## DAYANANDASAGAR COLLEGE OF ARTS SCIENCE AND COMMERCE

ShavigeMalleshwara Hills, Kaumarswamy Layout, Bangalore-560082 Internal Quality Assurance Cell (IQAC) Cell

## **Report of the Event Conducted**

## Department:

BBA/B.Com

Date: 26th Oct 2018

51.	No.	Particulars	State of the state	Event relat	ed Details		223
¥.	1.	Event*		Deb		le sur ce	
5	2.	Title of the Event	In mass medi	Eng		nent defies	
	3.	Date	(19		ct 2018		
	4.	Time ·	8 10 20		3.30 pm		-
	5.	Venue		Building No 13, 4 <sup>th</sup>	floor (Class Rooms)	S. Carlo	1
	6.	Resource Person 1 Details** (Profile to be enclosed)			A		
3	7.	Topics Covered	ADT REAL	NA	д		
	8,	Resource Person 2 Details** (Profile to be enclosed)		Same -	A		
	9	Topics Covered		Ni <i>l</i>	Α		
¥.	10.	No. Faculty Participants (Enclose a copy of names with signatures)	Internal:	NA	External:	NA	
	11.	No. Student Participants (Enclose a copy of names with signatures)	Internal:	26	External:	NA	
	12.	Faculty Coordinator/s		PROF. SANGEE	THA DAYANAND		
	13.	Student Coordinator/s		HARSHITH	8 DEEPIKA	Same -	4
	14,	Total Expenditure (Details to be enclosed)		N/	A '		
R	15.	Sponsors and Amount (if any)	NA				
	16.	Agenda of the Event (Enclose a copy)	LITERARY EVENTS ORAGANIZED UNDER LITERARY CELL "AKSHARA"				
	17.		NA				

SI. No.	Particulars	Event related Details
18.	Report sent to media? If yes, give details:	NA
19.	Report uploaded in Social Media? If yes, give details:	NA
20.	Certificates Printed? (Enclose a copy***)	Enclosed
21.	Feedback Collected? (Enclose a copy***)	NA
22.	Summary of the Event (Minimum 100 words)	The Literary Club AKSHARA conducted the activity "DEBATE" in the Department of BBA on 26 <sup>TH</sup> OCT 2018, between 1.30 to 3.30 P M. Twenty eight students are participated in the activity.
23.	Photographs of the Event (At least 10 relevant, clear, and appropriate photos with title and explanation. The jpg files need to be attached)	Enclosed

## Notes:

\* Seminar / Workshop / Symposium / Conference / Cultural Fest / Quiz / Sports / Literature Fest, etc. \*\* Name / Organization / Designation / Area of Expertise

\*\*\* Format Copy need to be attached and hard copy need to be filed

PS: Whichever column is not applicable, write as NA.

vent Coordinator

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HOD/Director

Principal

K.S. Layout, Sangalord - 507 67 Semace & Committee

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