



Dayananda Sagar College of Arts, Science, and Commerce

Internal Quality Assurance Cell Yoga & Meditation Cell-Sthithaprajna Report of the Event Conducted



Department*: BBA

Date of Report: 28.8.2026

Sl. No.	Particulars	Event related Details			
1.	Event*	Yoga Session			
2.	Title of the Event	"Yoga for Holistic Growth and Student Excellence"		Aligned SDG Goal(s)	3- Good Health and Well-Being
3.	Date of Conduction	27.08.2026	4.	Time 11.30 to 12.30	
5.	Venue	Building No. 14			
6.	Resource Person 1 Details (Profile to be enclosed)	Name	Mr. Naga Shreeshtyl	Organization	Artist from Karnataka
		Designation	Yoga Instructor	Specialization	Yogasana & Flexibility
		Mobile No.	7337772694	Email ID	
7.	Topics Covered	Live Session on Yoga.			
8.	Resource Person 2 Details (Profile to be enclosed)	Name	N/A	Organization	
		Designation	N/A	Specialization	
		Mobile No.	N/A	Email ID	
9.	Topics Covered	N/A			
10.	No. Faculty Participants (Enclose a copy of names with signatures)	Internal:	03	External:	N/A
11.	No. Student Participants (Enclose a copy of names with signatures)	Internal:	43	External:	N/A
12.	Faculty Coordinator/s	Full Name	Dr. Vadhiraaja, Prof. Chitra D Rao, Prof. Sowmya		
		Department	BBA & B.COM		
		Designation	Assistant Professor		
13.	Student Coordinator/s	Full Name	Sagar		
		Department	BBA		
		Designation	Student Volunteers		
14.	Total Expenditure (Details to be enclosed)	Rs.546	15	Sponsors and Amount (if any)	N/A
16.	Agenda of the Event (Attach a copy)	N/A	17.	Provide the link of the report uploaded on College Website	yes
18.	Social Media Links (Provide the links of the report uploaded on Social Media)	yes	19.	Report sent to Newspapers? If yes, provide cuttings/images:	N/A
20.	Certificates Printed? (Attach a copy**)	N/A	21.	Feedback Collected? (Attach a copy**)	Yes
22.	Attendance Sheet Attached?*	Yes	23.	Photographs of the Event	Yes
24.	Summary of the Event (Around 100 words)	The session "Yoga for Holistic Growth and Student Excellence" was conducted for BBA students to promote physical fitness, mental well-being, and stress management. The session included basic yoga postures and breathing exercises, encouraging students to adopt a healthy lifestyle.			



Chitra
Event Coordinator

28/8/26
Dayananda Sagar College of Arts,
Science & Commerce
Kumara any Layout, Bengaluru - 560 111

28/8/26
Principal





DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

Shavige Malleshwara Hills,
Kumaraswamy Layout Bengaluru-560111



DEPARTMENT OF MANAGEMENT-BBA

in association with

YOGA UNIT-
STHITHAPRAJNA



under the guidance of
INTERNAL QUALITY ASSURANCE CELL (IQAC)

ORGANISES

A YOGA SESSION ON

YOGA

for
Holistic Growth
and
Student Excellence

-SDG 3



RESOURCE PERSON

Naga Shreeshyl



DATE
27-08-2026



TIME
11:30 AM



PLACE
Building No 14



STAFFS



HOD



IQAC



VICE-PRINCIPAL



PRINCIPAL





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Glimpses of the Event



Photograph 1 : Welcoming the Guest



Photograph 2 : The resource person addressing the participants on the theme of the programme.



Photo 3: Students actively participating in the programme.



Photo 4: Group photograph of the resource person, faculty members



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Kumaraswamy Layout, Bangalore - 560111
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NAAC Accredited)



Internal Quality Assurance Cell

Name of the Activity: Yoga for Holistic Growth & Student Excellence

Department: BBA

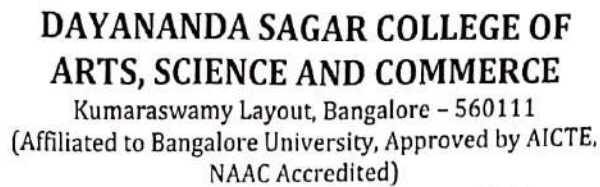
Date: 27/08/2026 Time: 12:00 pm

Sr.	Student Name	Reg. No.	Dept.	Signature
01	Geoffrey Jackson		BBA	<i>[Signature]</i>
2	Hemanth R		BBA	<i>[Signature]</i>
3	Dhansham Kumar		BBA	<i>[Signature]</i>
4	Mhigamka Ratha		BBA	<i>[Signature]</i>
5	Venu GR		BBA	<i>[Signature]</i>
6	Vishal S		BBA	<i>[Signature]</i>
7	Ponnam P		BBA	<i>[Signature]</i>
8	MUTHUKRISHNA		BBA	<i>[Signature]</i>
9	SAVANKRISHNA		BBA	<i>[Signature]</i>
10	Harshi + Dev Raj		BBA	<i>[Signature]</i>
11	Pranya Puskas		BBA	<i>[Signature]</i>
12	V.A Sheha		BBA	<i>[Signature]</i>
13	Naimisha DV		BBA	<i>[Signature]</i>
14	Vaishya MV		BBA	<i>[Signature]</i>
15	Yashvardhan		BBA	<i>[Signature]</i>
16	Sushma A		BBA	<i>[Signature]</i>
17	Manya - H.R		BBA	<i>[Signature]</i>
18	Unadew R		BBA	<i>[Signature]</i>
19	Pooja Sri D		BBA	<i>[Signature]</i>
20	Charan S		BBA	<i>[Signature]</i>
21	Scarlett Juv		BBA	<i>[Signature]</i>
22	Jeshna		BBA	<i>[Signature]</i>
23	Kidli Shree Penta		BBA	<i>[Signature]</i>
24	Tharusha B.R		BBA	<i>[Signature]</i>
25	Simran Prasad		BBA	<i>[Signature]</i>
26	Umme Hanif		BBA	<i>[Signature]</i>
27	Aganya S S		BBA	<i>[Signature]</i>
28	Saguv. Bharan		BBA	<i>[Signature]</i>
29	A. Sharmukha Atulush		BBA	<i>[Signature]</i>
30	Meda Akshaya		BBA	<i>[Signature]</i>



Event Coordinator Name: Dr. Vadiroja K.S.

Signature: *[Signature]*



Internal Quality Assurance Cell

Name of the Activity: Yoga for Holistic Growth & Student Excellence
Department: BBA
Date: 27/08/2026 Time: 12:00 pm



Event Coordinator Name: CHITRA . D . RAO

Signature: *Chitra*



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STUDENT FEEDBACK FORM

Name of the Student: LATHIKA NIMBAIA UUCMS No.

Course: BBA Sem: 1st Section: C

Name of Activity: Yoga for holistic growth and students excellence

Organized by: BBA Management (IQAC) Date: 27/8/26

Resource Person: Naga shree shyla Programme/Class:
K.S

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:

Learned basis of yoga, mindfulness

Suggestion for improvement / future activity:

No improvement needed

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

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

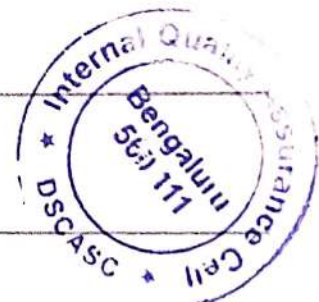
Signature of the Student: Lathika

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STUDENT FEEDBACK FORM

Name of the Student: S. Harsha Padmini UUCMS No. 4

Course: BBA Sem: 1 Section: 2

Name of Activity: YOGA FOR HOLISTIC GROWTH AND STUDENT EXCELLENCE

Organized by: Dept of management Date: 27/8/24
BBACI&AC

Resource Person: Naga Shrees hylg.k.P 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	☒	☐	☐	☐	☐
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:

Train your brain to listen to yourself.

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]

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