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: 06/07/2021

SI. No.'	Particulars	Event related Details			
1.	Event*	ISR ACTIVITIES			
2.	Title of the Event	Covid-19 Vaccination Drive			
3.	Date	06/07/2021			
<del>•</del> 4.	Time	11 AM to 01:00PM			
5.	Venue	PC Sagar Auditorium			
6.	Resource Person 1 Details** (Profile to be enclosed)	NA			
7.	Topics Covered	NA			
8.	Resource Person 2 Details** (Profile to be enclosed)	NA			
9.	Topics Covered	NA 1			
10.	No. Faculty Participants (Enclose a copy of names with signatures)	Internal:	1	External:	0
11.	No. Student Participants (Enclose a copy of names with signatures)	Internal:	100	External:	0
12.	Faculty Coordinator/s	Full Name: Shalini Kumari Rawani Department: BBA / B Com Designation: Assistant Professor			
13.	Student Coordinator/s	Full Name: NA Register No: Course, Semester & Section:			
14.	Total Expenditure (Details to be enclosed)	NA			
15.	Sponsors and Amount (if any)	NA			
16.	Agenda of the Event (Enclose a copy)	NA NA			
17.	Report uploaded on college website? If yes, give details:	NA (Bengaluru) (C)			
18.	Report sent to media? If yes, give details:	NA		Bengaluru O 560 111	

SI. No.	Particulars			
		Event related Details		
19.	Report uploaded in Social Media? If yes, give details:	NA		
20.	Certificates Printed? (Enclose a copy***)	ΝΑ		
21.	Feedback Collected? (Enclose a copy***)	ΝΑ		
22.	Summary of the Event (Minimum 100 words)	Covid 19 Vaccination drive was conducted on 08/07/2021, for the students, Staff Members of Dayananda Sagar Institution and people of Kumaraswamy Layout, doctors and other staff from BBMP administered vaccination to the people.		
23.	Photographs of the Event (At least 10 relevant, clear, and appropriate photos with title and explanation. The jpg files need to be attached)	YES		



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.

lin Su **Event Coordinator** 

**HOD/Director** 

Principal

IQAC Coordinator







Pic 1: Participants registering for vaccination

Pic 2: Participants waiting for vaccination



Sc 3 and 4: Doctors administering vaccine

