



DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

Shavige Malleshwara Hills,
Kumaraswamy Layout Bengaluru-560111



DEPARTMENT OF COMMERCE-B.COM

in association with



YOGA UNIT-
STHITHAPRAJNA



ALUMINI UNIT-
SAMMILANA

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

SHASHISHEKHAR

Yoga Instructor



DATE
28-08-2026



TIME
11:30 AM



PLACE
Building No 14



STAFFS



HOD



IQAC



VICE-PRINCIPAL



PRINCIPAL

Strengthen Body • Calm Mind • Elevate Life



Dayananda Sagar College of Arts, Science, and Commerce

Internal Quality Assurance Cell

YOGA Cell

Report of the Event Conducted



Department*: Bcom

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	364
				Goal(s)	
3.	Date of Conduction	28/8/2026	4.	Time	11.30AM – 12.30PM
5.	Venue	Building No 14, Seminar Hall			
6.	Resource Person 1 Details (Profile to be enclosed)	Name: Mr. Shashishekhar Designation: Yoga Instructor Mobile No. 7975369080		Organization Specialization Email ID	
7.	Topics Covered	Live Session on Yoga.			
8.	Resource Person 2 Details (Profile to be enclosed)	Name: NA Designation: NA Mobile No.: NA		Organization Specialization Email ID	
9.	Topics Covered	NA			
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:	45	External:	NA
12.	Faculty Coordinator/s	Full Name	Dr. Vadiraj, Prof. Chitra, Prof. Sowmya G		
		Department	BCOM & BBA		
		Designation	Assistant Professor.		
13.	Student Coordinator/s	Full Name	Sampath, Priyanka.		
		Department	BCOM		
		Designation	Student Volunteers		
14.	Total Expenditure (Details to be enclosed)	RS. 1110	15	Sponsors and Amount (if any)	NA
16.	Agenda of the Event (Attach a copy)	NA	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:	NA
20.	Certificates Printed? (Attach a copy**)	NA	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)	A yoga session was conducted for B.Com 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.			

Event Coordinator

HOD BCOM

Internal Quality Assurance Cell Coordinator

Principal

Dayananda Sagar College of Arts,
Science & Commerce
Kumaraswamy Layout, Bengaluru - 560 111

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Science & Commerce
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DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

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Glimpses of the Event

Photo 1:



Geo-tagged photograph of the programme venue during the inauguration

Photo 2:



The resource person addressing the participants on the theme of the programme

Photograph 1 :Inauguration of Program

Photograph 2 :Resource Person Addressing.



Photo 3: Students actively participating in the programme.



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

Photograph 3: Student Participating in the program

Photograph 4 :Group Photo

Postal Address: 1st Stage, Kumaraswamy Layout, Bengaluru, Karnataka 560111

Ph: 080-42161767

Email ID: principal-dscasc@dayanandasagar.edu

Website: www.dscasc.edu.in



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STUDENT FEEDBACK FORM

Name of the Student: JASHODA UUCMS No. _____

Course: B.Com Sem: 1 year Section: E

Name of Activity: yoga for holistic development

Organized by: DSCAC Date: 28/8/2026

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	☒	☐	☐	☐	☐
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:

Peace

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: Jash

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STUDENT FEEDBACK FORM

Name of the Student: Kanika UUCMS No. _____

Course: B. com Sem: 1st Section: E

Name of Activity: Yoga for holistic development

Organized by: DSCAC Date: 28/8/2026

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	☒	☐	☐	☐	☐
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:

Peace

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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Internal Quality Assurance Cell

Name of the Activity: Yoga for holistic development & growth
Department: B.Com
Date: 28/8/22 Time: 12-1pm

Sr.	Student Name	Reg. No.	Dept.	Signature
1	JASHODA		B.com	Jag
2	Korupa Kanani		B.com	Korupa
3	Janani D		B.com	Janani D
4	Wiseditha S		B.com	Wiseditha S
5	P. Sri Gayathri		B.com	Gayatri
6	Nuthana V.T		B.com	Nuthana V.T
7	Namathu Rathod		B.com	Namathu
8	Latha		B.com	Latha
9	Thirsha V. Dewadiga		B.COM	Thirsha
10	Anuha Ranga		B.com	Anuharanga
11	Kanchana H		B.com	Kanchana
12	Priya		B.com	Priya
13	Chaitanya M		B.com	Chait
14	Soundharya		B.com	Soundarya
15	Deeksha M		B.com	Deeksha
16	B.N. Shanga Shree		B.com	B.N.
17	Harsitha G		B.com	Harsitha
18	Deekshitha S		B.com	Deekshitha
19	Keerthana K M		B.com	Keerthana
20	Rakha Rekha		B.com	Rakha
21	Rakshit P		B.com	Rakshit
22	Shyamanga P		B.com	Shyama
23	Rohan K		B.com	Rohan
24	K. Mani Bharathi		B.com	K. Mani
25	Deekshit V		B.com	Deekshit
26	Sethuram L		B.com	Sethuram
27	Abhishek R		B.com	Abhishek
28	Chaitra Hulli		B.com	Chaitra
29	B. Preetham		B.com	B. Preetham
30	Jayardhan Gowda		B.com	Jayardhan

Event Coordinator Name: Sowmya G

Signature: [Signature]

