Dayananda Sagar College of Arts, Science, and Commerce
Department of Commerce (B.COM-BU)
In association with the Internal Quality Assurance Cell
Event Report

Date of Report: 06/10/2026

Sl. No.	Particulars	Event-related Details			
1.	Event*	Accounting Club			
2.	Title of the Event	Accounting Word Quest	Aligned SDG Goal(s): SDG 4 – Quality Education		
3.	Date of Conduction	06/10/2026	4.	Time:	02:00 p.m. TO 3:00 p.m.
5.	Venue	Building No 13, Room No 212			
6.	Resource Person 1 Details (Profile to be enclosed)	Name: NA Designation: Mobile No	Organization: Specialization Email ID		
7.	Topics Covered				
8.	Resource Person 2 Details (Profile to be enclosed)	Name NA Designation Mobile No.	Organization Specialization Email ID		
9.	Topics Covered	NA			
10.	No. Faculty Participants (Enclose a copy of names with signatures)	Internal:	0	External:	0
11.	No. Student Participants (*Enclose a copy of names with signatures*)	Internal:	69	External:	0
12.	Faculty Coordinator/s	Full Name: Prof. Lalitha, Prof. Shruthi BK, Prof. Anitha, Dr. Yashwanth Department: BBA/B.COM Designation: Assistant Professor(s)			
13.	Student Coordinator/s	Full Name: Lakshmi G, Neha B, Sagar L, Prajwal R Reg. No: Class and Section: 2nd Year B.Com			
14.	Total Expenditure	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	
18.	Social Media Links	NA	19.	Report sent to Newspapers? If yes, provide cuttings/images:	NA
20.	Certificates Printed?	NA	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)	*Accounting Word Quest – Event Highlights* *The Department of Commerce – UG, B.Com-BU, Accounts Club – Accountoholics successfully conducted "Accounting Word Quest" on 6th October 2026 at Dayananda Sagar College of Arts, Science and Commerce.* *The event was an engaging and interactive accounting-based word search activity, where students explored, spotted, and solved accounting-related terms in a fun and challenging way. The activity encouraged teamwork, quick thinking, accounting knowledge, and active student participation.* *Heartfelt appreciation to the student volunteers and faculty observers for their valuable contribution and support in making the event a success.*			

Internal Quality Assurance Cell * Bengaluru * DSCASC

Event Coordinator, **HOD** **IQAC Coordinator,** **Principal**

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

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

Picture#1: Poster of the Event

DAYANANDA SAGAR COLLEGE OF ARTS SCIENCE AND COMMERCE

Shavige Malleshwara Hills, Kumaraswamy layout, Bangalore - 560111

Department of Commerce - UG

B.COM-BU

ACCOUNTS CLUB – ACCOUNTOHOLICS

Presents

ACCOUNTING WORD QUEST

"Search. Spot. Solve. Account!"

Small Words Big Numbers

Find the Words in Grid

JOURNAL

LEDGER

TRIAL BALANCE

FINAL ACCOUNTS

Debits = Credits = Balance

Student Volunters

- Lakshmi H G
- Neha B
- Sagar L
- Prajwal R

Team Work – Creates – Success

Faculty Observers

- Prof. Lalitha
- Prof. Shruthi B K
- Prof. Anitha A
- Dr. Yashwanth

Guidance Builds – Greatness

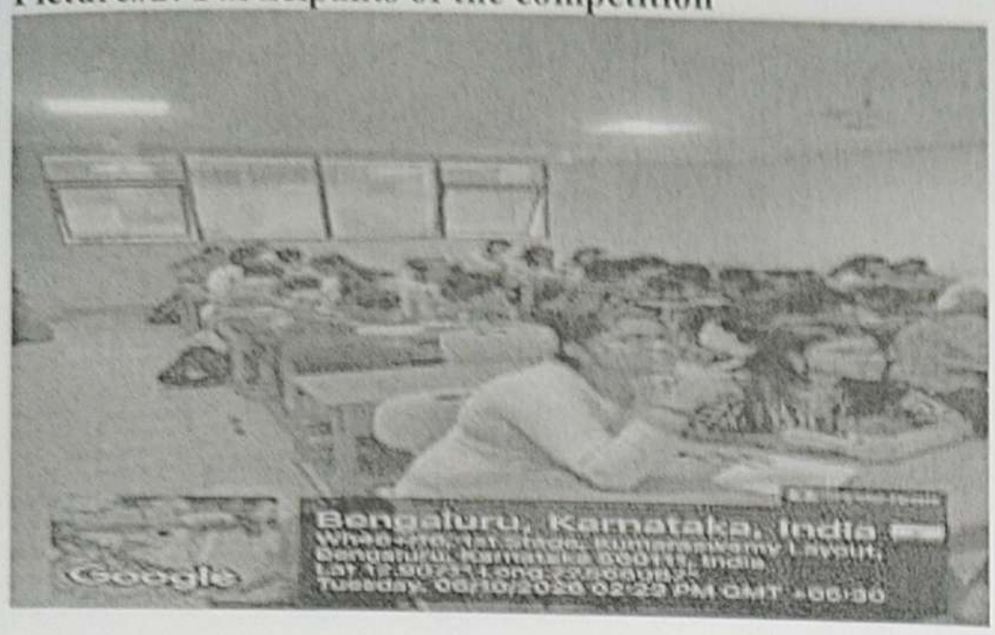
Tuesday, 6th October 2026

Time: 2:00-3:00 pm

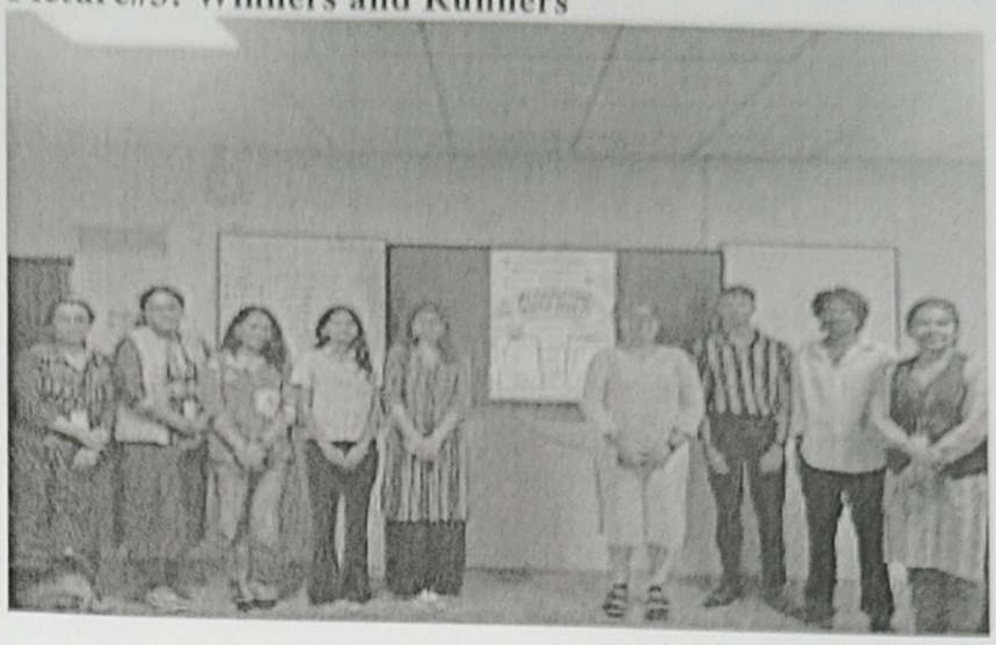
Venue: Building No.13, Room no 212

HOD | IQAC COORDINATOR | VICE PRINCIPAL | PRINCIPAL

Picture#2: Participants of the competition



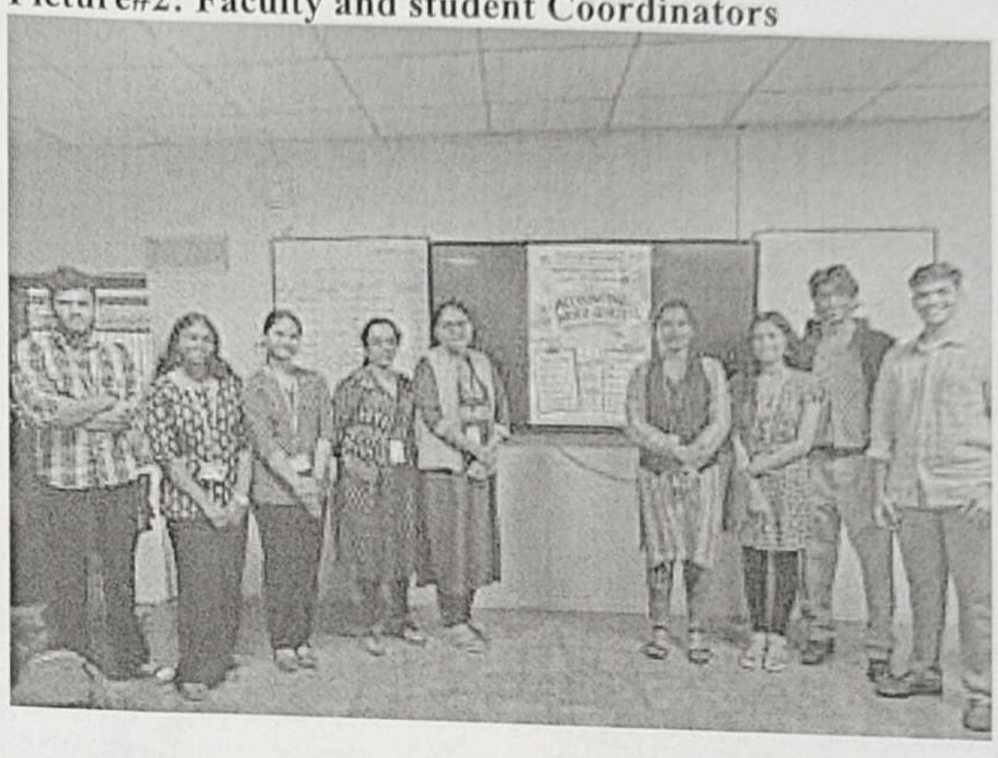
Picture#3: Winners and Runners



Picture#4: Participants of the event



Picture#2: Faculty and student Coordinators



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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: Accounting weed guest
Department: B.Com

Date: _____ Time: _____

Sr.	Student Name	Reg. No.	Dept.	Signature
1	Sanjay.C		Bcom 'C'Sec	Sanjay.C
2	Rohan.K		Bcom 'C'Sec	Rohan.K
3	Anusha.M	U03CJ24C00078	V BCOM A	
4	K.S Sumanth	U03AJ25C0014	B.Com III 'B'	
5	Dhanya Shree.M.	U03CJ24C0146	Bcom V 'A'	
6	Chandana.G.	U03CJ24C0131	Bcom V 'A'	
7	MANOJ.R	U03CJ24C0071	B.Com V "B"	
8	Amrutha.P.Bellad	U03CJ24C0140	B.Com V "B"	
9	Komal Verma	U03CJ24C0333	BCom V 'D'	Komal.
10	Vaishnavi Babu	U03CJ24C0110	BCom V 'D'	
11	Niranjan Vaidith.R	U03MU25C0100	III. B	
12	G. Yogesh Naik	U03MU25C0056	III. B	
13	Sai Bhanu.J		Bcom 'C' sec	Sai Bhanu
14	Chaitra Hulli		Bcom 'A' sec	Chai
15	Roshini.S		B.Com 'A' sec	
16	Mamatha.R		B.com 'C' sec	
17	Rana Kishore		B.Com 'C' Sec	
18	Raghavendra Petker.H.S		B.Com 'C' Sec	
19	Parthey		B.Com E Sec	
20	Ananya Bhatkal		B.Com E Sec	
21	Namasvi Rathod		B.Com 'E' Sec	
22	[redacted]			
23	Govardhan		B.Com 'B' Sec	
24	Sri Harini		BBA 1st 'C'	
25	Eshana		BBA 1st 'C'	

Event Coordinator Name: Lalitha

Signature:

Internal Quality Assurance Cell
Bengaluru
560 111
OSCASC

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Kumaraswamy Layout, Bangalore - 560111
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Internal Quality Assurance Cell

Name of the Activity: Accounts Club
Department: B.com

Date: Time:

Sr.	Student Name	Reg. No.	Dept.	Signature
1	Shreyas. BS	-	B.Com	Shreyas. BS
2	Ranjan. S	-	B. Com	Ranjan
3	Priya	-	Bcom	priya
4	Shreya. N	-	B. Com	Shreya
5	YUVARAJA. R	-	B. com	Yuvaraja R
6	Janani. D	-	B. com 'E'	Janani. D
7	Priyanka. J	-	B. com 'E'	Priyanka. J
8	Mamsitha. M	U03CJ25M0153	BBA 'B'	Mamsitha
9	ENDHARA. D		B.com 'B'	Incharge
10	Lithika. N	-	B. com 'E'	Lithika
11	Adethya. H.S	-	B.COM 'F'	Adethya H.S
12	Vijai Raj	-	B.COM 'F'	Vijai Raj
13	S. Sejon	-	B. Com 'F'	Sejon
14	Mark Savanic	-	B.Com 'F'	
15	Vishal. S	-	B. com 'F'	Vishal. S
16	Komaleeh. S	-	B. Com 'F'	
17	Rekha. B	-	B. com 'C'	
18	Rakshitha. P	-	B. Com 'C'	Rakshitha
19	Deekha. M	-	B. Com 'A'	
20	Hansika. G	-	B. Com 'B'	Hansika
21	Sri Aishwarya. S	-	B. Com 'D'	Aishwarya. S
22	Ihrisha. V. Hegde	-	B. Com 'D'	Ihrisha
23	Mohamed Tharik. S	-	B. com 'B'	Tharik
24	MANJUNATH. R		B. Com 'B'	Manjunath R
25	Prince	-	B. Com "E"	Prince
26	Monitha	-	B. Com "B"	Monitha

Event Coordinator Name: Lalitha

Signature:

Internal Quality Assurance Cell
Bengaluru
560 111
DSACSC

DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

Kumaraswamy Layout, Bangalore - 560111
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Internal Quality Assurance Cell

Name of the Activity: Accounting word quest
Department: B.Com

Date: _____ Time: _____

Sr.	Student Name	Reg. No.	Dept.	Signature
1	Mahiya Muzammil	V03CJK24C0347	BCom	
2	B.Manisha		B.Com	Manisha B.
3	Preetham.S		B.Com	Preetham
4	Prajwal.R		B.Com	Prajwal.R
5	Naveen raj		B.Com	
6	Preetham.R		B.Com	Preetham.R
7	Abhishek.R		B.Com	
8	TANisha.S		BBA	
9	D.A Sneha		BBA	Sneha D.A
10	Sneha Ranga		B.Com	Sneharanga
11	Kanchana.H		B.Com	Kanchana
12	Prakruthi.U		B.Com 'B'	Prak
13	Niveditha.Rao		B.Com 'B'	Niveditha
14	Neha.B	V03CJ25C0212	B.Com 'B' 3rd Sem	Neha.B
15	Lakshmi th G	V03CJ25C0152	" "	Lakshmi
16	Vishrutha.N	V03CJ25C0380	" "	Vishrutha
17	Sagar L.	V03CJ25C0283	" "	Sagar.L
18	Kishore Raj	V03CJ25C0202	" "	Kishore Raj
19				
20				
21				
22				
23				
24				
25				

Event Coordinator Name: Lalitha

Signature:

DAYANANDA SAGAR COLLEGE OF ARTS, SCIENCE AND COMMERCE

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Internal Quality Assurance Cell

STUDENT FEEDBACK FORM

Name of the Student: Eshana **UUCMS No.** -

Courese: BBA **Sem:** 1st **Section:** 'C'

Name of Activity: Accounting Wordquest

Organized by: Accounting club **Date:** 6/10/2026

Resource Person: - **Programme/Class:** 212

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:

time management.

Suggestion for improvement / future activity:

No need for improvement.

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

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

Signature of the Student:

Internal Quality Assurance Cell * Bengaluru * DSCASC

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Website: www.dscasc.edu.in

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Internal Quality Assurance Cell

STUDENT FEEDBACK FORM

Name of the Student: Ranjan S **UUCMS No.** _____

Courese: B.Com **Sem:** I **Section:** C

Name of Activity: Accounts word quest

Organized by: Accounting club. **Date:** 6/10/26

Resource Person: _____ **Programme/Class:** 212

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:

allover everything

Suggestion for improvement / future activity:

every thing was fine

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

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

Signature of the Student: Ranjan S

Internal Quality Assurance Cell * Bengaluru 560 111 * DSCASC

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STUDENT FEEDBACK FORM

Name of the Student: Amrutha.P.B **UUCMS No.** U03CJ24C0140.

Courese: BCOM. **Sem:** V. **Section:** B

Name of Activity: Accounting word quest.

Organized by: Accounts club. **Date:** 06/10/25.

Resource Person: _____ **Programme/Class:** 212

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:

Accounting terms.

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: Bellad.

Internal Quality Assurance Cell Bengaluru 560 111

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