



# MGM SCHOOL OF BIOMEDICAL SCIENCES, NAVI MUMBAI

(A constituent unit of MGM INSTITUTE OF HEALTH SCIENCES)

(Deemed University u/s 3 of UGC Act 1956)

Grade "A" Accredited by NAAC

Sector 1, Kamothe Navi Mumbai-410209, Tel.No.:022-27437631,27432890

Email. [sbsnm@mgmuhs.com](mailto:sbsnm@mgmuhs.com) / Website : [www.mgmsbsnm.edu.in](http://www.mgmsbsnm.edu.in)

## FEEDBACK FORM

Name of delegate: Yogesh N. Pahl Date: 18/12/2021

**Title of FDP: Zebra Fish Husbandry and training**

**Overall, how would you rate this workshop?**

1. How would you rate the usefulness of the content? ( 1 2 3 4 5)
2. How would you rate the hands-on activities? (1 2 3 4 5)
3. How would you rate the presenter's knowledge in the subject? (1 2 3 4 5)
4. How would you rate the pace of the presentation?  
(Too fast Too slow Just right)
5. Was the workshop above or below your current skill level?  
(Above Below Just right)
6. Were your personal learning goals for the course met?

If "No," please describe those expectations that were not met.

7. Any other comments?

Faculty Development Programme was really good to learn about Application of Zebrafish in Research field.

Signature of the participant

Date:

[Signature]  
18/12/21



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## FEEDBACK FORM

Name of delegate: Dr. Sumi Elizabeth Date: 18/12/21

Title of FDP: **Zebra Fish Husbandry and training**

Overall, how would you rate this workshop?

- How would you rate the usefulness of the content? ( 1 2 3 4 5)
- How would you rate the hands-on activities? ( 1 2 3 4 5)
- How would you rate the presenter's knowledge in the subject? ( 1 2 3 4 5)
- How would you rate the pace of the presentation?  
(Too fast Too slow Just right)
- Was the workshop above or below your current skill level?  
(Above Below Just right)
- Were your personal learning goals for the course met?  
If "No," please describe those expectations that were not met.

7. Any other comments?

good for learning New endeavours in  
zebrafish Research.

Signature of the participant

Date: Sumi

18/12/21.



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## FEEDBACK FORM

Name of delegate: Rahya S. Date: 18/12/21

**Title of FDP: Zebra Fish Husbandry and training**

Overall, how would you rate this workshop?

1. How would you rate the usefulness of the content? ( 1 2 3 4 5 )
2. How would you rate the hands-on activities? ( 1 2 3 4 5 )
3. How would you rate the presenter's knowledge in the subject? ( 1 2 3 4 5 )

4. How would you rate the pace of the presentation?  
(Too fast Too slow Just right) Just right
5. Was the workshop above or below your current skill level?  
(Above Below Just right) Above

6. Were your personal learning goals for the course met?  
If "No," please describe those expectations that were not met.

7. Any other comments?

Nil

Signature of the participant

Date: Rahya

19/12/21



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## FEEDBACK FORM

Name of delegate: Dr. Neelam Yerram - Date: 18/12/21.

**Title of FDP: Zebra Fish Husbandry and training**

**Overall, how would you rate this workshop?**

1. How would you rate the usefulness of the content? ( 1 2 3 4 5) 5
2. How would you rate the hands-on activities? ( 1 2 3 4 5) 5
3. How would you rate the presenter's knowledge in the subject? ( 1 2 3 4 5) 5
4. How would you rate the pace of the presentation?  
(Too fast Too slow Just right) Just right
5. Was the workshop above or below your current skill level?  
(Above Below Just right) Just right

6. Were your personal learning goals for the course met?

If "No," please describe those expectations that were not met.

7. Any other comments?

Teaching & learning tools were used up to the mark.

Signature of the participant

Neelam

Date:

18/12/21.



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## FEEDBACK FORM

Name of delegate: DR. MINI MOL Date: 18/12/21.

Title of FDP: Zebra Fish Husbandry and training

Overall, how would you rate this workshop?

1. How would you rate the usefulness of the content? ( 1    2    3    4    5 ) 5
2. How would you rate the hands-on activities? ( 1    2    3    4    5 ) 5
3. How would you rate the presenter's knowledge in the subject? ( 1    2    3    4    5 ) 5
4. How would you rate the pace of the presentation?  
(Too fast    Too slow    Just right) Just right
5. Was the workshop above or below your current skill level?  
(Above    Below    Just right) Above
6. Were your personal learning goals for the course met?

If "No," please describe those expectations that were not met.

7. Any other comments?

NIL

Signature of the participant

Date: MR01

18/12/21.