Dayananda Sagar College of Arts, Science, and Commerce

Internal Quality Assurance Cell – IQAC
Student Grievance Cell-Samraksha

Report of the Event Conducted

Department*: BBA **Date of Report: 6/8/2026**

Sl. No.	Particulars	Event related Details			
1.	Event*	Orientation Program			
2.	Title of the Event	Student First – Awareness and Support Orientation *"Creating a Safe, Respectful, and Inclusive Campus"*			
3.	Date of Conduction	5/8/2026	4.	12.00 pm-1.00 pm	
5.	Venue	Room no.212 Building no.13			
6.	Resource Person 1 Details (Profile to be enclosed)	Name: Shylaja N Organisation: Asst. Prof. Dept of BBA, DSCASC Specialisation: Mobile No: 8310865561 Email ID: shylajan-bba@dayanandasagar.edu			
7.	Topics Covered	Student grievances and mechanism			
8.	Resource Person 2 Details (Profile to be enclosed)	Name NA Designation Mobile No.		Organization Specialization Email ID	
9.	Topics Covered				
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:	53	External:	NIL
12.	Faculty Coordinator/s	Full Name: Dr. Rajendra Kumar Department: BBA/BCOM Designation: Cell Head, Student Grievance Cell			
13.	Student Coordinator/s	Full Name: Sreenidhi A Department: BBA			
14.	Total Expenditure (Details to be enclosed)	Rs.	15	Sponsors and Amount (if any)	
16.	Agenda of the Event (Attach a copy)		17.	Provide the link of the report uploaded on College Website	
18.	Social Media Links (Provide the links of the report uploaded on Social Media)		19.	Report sent to Newspapers? If yes, provide cuttings/images:	
20.	Certificates Printed? (Attach a copy**)	No	21.	Feedback Collected? (*Attach a copy***)	yes
22.	Attendance Sheet Attached?*	yes	23	Photographs of the Event (*About 5 relevant, clear, and appropriate photos with precise caption. The jpg files need to be attached*)	yes
24.	Summary of the Event (Around 100 words)	The Student Grievance Cell organized **"Student First – Awareness and Support Orientation"** for first-year BBA students to familiarize them with the institution's grievance redressal mechanism. The session highlighted the importance of a safe, inclusive, and student-friendly campus where every concern is heard and addressed			

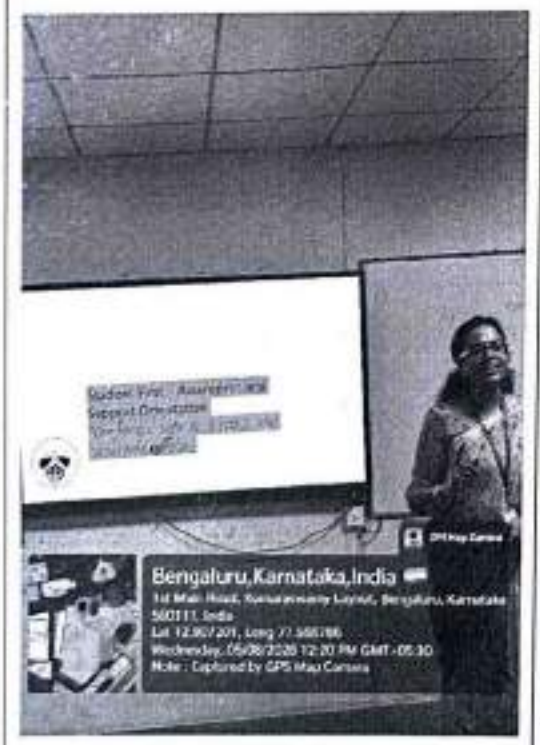
		with fairness and confidentiality. Students were introduced to the objectives, functions, and grievance redressal process of the cell, encouraging them to voice their concerns without hesitation. The interactive orientation enhanced awareness about students' rights and responsibilities while fostering trust, transparency, and a supportive academic environment.

Event Coordinator **HOD - BBA** **IQAC Coordinator** **Principal**

IQAC Co-ordinator
Dayananda Sagar College of Arts,
Science & Commerce
Kumara ...ny Layout, Bengaluru - 560 111

Internal Quality Assurance Cell
Bengaluru
560 111
DSCASC

Photos of the Event



DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

Kumaraswamy Layout, Bangalore – 560111
(Affiliated to Bangalore University, Approved by AICTE, NAAC Accredited)

Internal Quality Assurance Cell

Name of the Activity: 'Student Start' Attendance Register
Department: BBA
Date: 5/2/26 Time: 12.00 - 1.00 P.M

Sr.	Student Name	Reg. No.	Dept.	Signature
1	Sreenidhi. T		BBA	
2	ARVIND B		BBA	
3	Charans		BBA	
4	ARGER UZ ZAMAN		BBA	Azeeb
5	Abdul waleed		BBA	
6	Varun Reddy		BBA	
7	Hemanth. R		BBA	
8	Adithya Gowda. B		BBA	
9	[illegible]		BBA	
10	Tanish. N		BBA	
11	Yathish Gowda A N		BBA	
12	V. Rahul		BBA	
13	Tanmay Naik. K		BBA	
14	Vimal Srujan		BBA	Vimal
15	TANISHA. S		BBA	
16	Tejaswini. BS		BBA	
17	Thanushree. B. R		BBA	T.B.R.
18	Amrit Shankar		BBA	
19	Jyoti das		BBA	
20	Deepika Seervi		BBA	
21	Asiya Amber		BBA	
22	Rahul Kumar		BBA	
23	Adithya kumar		BBA	
24	Nagaraj. Budhu		BBA	
25	Rajesh Kumar Behera		BBA	

Event Coordinator Name: Jyothi L & Dr. Rajendra Kumar

Signature:

DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

Kumaraswamy Layout, Bangalore – 560111
(Affiliated to Bangalore University, Approved by AICTE, NAAC Accredited)

Internal Quality Assurance Cell

Name of the Activity: "Student Fest" Awareness program
Department: BBA
Date: 5/1/26 Time: 11.00 - 1.00 pm

Sr.	Student Name	Reg. No.	Dept.	Signature
1	Vimal Srijan		BBA	Vimal
2	Tanmay Naik .k		BBA	
3	V. Rahil		BBA	
4	Yashvardhan		BBA	
5	Manish .M		BBA	
6	BHUVAN.Y		BBA	
7	A. Shanmukha Alliilesh		BBA	
8	M.V.R. Sai Deepak		BBA	
9	Geoffery Jackson		BBA	
10	Hrigangha Rabha		BBA	
11	Varsha M.V		BBA	
12	Naimisha. DV		BBA	Naimisha
13	Saanvni Bharan		BBA	Saanvni Bharan
14	Scarlett Jeno		BBA	Scarlett
15	Sri Hasini.		BBA	Sri Hasini
16	D.A. Sneha		BBA	Sneha
17	Eshana H.		BBA	
18	S Harsha Padmini		BBA	Harsha Padmini
19	LATHIKA NIMBAGAL		BBA / I SEM	Lathika N
20	Chinmai. S		BBA	
21	Tanushree. BB		BBA	Tanushree BB
22	Sivaram Prasad		BBA / 1st Sem	
23	Riddhi Shree Pandey		BBA / 1st Sem	
24	Shreya. S		BBA	
25	Umme Hani		BBA	

Event Coordinator Name: Shylaja.N & Dr. Rajendra Kumar

Signature:

DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

Kumaraswamy Layout, Bangalore – 560111
(Affiliated to Bangalore University, Approved by AICTE, NAAC Accredited)

Internal Quality Assurance Cell

Name of the Activity: "Student First" Awareness program
Department: BBA
Date: 5/8/26 Time: 12.00 - 1.00 P.M

Sr.	Student Name	Reg. No.	Dept.	Signature
1	Sayaj K		BBA	
2	Puligal Rahi		BBA	
3	Manoj		BBA	
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Internal Quality Assurance Cell Bangalore 560 111 DSCASC

Event Coordinator Name: Sylaja. N & Dr. Rajendra kumar

Signature:

DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

An **Autonomous College** affiliated to Bangalore University (BU),
Approved by **AICTE** and **UGC**, Accredited by **NAAC** with 'B+' grade, and ISO 9001:2015 Certified Institution

Internal Quality Assurance Cell

STUDENT FEEDBACK FORM

Name of the Student: Sravidhi.A **UUCMS No.** _____

Course: BBA **Sem:** 1 **Section:** C

Name of Activity: Student first:- Awareness and support orientation.

Organized by: Student grievance cell **Date:** 5/8/2026

Resource Person: Shylaja.N **Programme/Class:** 1st BBA

Rating Scale: 5 – Excellent | 4 – Very Good | 3 – Good | 2 – Satisfactory | 1 – Needs Improvement

No.	Feedback Parameter	5	4	3	2	1
1	Relevance of the activity	☑	☐	☐	☐	☐
2	Quality and clarity of content delivered	☑	☐	☐	☐	☐
3	Effectiveness of the resource person/facilitator	☑	☐	☐	☐	☐
4	Interaction and student participation	☑	☐	☐	☐	☐
5	Achievement of the intended learning outcomes	☑	☐	☐	☐	☐
6	Improvement in my knowledge/skills through the activity	☑	☐	☐	☐	☐
7	Ability to apply the learning gained	☑	☐	☐	☐	☐
8	Organization and coordination of the activity	☑	☐	☐	☐	☐
9	Overall satisfaction with the activity	☑	☐	☐	☐	☐

Learning Outcome / Student Response

Important learning/skill gained from this activity:

Internal Quality Assurance Cell Bengaluru 560 111 DSCASC

Suggestion for improvement / future activity:

Would you recommend similar activities in future? ☑ Yes ☐ No

Overall Rating: ☑ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Needs Improvement

Signature of the Student:

Postal Address: 1st Stage, Kumaraswamy Layout, Bengaluru, Karnataka 560111
Ph: 080-42161767 **Email ID:** principal-dscasc@dayanandasagar.edu
Website: www.dscasc.edu.in

DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

An Autonomous College affiliated to Bangalore University (BU),
Approved by AICTE and UGC, Accredited by NAAC with 'B+' grade, and ISO 9001-2015 Certified Institution

Internal Quality Assurance Cell

STUDENT FEEDBACK FORM

Name of the Student: Riddhi Shree Pandey **UUCMS No.** _____

Courese: BBA **Sem:** I **Section:** C

Name of Activity: Student first :- Awareness and Support orientation

Organized by: Student grievance **Date:** 5/8/2026

Resource Person: Shylaja . N **Programme/Class:** 1st BBA

Rating Scale: 5 – Excellent | 4 – Very Good | 3 – Good | 2 – Satisfactory | 1 – Needs Improvement

No.	Feedback Parameter	5	4	3	2	1
1	Relevance of the activity	☑	☐	☐	☐	☐
2	Quality and clarity of content delivered	☑	☐	☐	☐	☐
3	Effectiveness of the resource person/facilitator	☑	☐	☐	☐	☐
4	Interaction and student participation	☑	☐	☐	☐	☐
5	Achievement of the intended learning outcomes	☑	☐	☐	☐	☐
6	Improvement in my knowledge/skills through the activity	☑	☐	☐	☐	☐
7	Ability to apply the learning gained	☑	☐	☐	☐	☐
8	Organization and coordination of the activity	☑	☐	☐	☐	☐
9	Overall satisfaction with the activity	☑	☐	☐	☐	☐

Learning Outcome / Student Response

Important learning/skill gained from this activity:

Suggestion for improvement / future activity:

Quality Assurance Cell Bengaluru 560 111 DSCASC

Would you recommend similar activities in future? ☑ Yes ☐ No

Overall Rating: ☑ Excellent ☐ Very Good ☐ Good ☐ Satisfactory ☐ Needs Improvement

Signature of the Student: Riddhi Pandey

Postal Address: 1st Stage, Kumaraswamy Layout, Bengaluru, Karnataka 560111
Ph: 080-42161767 **Email ID:** principal-dscasc@dayanandasagar.edu
Website: www.dscasc.edu.in