



# CHRIST

(DEEMED TO BE UNIVERSITY)  
BANGALORE · INDIA

DEPARTMENT OF MATHEMATICS  
Presents

## A WORKSHOP ON TIKZ

Date : November 5 - 7, 2018

Resource person :

Dr. Sudev N K  
Associate Professor  
Department of Mathematics  
CHRIST (Deemed to be University)



Venue : Room no. 614, Central Block

For registration, contact  
Dr. Sangeetha Sathish  
+91 8892855593

# CHRIST (Deemed to be University)

## Department of Mathematics


### A Report “Workshop on TikZ”

Tikz is a LaTeX based package which is used for creating high-quality, high-resolution pictures and diagrams for articles, books and reports in the vector graphics format. This package significantly reduces the efforts of the authors to handle diagrams and graphs in their article.

The Department of Mathematics, CHRIST (Deemed to be University) conducted a two-day regional hands-on training programme on Tikz packages at CHRIST (Deemed to be University) main campus during 05<sup>th</sup> and 07<sup>th</sup> November 2018. Dr. N.K. Sudev (Associate Professor, Department of Mathematics, CHRIST(Deemed to be University) was the resource person. Forty-three delegates from various institutions, including some members of Faculty, PhD Scholars, some MPhil Students and M.Sc. Students of CHRIST (Deemed to be University), participated in the programme.

In the beginning, Dr Joseph Varghese Kureethara gave an overview of the package and its importance. He also introduced the resource person to the delegates. There were six sessions in the programme. In the first session, the participants were given an understanding about the installation procedure, updation and installation of the sub-packages and style files necessary for working on Tikz. In the second sessions, delegates were trained to create basic figures and geometrical shapes. The third session dealt with the preparation of graphs and curves using the concepts of coordinate system. In the first session of the second day, participants learned how to customize the figures and shapes in terms of colours, length, thickness, 3-D appearance etc. The second and third sessions of the programme provided an overview of the construction of different kinds of graphs in graph theory, labeling of vertices and edges of graphs, coloring of vertices and edges of graphs etc. The participants also learned how to create subfigures with captions side by side.

After the session, the delegates conveyed their feedbacks about the programme. The training programme concluded at 04.30 pm.

  
HEAD,  
Department of Mathematics,  
CHRIST (Deemed to be University)  
BENGALURU - 560 029

# Department of Mathematics, CHRIST (Deemed to be University)

## Workshop on TikZ

Attendance on November 5, 2018

Name	Profile	Institution	AM	PM
VIDYA T.	Assistant Professor	Smt V.H.D. Central Institute of Home Science, Bangalore		
ASHWIN SHIJO M	PhD Scholar	Pionner Kumaraswamy College, Nagercoil, Kanyakumari		
SUMA T BRIJESH	Assistant Professor, PhD Scholar	New Horizon College of Engineering		
TESSY TOM	Associate Professor	Mount Carmel College		
ANU JOSEPH	PG Student	Mount Carmel College		
DR. SRIRAM	Assistant Professor	M.E.S College Of Arts, Commerce and Science		
GERARD ROZARIO J	Assistant Professor	IFET COLLEGE OF ENGINEERING, VILLUPURAM , TAMILNADU		
ASHA T. V.	Assistant Professor	GFGC, K R Puram, Bangalore		
CHETHANA H S	PG Student	CHRIST (Deemed to be University)		
MARIAM SUBASH	PG Student	CHRIST (Deemed to be University)		
KRUTHIKA H H	PG Student	CHRIST (Deemed to be University)		
BANASHREE B S	PG Student	CHRIST (Deemed to be University)		
PRIYANKA PANDEY	PhD Scholar	CHRIST (Deemed to be University)		
ANNA TREESA RAJ	PhD Scholar	CHRIST (Deemed to be University)		
L.PHILO NITHYA	PhD Scholar	CHRIST (Deemed to be University)		
ACHU ANIYAN	MPhil Scholar	CHRIST (Deemed to be University)		

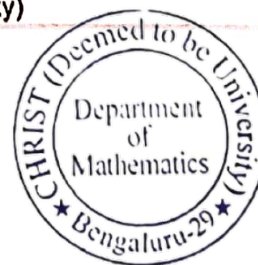


# Department of Mathematics, CHRIST (Deemed to be University)

## Workshop on TikZ

Attendance on November 7, 2018

Name	Profile	Institution	AM	PM
✓ VIDYA T.	Assistant Professor	Smt V.H.D. Central Institute of Home Science, Bangalore	<i>[Signature]</i>	<i>[Signature]</i>
✓ ASHWIN SHIJO M	PhD Scholar	Plonner Kumaraswamy College, Nagercoll, Kanyakumari	<i>[Signature]</i>	<i>[Signature]</i>
SUMA T BRIJESH	Assistant Professor, PhD Scholar	New Horizon College of Engineering	<i>[Signature]</i>	
✓ TESSY TOM	Associate Professor	Mount Carmel College	<i>[Signature]</i>	<i>[Signature]</i>
✓ ANU JOSEPH	PG Student	Mount Carmel College	<i>[Signature]</i>	<i>[Signature]</i>
✓ DR. SRIRAM	Assistant Professor	M.E.S College Of Arts, Commerce and Science	<i>[Signature]</i>	<i>[Signature]</i>
GERARD ROZARIO J	Assistant Professor	IFET COLLEGE OF ENGINEERING, VILLUPURAM, TAMILNADU		
✓ ASHA T. V.	Assistant Professor	GFGC, K R Puram, Bangalore	<i>[Signature]</i>	<i>[Signature]</i>
✓ CHETHANA H S	PG Student	CHRIST (Deemed to be University)	<i>[Signature]</i>	<i>[Signature]</i>
✓ MARIAM SUBASH	PG Student	CHRIST (Deemed to be University)	<i>[Signature]</i>	<i>[Signature]</i>
✓ KRUTHIKA H H	PG Student	CHRIST (Deemed to be University)	<i>[Signature]</i>	<i>[Signature]</i>
✓ BANASHREE B S	PG Student	CHRIST (Deemed to be University)	<i>[Signature]</i>	<i>[Signature]</i>
PRIYANKA PANDEY	PhD Scholar	CHRIST (Deemed to be University)		
✓ ANNA TREESA RAJ	PhD Scholar	CHRIST (Deemed to be University)	<i>[Signature]</i>	<i>[Signature]</i>
✓ L. PHILO NITHYA	PhD Scholar	CHRIST (Deemed to be University)	<i>[Signature]</i>	<i>[Signature]</i>
✓ ACHU ANIYAN	MPhil Scholar	CHRIST (Deemed to be University)	<i>[Signature]</i>	<i>[Signature]</i>



*[Handwritten signature]*

# Department of Mathematics- Feedback Form

This feedback form is on the program conducted by Department of Mathematics. The feedback will be useful to improve the quality of the programe. Thank you.

The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

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2. Event Name:

Ticket

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3. Date and Time:

9/11/2018

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4. Name and Registration Number \*

Poojanka Sandey

---

5. Class

PhD

---

6. How well was the structure of the program designed? \*

Mark only one oval.

1      2      3      4      5

Poor                  Excellent

7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes  
 No  
 Partially

9. Were the topics covered relevant to the overall theme? \*

Mark only one oval.

Yes  
 No  
 Partially

10. How satisfied are you with the doubt clarification during the sessions? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Definitely Yes

11. Was there enough time for discussion? \*

Mark only one oval.

- Yes
- No
- Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

	1	2	3	4	5	
Poorly Satisfied	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly Satisfied

14. Do you have any other suggestions? \*

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# Department of Mathematics- Feedback Form

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The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

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2. Event Name:

TIKZ

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3. Date and Time:

Nov 5, 2018

---

4. Name and Registration Number \*

BANASHREE

---

5. Class

PG1

---

6. How well was the structure of the program designed? \*

Mark only one oval.

1      2      3      4      5

---

Poor                  Excellent

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7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes  
 No  
 Partially

9. Were the topics covered relevant to the overall theme? \*

Mark only one oval.

Yes  
 No  
 Partially

10. How satisfied are you with the doubt clarification during the sessions? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Definitely Yes

11. Was there enough time for discussion? \*

Mark only one oval.

- Yes  
 No  
 Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

1      2      3      4      5

---

Definitely No                  Definitely Yes

---

13. What is the overall satisfaction of the session? \*

Mark only one oval.

1      2      3      4      5

---

Poorly Satisfied                  Highly Satisfied

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14. Do you have any other suggestions? \*

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The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

\_\_\_\_\_

2. Event Name:

Tikz \_\_\_\_\_

3. Date and Time:

5/11/2018 \_\_\_\_\_

4. Name and Registration Number \*

Kshubika H H \_\_\_\_\_

5. Class

Pg \_\_\_\_\_

6. How well was the structure of the program designed? \*

Mark only one oval.

1      2      3      4      5

Poor      Excellent

7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes  
 No  
 Partially

9. Were the topics covered relevant to the overall theme? \*

Mark only one oval.

Yes  
 No  
 Partially

10. How satisfied are you with the doubt clarification during the sessions? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Definitely Yes



11. Was there enough time for discussion? \*

Mark only one oval.

- Yes  
 No  
 Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

	1	2	3	4	5	
Poorly Satisfied	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly Satisfied

14. Do you have any other suggestions? \*

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The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

\_\_\_\_\_

2. Event Name:

*Tckx*

\_\_\_\_\_

3. Date and Time:

*5/11/2018*

\_\_\_\_\_

4. Name and Registration Number \*

*Narain Subash*

\_\_\_\_\_

5. Class

*PG*

\_\_\_\_\_

6. How well was the structure of the program designed? \*

Mark only one oval.

1      2      3      4      5

Poor      Excellent

7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes  
 No  
 Partially

9. Were the topics covered relevant to the overall theme? \*

Mark only one oval.

Yes  
 No  
 Partially

10. How satisfied are you with the doubt clarification during the sessions? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Definitely Yes

11. Was there enough time for discussion? \*

Mark only one oval.

Yes

No

Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

1 2 3 4 5

Definitely No      Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

1 2 3 4 5

Poorly Satisfied      Highly Satisfied

14. Do you have any other suggestions? \*

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The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

---

2. Event Name:

Tikz

---

3. Date and Time:

Nov 5, 2018

---

4. Name and Registration Number \*

Chethana H S

---

5. Class

PG

---

6. How well was the structure of the program designed? \*

Mark only one oval.

1

2

3

4

5

Poor

Excellent

---

7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

- Yes  
 No  
 Partially

9. Were the topics covered relevant to the overall theme? \*

Mark only one oval.

- Yes  
 No  
 Partially

10. How satisfied are you with the doubt clarification during the sessions? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Definitely Yes

11. Was there enough time for discussion? \*

Mark only one oval.

- Yes
- No
- Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

	1	2	3	4	5	
Poorly Satisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Highly Satisfied

14. Do you have any other suggestions? \*

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The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

---

2. Event Name:

Tikz

3. Date and Time:

Nov 5, 2018

4. Name and Registration Number \*

Adha TV

5. Class

---

6. How well was the structure of the program designed? \*

Mark only one oval.

1      2      3      4      5

Poor                  Excellent



7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes  
 No  
 Partially

9. Were the topics covered relevant to the overall theme? \*

Mark only one oval.

Yes  
 No  
 Partially

10. How satisfied are you with the doubt clarification during the sessions? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Definitely Yes

11. Was there enough time for discussion? \*

Mark only one oval.

- Yes  
 No  
 Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

	1	2	3	4	5	
Poorly Satisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Highly Satisfied

14. Do you have any other suggestions? \*

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The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

\_\_\_\_\_

2. Event Name:

Tikz \_\_\_\_\_

3. Date and Time:

5/11/2018 \_\_\_\_\_

4. Name and Registration Number \*

Gerald Roxasio J \_\_\_\_\_

5. Class

\_\_\_\_\_

6. How well was the structure of the program designed? \*

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

7. Expertise of the resource person \*

Mark only one oval.

1      2      3      4      5

Demonstrated poor expertise      Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes

No

Partially

9. Were the topics covered relevant to the overall theme? \*

Mark only one oval.

Yes

No

Partially

10. How satisfied are you with the doubt clarification during the sessions? \*

Mark only one oval.

1      2      3      4      5

Definitely No      Definitely Yes

11. Was there enough time for discussion? \*

Mark only one oval.

- Yes  
 No  
 Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

1      2      3      4      5

Definitely No                  Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

1      2      3      4      5

Poorly Satisfied                  Highly Satisfied

14. Do you have any other suggestions? \*

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The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

---

2. Event Name:

TIKZ

---

3. Date and Time:

Nov 5, 2018

---

4. Name and Registration Number \*

DR. SRIRAM

---

5. Class

---

6. How well was the structure of the program designed? \*

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent



7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes  
 No  
 Partially

9. Were the topics covered relevant to the overall theme? \*

Mark only one oval.

Yes  
 No  
 Partially

10. How satisfied are you with the doubt clarification during the sessions? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Definitely Yes

11. Was there enough time for discussion? \*

Mark only one oval.

- Yes
- No
- Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

	1	2	3	4	5	
Poorly Satisfied	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly Satisfied

14. Do you have any other suggestions? \*

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The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

\_\_\_\_\_

2. Event Name:

Tikz .....

3. Date and Time:

November 5 -2018 .....

4. Name and Registration Number \*

Suma 1 .....

5. Class

PhD Scholar .....

6. How well was the structure of the program designed? \*

Mark only one oval.

1      2      3      4      5

Poor      Excellent

7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes  
 No  
 Partially

9. Were the topics covered relevant to the overall theme? \*

Mark only one oval.

Yes  
 No  
 Partially

10. How satisfied are you with the doubt clarification during the sessions? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Definitely Yes

11. Was there enough time for discussion? \*

Mark only one oval.

Yes

No

Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

1      2      3      4      5

Definitely No                  Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

1      2      3      4      5

Poorly Satisfied                  Highly Satisfied

14. Do you have any other suggestions? \*

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The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

\_\_\_\_\_

2. Event Name:

Workshop

3. Date and Time:

5-NOV

4. Name and Registration Number \*

Ashwin Shiro

5. Class

\_\_\_\_\_

6. How well was the structure of the program designed? \*

Mark only one oval.

1 2 3 4 5

Poor      Excellent



7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes  
 No  
 Partially

9. Were the topics covered relevant to the overall theme? \*

Mark only one oval.

Yes  
 No  
 Partially

10. How satisfied are you with the doubt clarification during the sessions? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Definitely Yes

11. Was there enough time for discussion? \*

Mark only one oval.

Yes

No

Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

1 2 3 4 5

Definitely No      Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

1 2 3 4 5

Poorly Satisfied      Highly Satisfied

14. Do you have any other suggestions? \*

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Google Forms

# Department of Mathematics- Feedback Form

This feedback form is on the program conducted by Department of Mathematics. The feedback will be useful to improve the quality of the programe. Thank you.

The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

\_\_\_\_\_

2. Event Name:

Workshop on Tikz

3. Date and Time:

05/11/18

4. Name and Registration Number \*

Vidya

5. Class

\_\_\_\_\_

6. How well was the structure of the program designed? \*

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes  
 No  
 Partially

9. Were the topics covered relevant to the overall theme? \*

Mark only one oval.

Yes  
 No  
 Partially

10. How satisfied are you with the doubt clarification during the sessions? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Definitely Yes

11. Was there enough time for discussion? \*

Mark only one oval.

- Yes
- No
- Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

	1	2	3	4	5	
Poorly Satisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Highly Satisfied

14. Do you have any other suggestions? \*

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\* Required

1. Email \*

\_\_\_\_\_

2. Event Name:

Tikz

\_\_\_\_\_

3. Date and Time:

November 5, 2018

\_\_\_\_\_

4. Name and Registration Number \*

Achu Anyan

\_\_\_\_\_

5. Class

PhD.

\_\_\_\_\_

6. How well was the structure of the program designed? \*

*Mark only one oval.*

1      2      3      4      5

Poor                  Excellent



7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes  
 No  
 Partially

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	1	2	3	4	5	
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- Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

	1	2	3	4	5	
Poorly Satisfied	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly Satisfied

14. Do you have any other suggestions? \*

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\* Required

1. Email \*

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2. Event Name:

Tickz

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3. Date and Time:

5/11/18

---

4. Name and Registration Number \*

Philo Nitya

---

5. Class

PhD

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6. How well was the structure of the program designed? \*

Mark only one oval.

	1	2	3	4	5	
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Excellent

7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Demonstrated mastery

8. In your opinion, did this session meet the objectives? \*

Mark only one oval.

Yes  
 No  
 Partially

9. Were the topics covered relevant to the overall theme? \*

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	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Definitely Yes

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12. Has this session broadened your knowledge on the topic? \*

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	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Definitely Yes

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Mark only one oval.

	1	2	3	4	5	
Poorly Satisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Highly Satisfied

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The respondent's email (null) was recorded on submission of this form.

\* Required

1. Email \*

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2. Event Name:

*Ticket*

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3. Date and Time:

*5/11/2018*

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4. Name and Registration Number \*

*Aruna Treasa*

---

5. Class

*PhD*

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6. How well was the structure of the program designed? \*

Mark only one oval.

	1	2	3	4	5
Poor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> Excellent



7. Expertise of the resource person \*

Mark only one oval.

	1	2	3	4	5	
Demonstrated poor expertise	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Demonstrated mastery

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	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Definitely Yes

11. Was there enough time for discussion? \*

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- Yes  
 No  
 Partially

12. Has this session broadened your knowledge on the topic? \*

Mark only one oval.

	1	2	3	4	5	
Definitely No	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Definitely Yes

13. What is the overall satisfaction of the session? \*

Mark only one oval.

	1	2	3	4	5	
Poorly Satisfied	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly Satisfied

14. Do you have any other suggestions? \*

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