilling your dreams										
8.	How far do you think these awareness sessions will help one know more about Science and Technology initiatives in the country										
9.	How strongly do you feel of making career in Science and Technology?										
10.	Overall grading of the process of training/ awareness program										

Any other suggestions/observations, if any-

(Name of the Participant/ Class/ School)