Dayananda Sagar College of Arts, Science, and Commerce

Internal Quality Assurance Cell

Unit Name: GAMYA CELL

Department*:MBA **Date of Report: 12/11/2026**

Sl. No.	Particulars	Event related Details			
1.	Event*	Placement Orientation			
2.	Title of the Event	Placement Orientation		Aligned SDGGoal(s)	04
3.	Date of Conduction	5/11/2026	4.	Time 9:30 AM to 11:30 AM	
5.	Venue	C D Sagar			
6.	Resource Person 1 Details (Profile to be enclosed)	Name:Dr.Sanjay Designation:Placement Head Mobile No.		Organization Specialization Email ID	
7.	Topics Covered	Placement Orientation			
8.	Resource Person 2 Details (Profile to be enclosed)	Name Designation Mobile No.		Organization Specialization Email ID	
9.	Topics Covered				
10.	No. Faculty Participants (Enclose a copy of names with signatures)	Internal:	02	External:	
11.	No. Student Participants (*Enclose a copy of names with signatures*)	Internal:	87	External:	
12.	Faculty Coordinator/s	Full NameDr.Nayana T Department MBA Designation: Assistant Professor			
13.	Student Coordinator/s	Full Name: Ms.Anusha Department: MBA			
14.	Total Expenditure (Details to be enclosed)	NA	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	YES
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 Placement Orientation Programme was conducted for MBA students to provide insights into the placement process and career opportunities. The session focused on preparing students for campus recruitment by highlighting the importance of resume building, communication skills, aptitude tests, group discussions, and interview techniques. Students were also guided on professional etiquette, workplace expectations, and the skills required to enhance their employability and succeed in the corporate world.			

Internal Quality Assurance Cell Bengaluru 560 111 DSCASC

Event Coordinator 12/11/26

HOD 12/11/26

IQAC Coordinator 12/11/26

Principal 12/11/26

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

DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

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Internal Quality Assurance Cell

Glimpses of the Event



Figure 1: Inauguration in CD Sagar



Figure 2: Welcoming



Figure 3: HoD addressing the gathering



Figure 4: Students actively participating

Internal Quality Assurance Cell
Bengaluru
560 111
DSCASC

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Website: www.dscasc.edu.in

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Glimpses of the Event



Figure 1: Inauguration in CD Sagar



Figure 2: Welcoming



Figure 3: HoD addressing the gathering



Figure 4: Students actively participating

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Kumaraswamy Layout, Bangalore - 560111
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Internal Quality Assurance Cell

GAMYA CELL

P-85

Name of the Activity: **Placement Orientation**
Department: MBA
Date: 05/11/2026 Time: 10:00 AM - 11:30 AM

Sl. No.	Student Name	Signature
1.	A SHAAN DEVAIAH	
2.	ABDUL HAQ A	
3.	ABHISHEK C	Abhishek
4.	AGNES SAHANA U	
5.	AGNES SAHANA U	
6.	AHMED NISAR MALIK	
7.	AISHWARYA K N	
8.	AISHWARYA R	Aishwarya.R
9.	AKASH P	
10.	ALAKUNTA HEMANTH KUMAR	
11.	AMAN KUMAR S	Aman Kumar S
12.	AMOGHA A	
13.	ANAND J	
14.	ANIRUDDH ANAND KULKARNI	
15.	ANKITA ANIL YELAGI	
16.	ANUSHREE.H.E	
17.	APEKSHA G POOJARY	
18.	APEKSHA G POOJARY	
19.	ARUN KUMAR PANDEY	Arun kumar pandey
20.	ASHWIN S	
21.	BHAGYASHREE BIRADAR	B. C. Bijja dar.
22.	BHANUJA C R	Bhanuja. C.R
23.	BHOOMIKA A KULKARNI	
24.	C THANUSHREE	
25.	CHAITANYA N KAKADE	Chaitanya
26.	CHANDANAJ	
27.	CHARAN T G	Charan T G.
28.	CHETHAN KUMAR N	Chethan kumar. N
29.	CHINMAIY P	
30.	CHIRANJEEVI E	
31.	DARSHAN NINGAPPA NANDESHWAR	

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32.	DEEPAK M R	
33.	DEEPTHI J	
34.	DHRUVA D	
35.	G MOHANARANGA	
36.	GANAVI K	
37.	GANESH K R	
38.	GAURAV ADARANGI	
39.	GAYATRI IRAPPA NAVI	
40.	GOWTHAM S	
41.	GOWTHAMI B V	
42.	GREESHMA TS	
43.	H KIRAN KUMAR	
44.	HALLAN PAUL	
45.	HEMANTH J K	
46.	HEMANTH KUMAR ALAKUNTA	
47.	JAHNAVI G	
48.	JAHNAVI P	
49.	JAI SURYA H J	
50.	JHANATHI VENKATESH	
51.	K C VISHWARATH	
52.	KAJAL M K	
53.	KAMALI S	
54.	KARTHIK SHENOY B	
55.	KUSHALAGOUDA MALLANAGOUDAR	
56.	LEKHANA N	
57.	LOHIT RAMAKANT NETRAKAR	
58.	M B JAYAVANTH	
59.	MADHUSHREE L	
60.	MANOJ S	
61.	MOHAMMED FARDEEN S	
62.	MOHAMMED SAAD SHAKEEL JAKATI	
63.	MOHAMMED TAZIM	
64.	MOHIT V KANNUR	
65.	MONISHA A	
66.	N BHOGESH REDDY	
67.	NANDLAL CHOUDHARY	
68.	NIKHIL P	
69.	NISHCHIT N RAO	
70.	NITHIN T	
71.	P JAYANTH	
72.	PARIKSHITH.K	
73.	PRADEEP P	
74.	PRADNYA DAYANANDA HEBBUR	
75.	PRATIKSHA ANIL HADLI	
76.	PRIYA K	

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77.	RACHANA P	
78.	RAJEETH LOKESH PATGAR	
79.	RAKESH NAIK L	
80.	RAKSHITA R	
81.	RAKSHITHA M	
82.	RAKSHITHA RAMESH	
83.	RAKSHITHA V	
84.	RANJAN N	
85.	RASHMI K N	
86.	RITESH SHIVAPUJI	
87.	RUSHIKESH RAMESH PATIL	
88.	SAGAR M.G	
89.	SAKSHI SINHA	
90.	SAKSHI SINHA	
91.	SANDESH C BELLARY	
92.	SANGEETA GANAPATI NAIK	
93.	SANJAY M S	
94.	SAVITHA	
95.	SHAMA	
96.	SHASHIDHAR VENKAPPA ARIBENCHI	
97.	SHIRLEY M	
98.	SHODHAN	
99.	SHOURYAN PRASANNA	
100.	SHRAVAN N REDDY	
101.	SHREYA BEVINAL	
102.	SHREYASH RAJU PADMANNAVAR	
103.	SHWETA MAHANTESH JAMMIHAL	
104.	SHWETHA.R	
105.	SIRISHA M	
106.	SNEHA B UDNOOR	
107.	SNEHAL NAGESH NAIK	
108.	SOMASHEKHAR	
109.	SRINIVAS K	
110.	SRUJAN MAHADEVAPPA BIRADAR	
111.	SUDARSHAN.D	
112.	SUMAN V	
113.	SUNIL KUMAR P	
114.	SUPRITHA M S	
115.	SUSHMITHA K	
116.	SYEDA WAJEEHA	
117.	T M KEERTHI PRIYA	
118.	TANISHKA CHANDRAKANTH SHET	
119.	TARUN J	
120.	THANUSHREE C	
121.	THRISHA N	

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122.	TRUSHAR MB	
123.	UMME HANI AHMED	
124.	UNDURE SAYAJIRAO CHANDRAKANT	
125.	USHA G	
126.	VANI VASANTH PARANJAPE	
127.	VARNITA V P	
128.	VARUN KUMAR M	
129.	VEDASHREE HL	
130.	VIDHIEEYA SAHANAA.M	
131.	VIKAS GANAPATI BUTAPPAGOL	
132.	YUVARAJ BK	

Ankith. D

Event Coordinator Name: Dr. Nayana. T

Signature: 5/11/26

NH/13/26

Head of the Department
Department of Management Studies (MBA)
Dayananda Sagar College of
Arts, Science and Commerce
Bengaluru - 560 111

Internal Quality Assurance Cell
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Internal Quality Assurance Cell

STUDENT FEEDBACK FORM

Name of the Student: Rakshita.R **UUCMS No.** _____

Courese: MBA **Sem:** I st **Section:** _____

Name of Activity: Placement orientation

Organized by: Dr. Nagana T **Date:** 5-11-2026

Resource Person: Dr Sanjay **Programme/Class:** MBA

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: Rakshita R.

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Internal Quality Assurance Cell

STUDENT FEEDBACK FORM

Name of the Student: Ahmad nisar **UUCMS No.** _____

Courese: MBA **Sem:** 1st **Section:** _____

Name of Activity: Placement Orientation

Organized by: Dr. Nayana. T **Date:** 5/11/26

Resource Person: Dr. Sanjay **Programme/Class:** MBA

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:

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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:

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STUDENT FEEDBACK FORM

Name of the Student: Chinmaiy. P **UUCMS No.** _____

Courese: MBA **Sem:** 1st **Section:** _____

Name of Activity: Placement Orientation

Organized by: Dr Nayana T **Date:** 5/11/26

Resource Person: Dr Sanjay **Programme/Class:** MBA

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	☐	☑	☐	☐	☐
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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: Chinmaiy. P

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Internal Quality Assurance Cell

STUDENT FEEDBACK FORM

Name of the Student: Jai Surya. H.J **UUCMS No.** _____

Courese: M.B.A **Sem:** _____ **Section:** _____

Name of Activity: placement orientation

Organized by: Nayana. T **Date:** 5/11/2026

Resource Person: Sri. K. Sanjay **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:

To learn skills and gain knowledge

Suggestion for improvement / future activity:

none

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

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

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