



# Dayananda Sagar College of Arts, Science, and Commerce

Internal Quality Assurance Cell  
Career Guidance & Placement Unit-GAMYA  
Report of the Event Conducted



Department\*: BBA

Date of Report: 25-08-2026

| Sl. No. | Particulars                                                                      | Event related Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                                                                                                                       |
|---------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1.      | Event*                                                                           | CIL Training Session                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                                                                                                                                       |
| 2.      | Title of the Event                                                               | Working in Teams and Interpersonal Skills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SDG's No. (s) | 4 & 8                                                                                                                                 |
| 3.      | Date of Conduction                                                               | 25-08-2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4.            | Time -9:30 -4:00 PM                                                                                                                   |
| 5.      | Venue                                                                            | Building 10,4 <sup>th</sup> Floor, Dr. C. D. Sagar Centre for Life Sciences                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                                                                                                                       |
| 6.      | Resource Person 1 Details<br>(Profile to be enclosed)                            | Name-Siddhi Jain and Ashwini S<br>Designation - Soft Skills Trainer<br>Email ID-flourishwithsiddhi@gmail.com<br>Mobile no. 8310433660 & 7899475990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                                                                                                                                       |
| 7.      | Topics Covered                                                                   | Nil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                                                                                                                                       |
| 8.      | Resource Person 2 Details<br>(Profile to be enclosed)                            | Name-NaveenKumar<br>Designation-Freelance<br>Trainer<br>Mobile No-<br>9986645758<br>Organization-Cellerite System<br>Specialization-Business<br>Development Manager<br>Email ID-<br>naveenkumar@gmail.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                                                                                                       |
| 9.      | Topics Covered                                                                   | Nil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                                                                                                                                       |
| 10.     | No. Faculty Participants<br>(Enclose a copy of names with signatures)            | Internal: Nil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | External: Nil |                                                                                                                                       |
| 11.     | No. Student Participants<br>(Enclose a copy of names with signatures)            | Internal:69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | External: Nil |                                                                                                                                       |
| 12.     | Faculty Coordinator/s                                                            | Full Name- Dr. Puja Sharma<br>Department -BBA<br>Designation -Assistant Professor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                                                                                                                       |
| 13.     | Student Coordinator/s                                                            | Full Name- Shwetha and Lochan<br>Department -BBA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                                                                                       |
| 14.     | Total Expenditure<br>(Details to be enclosed)                                    | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15            | Sponsors and Amount (if any)                                                                                                          |
| 16.     | Agenda of the Event<br>(Attach a copy)                                           | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 17.           | Provide the link of the report uploaded on College Website                                                                            |
| 18.     | Social Media Links<br>(Provide the links of the report uploaded on social media) | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 19.           | Report sent to Newspapers? If yes, provide cuttings/images:                                                                           |
| 20.     | Certificates Printed?<br>(Attach a copy**)                                       | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 21.           | Feedback Collected?<br>(Attach a copy**)                                                                                              |
| 22.     | Attendance Sheet Attached?*                                                      | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 23            | Photographs of the Event<br>(About 5 relevant, clear, and appropriate photos with precise caption. The jpg files need to be attached) |
| 24.     | Summary of the Event<br>(Around 100 words)                                       | The CIL training was organised by CIL on 25 <sup>th</sup> August 2026 for the 3rd Semester BBA - Section A, B & C students on the topic -Working in teams and Interpersonal Skills. A training program on team work and presentation skills was conducted for students to enhance their communication and professional abilities. The session on Working in Teams and Interpersonal Skills was highly useful and provided valuable insights into the importance of effective communication, collaboration, and positive workplace relationships. Overall, the training helped students to understand the importance of teamwork and collaboration in achieving common goals. |               |                                                                                                                                       |

Event Coordinator  
Puja Sharma  
25/8/26

Principal  
Shwetha  
25/8/2026

Internal Quality Assurance Cell  
Dayananda Sagar College of Arts, Science & Commerce  
Kumara Mys Layout, Bengaluru - 560015  
Principal  
Shwetha  
25/8/26



# 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

### Glimpses of the Event



Photograph 1 : Inauguration of the session

Photograph 2: Students Interacting During the Session



Photograph 3: Resource Person interacting with the students

Photograph 4: Students involved in the activity

**Postal Address:** 1<sup>st</sup> 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**

Kumaraswamy Layout, Bangalore - 560111  
(Affiliated to Bangalore University, Approved by AICTE,  
NAAC Accredited)  
Department of BBA  
In association with  
Centre for Innovation and Leadership and  
Career and Guidance Placement Cell GAMYA  
under the guidance of  
Internal Quality Assurance Cell



Name of the Activity: Pre- Placement Training (CIL)

Department: BBA

Date: 25/8/2026 Time: 9.30 to 4.30



| Sr. | Student Name        | Reg. No.     | Dept. | Signature    |
|-----|---------------------|--------------|-------|--------------|
| 1   | Monay kumar         | U03CT25M0168 | BBA   | Monay kumar  |
| 2   | Hrudidutta Rajumdan | U03CT25M0081 | BBA   | Hrudidutta   |
| 3   | Shrishti Pradhan    | U03CT25M0117 | BBA   | Shrishti     |
| 4   | Sohini Malik        | U03CT25M0096 | BBA   | Sohini       |
| 5   | Purva Bhagat        | U03CT25M0107 | BBA   | Purva Bhagat |
| 6   | Swastika Biswas     | U03CT25M0098 | BBA   | Swastika     |
| 7   | Thanmayi N          | U03CT25M0048 | BBA   | Thanmayi N   |
| 8   | Priyanka M H        | U03CT25M0084 | BBA   | Priyanka     |
| 9   | Swetha S            | U03CT25M0006 | BBA   | Swetha       |
| 10  | Poojika C.S.        | U03CT25M0077 | BBA   | Poojika      |
| 11  | Ritika Sudarshan    | U03CT25M0019 | BBA   | Ritika       |
| 12  | Rishika Rashmi Nath | U03CT25M0020 | BBA   | Rishika      |
| 13  | Rakhi Sakthi        | U03CT25M0135 | BBA   | Rakhi        |
| 14  | Swarnika Bharadwaj  | U03CT25M0014 | BBA   | Swarnika     |
| 15  | Rohaan R Reddy      | U03CT25M0013 | BBA   | Rohaan       |
| 16  | Puneeth Kumar       | U03CT25M0033 | BBA   | Puneeth      |
| 17  | Harshik A.S         | U03CT25M0007 | BBA   | Harshik      |
| 18  | A GAURAV SHARMA     | U03CT25M0172 | BBA   | Gaurav       |
| 19  | Shorath Kumar N     | U03CT25M0004 | BBA   | Shorath      |
| 20  | V.S Vinayesh Vijay  | U03CT25M0025 | BBA   | V.S Vinayesh |
| 21  | Abhishek            | U03CT25M0030 | BBA   | Abhishek     |
| 22  | RAHUL SHARMA        | U03CT25M0118 | BBA   | Rahul        |
| 23  | MOHAMMAD ASIM MIR   | U03CT25M0173 | BBA   | Asim         |
| 24  | Ana Shash. Raj. Jy  | U03CT25M0024 | BBA   | Ana Shash.   |
| 25  | Shahana Ahmed       | U03CT25M0110 | BBA   | Shahana      |

Event Coordinator Name: \_\_\_\_\_

Signature: \_\_\_\_\_

26. Saad Naseem U03CT25M0095 BBA
27. Tahir pasha U03CT25M0091 BBA
28. Felixmohan A U03CT25M0059 BBA

Signature of Felixmohan A



# DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

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

Department of BBA  
In association with  
Centre for Innovation and Leadership and  
Career and Guidance Placement Cell GMYA  
under the guidance of  
Internal Quality Assurance Cell



Name of the Activity: Pre- Placement Training (CIL)

Department: BBA

Date: 25/8/2026 Time: 9.30 to 4.30

| Sr. | Student Name         | Reg. No.     | Dept. | Signature   |
|-----|----------------------|--------------|-------|-------------|
| 1   | Huzaiya Tazmeen      | U03CJ25M0123 | BBA   | Huzaiya     |
| 2   | Pathina Sabah Yousuf | U03CJ25M0122 | BBA   | Sabah       |
| 3   | Aleena Arshad        | U03CJ25M0115 | BBA   | Aleena      |
| 4   | Bhumi Ka U Jain      | U03CJ25M0119 | BBA   | Bhumi       |
| 5   | Vismitha .R          | U03CJ25M0015 | BBA   | Vismitha    |
| 6   | Harepreya .M         | U03CJ25M0050 | BBA   | Harepreya   |
| 7   | Insha Perwez         | U03CJ25M0119 | BBA   | Insha       |
| 8   | Sumaya Khushid       | U03CJ25M0152 | BBA   | Sumaya      |
| 9   | ANANYA .G.R          | U03CJ25M0011 | BBA   | Ananya      |
| 10  | HEMA                 | U03CJ25M0017 | BBA   | Hema        |
| 11  | Dhanya Swaroop .N    | U03CJ25M0029 | BBA   | Dhanya      |
| 12  | Shubham .S.Thank     | U03CJ25M0159 | BBA   | Shubham     |
| 13  | Bharath .V           | U03CJ25M0165 | BBA   | Bharath     |
| 14  | Govindraj .B         | U03CJ25M0008 | BBA   | Govindraj   |
| 15  | Harishwaradhar .R    | U03CJ25M0018 | BBA   | Harisha     |
| 16  | Venu Gopal Reddy .S  | U03CJ25M0025 | BBA   | Venu        |
| 17  | Uday Rai .S          | U03CJ25M0027 | BBA   | Uday        |
| 18  | VINEET .             | U03CJ25M0104 | BBA   | Vineet      |
| 19  | DHANUSH .L.S         | U03CJ25M0034 | BBA   | Dhanush     |
| 20  | Shobham Savarn       | U03CJ25M0145 | BBA   | Shobham     |
| 21  | Aritnik Manna        | U03CJ25M0141 | BBA   | Aritnik     |
| 22  | Govardhan            | U03CJ25M0032 | BBA   | Govardhan   |
| 23  | Shirazy Abadhyia     | U03CJ25M0041 | BBA   | Shirazy     |
| 24  | Chandriceet .K       | U03CJ25M0026 | BBA   | Chandriceet |
| 25  | ABHAY SURYAM         | U03CJ25M0144 | BBA   | Abhay       |

Event Coordinator Name: \_\_\_\_\_

Signature: \_\_\_\_\_

- 26) Iaketh Bhalothia U03CJ25M0154 BBA  
27) Abdul Nazaf U03CJ25M0137 BBA  
28) Aniket Mittra U03CJ25M0128 BBA

*(Signature)*  
*(Signature)*  
*(Signature)*



## DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

Kumaraswamy Layout, Bangalore - 560111  
(Affiliated to Bangalore University, Approved by AICTE,  
NAAC Accredited)  
Department of BBA  
in association with  
Centre for Innovation and Leadership and  
Career and Guidance Placement Cell GAMYA  
under the guidance of  
Internal Quality Assurance Cell



Name of the Activity: Pre- Placement Training (CIL)

Department: BBA

Date: 25/8/2026 Time: 9.30 to 4.30

| Sr. | Student Name      | Reg. No.     | Dept        | Signature  |
|-----|-------------------|--------------|-------------|------------|
| 1   | Munali.k          | U03CT25M0005 | BBA 'B' Sec | Munali.k   |
| 2   | SHAKIR NAZIR BHAT | U03CT25M0148 | BBA 'B' Sec | Shakir     |
| 3   | JAGADISH MALLI.K  | U03CT25M0086 | BBA 'B' Sec | Jagadish   |
| 4   | MANISH, A SHETTY  | U03CT25M0089 | BBA 'B' Sec | Manish     |
| 5   | SHARVESHWARAN.A   | U03CT25M0150 | BBA 'B' Sec | Sharvesh   |
| 6   | P.Bhoomika        | U03CT25M0136 | BBA 'B' Sec | P.Bhoomika |
| 7   | LAUANIYA.A        | U03CT25M0038 | BBA 'B' Sec | Launiya    |
| 8   | KRUTI CHEGAN      | U03CT25M0010 | BBA 'B' Sec | Kruti      |
| 9   | HAMS P. THA.M     | U03CT25M0153 | BBA 'B' Sec | Hams       |
| 10  | Chandana . P      | U03CT25M0021 | BBA 'B' Sec | Chandana   |
| 11  | Kavara K          | U03CT25M0012 | BBA 'B' Sec | Kavara K   |
| 12  | Megha             | U03CT25M0061 | BBA 'B' Sec | Megha      |
| 13  | Muskan Sahu       | U03CT25M0082 | BBA 'B' Sec | Muskan     |
| 14  |                   |              |             |            |
| 15  |                   |              |             |            |
| 16  |                   |              |             |            |
| 17  |                   |              |             |            |
| 18  |                   |              |             |            |
| 19  |                   |              |             |            |
| 20  |                   |              |             |            |
| 21  |                   |              |             |            |
| 22  |                   |              |             |            |
| 23  |                   |              |             |            |
| 24  |                   |              |             |            |
| 25  |                   |              |             |            |

Event Coordinator Name: \_\_\_\_\_

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: Muxalik UUCMS No. U03C325m0605

Course: BBA Sem: 3<sup>rd</sup> Sem Section: B

Name of Activity: CSL

Organized by: NAVEEN Date: 25-08-2026

Resource Person: NAVEEN Programme/Class: \_\_\_\_\_

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                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2   | Quality and clarity of content delivered                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3   | Effectiveness of the resource person/facilitator        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4   | Interaction and student participation                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5   | Achievement of the intended learning outcomes           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6   | Improvement in my knowledge/skills through the activity | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7   | Ability to apply the learning gained                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8   | Organization and coordination of the activity           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9   | Overall satisfaction with the activity                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### Learning Outcome / Student Response

Important learning/skill gained from this activity:

group discussions team building

Suggestion for improvement / future activity:

communication skill

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

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

Signature of the Student: Muxalik

Postal Address: 1<sup>st</sup> 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: Sharvesh UUCMS No. U03CJ26M0150

Course: BBA Sem: II Section: B

Name of Activity: CIL

Organized by: Naveen Date: 25/08/2026

Resource Person: \_\_\_\_\_ Programme/Class: \_\_\_\_\_

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                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2   | Quality and clarity of content delivered                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3   | Effectiveness of the resource person/facilitator        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4   | Interaction and student participation                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5   | Achievement of the intended learning outcomes           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6   | Improvement in my knowledge/skills through the activity | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7   | Ability to apply the learning gained                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8   | Organization and coordination of the activity           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9   | Overall satisfaction with the activity                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### Learning Outcome / Student Response

Important learning/skill gained from this activity:

Person to person communication

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: [Signature]

Postal Address: 1<sup>st</sup> 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  
Centre for Innovation and Leadership  
Setting Bench Mark



# Certificate

SWETHA S

is hereby awarded Certificate for Participation in

**WORKING IN TEAMS AND INTERPERSONAL SKILLS**

on

25-08-2026



**Senior Vice President**  
Placements and Skill Development

Module Design & Delivery - CIL

**7** Dynamic Skills  
Transformation Programs