Dayananda Sagar College of Arts, Science, and Commerce

Internal Quality Assurance Cell

Personal Counselling & Mentoring Unit - Apthamithra

Department*: BCom **Date of Report:** 19/10/2026

Sl. No.	Particulars	Event related Details			
1.	Event*	Students Seminar			
2.	Title of the Event	Guided to grow: Mentoring session for BCom Students		Aligned SDG Goal(s)	SDG - 3
3.	Date of Conduction	14/10/2026	4.	Time : 10:00 – 12:00	
5.	Venue	DSI Building No 13, Room No 703			
6.	Resource Person 1	Prof.Beulah Praisy V			
7.	Topics Covered	Mentoring session awareness			
8.	Resource Person 2 Details	NA			
9.	Topics Covered				
10.	No. Faculty Participants	Internal:	4	External:	
11.	No. Student Participants	Internal:	53	External:	
12.	Faculty Coordinator/s	Full Name: Prof. Sowmya G, Dr.Rashmi.S, Dr.Shruthi.C Department: Department of Commerce Designation: Assistant Professor			
13.	Student Coordinator/s	NA			
14.	Total Expenditure (Details to be enclosed)	3375	15	Sponsors and Amount (if any)	
16.	Agenda of the Event (Attach a copy)		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:	
20.	Certificates Printed? (Attach a copy**)	YES	21.	Feedback Collected? (*Attach a copy***)	YES
22.	Attendance Sheet Attached? #	Attached	23	Photographs of the Event	Attached
24.	Summary of the Event	The **"Guidance to Grow"** mentoring session was conducted by **Prof. Beulah Praisy Vand** and organised by the **Department of Commerce** for B.Com students. The session aimed to support students in their academic, personal, and career development by focusing on self-awareness, goal setting, skill enhancement, career opportunities, employability, and confidence building. Students were encouraged to recognise their strengths, establish clear career goals, explore suitable career pathways, and develop the competencies required for their future academic and professional success.			

Internal Quality Assurance Cell, Bengaluru 560 111, DSCASC

Event Coordinator | HOD - BCom 19/10/26 | IQAC Coordinator for Sowmya 19/10/2026 | Principal Babu C 20/10/26

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

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Internal Quality Assurance Cell

Glimpses of the Event

Inauguration



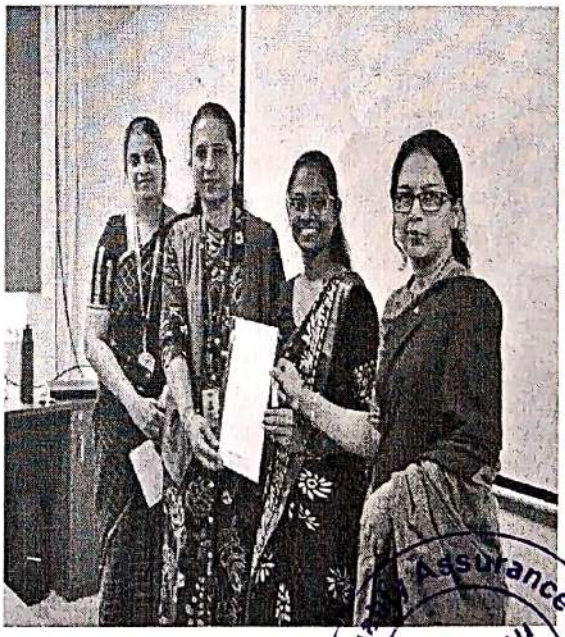
Resource Person taking the session



Resource Person taking the session



Felicitation to the Resource Person



Internal Quality Assurance Cell
Bengaluru 560 111
DSCASC

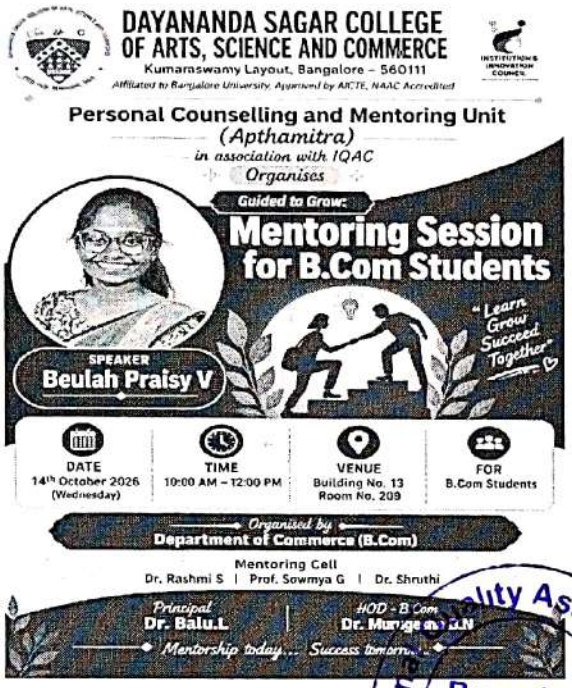
Postal Address: 1st Stage, Kumaraswamy Layout, Bengaluru, Karnataka 560111
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Website: www.dscasc.edu.in

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Event Poster



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Bengaluru
560 111
DSCASC

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Internal Quality Assurance Cell

Name of the Activity: Personal Counselling and Mentoring unit.
Department: B.Com

Date: 14/10/2026 Time: 10:00 - 12:00

Sr.	Student Name	Reg. No.	Dept.	Signature
1	Diksha S. Muddepal	U03CT25C0083	B.COM	
2	D.P.V Vijaya Veera	U03CJ25C0068	B.COM	
3	Anagha S Vijay	U03CJ25C0023	B COM	
4	Girakisha. M	U03CJ25C0326	B.COM 'A'	
5	Ekta Sreejith	U03CJ25C0087	B COM 'A'	
6	Deepthi BG	U03CJ25C0074	B COM 'A'	
7	Bhanupreeya.N	U03CJ25C0081	B.Com 'F'	
8	Jeevan.C	U03CJ25C0120	BCOM 'D'	
9	Bhuvan Kumar A	U03CJ25C0046	B COM 'A'	
10	Chithalakshaa.K	U03CJ25C0067	B.Com 'A'	
11	Arya.J	U03CJ25C0034	B.Com 'A'	
12	Jeevan R Shetty	U03CJ25C0124	B.Com 'A'	
13	Chinmay.M	U03CJ25C0062	B.COM 'A'	
14	Daniyal Zafar	U03CJ25C0070	B.Com 'B'	
15	Adarsh.G	U03CJ25C0006	B.Com 'F'	
16	Vijay Singh.G	U03CJ25C0015	B.Com 'F'	
17	Shivakumar. N	U03CJ25C0309	B.Com 'F'	
18				
19	Jeevan Prasad. N	U03CJ25C0123	B.Com 'D'	
20	Bhuvan Kumar	U03CJ25C0047	B.Com 'F'	
21	Kaushik Balaji G.N	U03CJ25C0134	B.COM 'F'	
22	Bala Sabari I.C	U03CJ25C0039	B.Com 'F'	
23	Gaganesh Babu. N	U03CJ25C0042	B.Com 'A'	
24	Dhanush Yadav V	U03CJ25C0053	B.Com A	
25	Achyutharaj	U03MU25C0005	B.Com	

Event Coordinator Name: Sowmya. G

Signature: 14/10/26

Chithanth	U03CJ25C0065	
Syed Naseem	U03CJ25C0287	
Arfath Shariff	U03CJ25C0032	

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Name of the Activity: Personal Counselling and Mentoring unit
Department: B.Com

Date: 14/10/2026 Time: 10:00 - 12:00

Sr.	Student Name	Reg. No.	Dept.	Signature
1	Nischal. P	U03C325C0818	B.Com	
2	S. Tharish Kumar	U03CJ25C0356	B.Com	
3	M. Manish Gowda	U03CJ25C0165	B.Com	
4	yAllAlingam.s	U03CJ25C0394	B.COM	
5	Sai Teja	U03CJ25C0127	B.COM	
6	Honey	U03CJ25C0113	BCOM 'F'	Honey
7	Poorvi R Nayak	U03CK25C0021	B.Com 'J'	Poorvi
8	Shwetha.G	U03CJ25C0315	B.Com 'F'	Shwetha
9	Gowthami.S	U03CJ25C0096	BCOM "A"	Gowthami.S
10	Chinmayepetkar HI	U03CJ25C0063	BCOM "A"	Chinmayepetkar
11	Gagana.DR	U03CJ25C0091	BCOM "A"	Gagana
12	Chaitra.S	U03CJ25C0054	B.Com 'A'	Chaitra.S
13	Ankitha Shanmugappa	U03CJ25C0025	B.Com 'A'	Ankitha
14	Gangavi Bai	U03CJ25C0093	B.Com 'A'	Gangavi
15	Ankitha.S	U03CJ25C0024	B.Com 'D'	Ankitha
16	Bhanu.P	U03CJ25C0028	B.Com 'D'	Bhanu
17	Nandhitha	U03CJ25C0024	B.Com 'D'	Nandhitha
18	Rakshitha	U03CJ25C0265	B.Com 'D'	Rakshitha
19	Kusuma M	U03CJ25C0151	B Com 'D'	Kusuma
20	Lakshmi Devi H.G	U03CJ25C0155	B.Com 'D'	Lakshmi
21	Varuni.M	U03CJ25C0170	B.Com 'D'	Varuni.M
22	Srinidhi.P	U03CJ25C0328	B.Com 'D'	Srinidhi.P
23	Kusuma.K.P	U03CJ25C0150	B.Com 'F'	Kusuma
24	S. Prathiksa Rai	U03CJ25C0243	B.Com 'F'	S. Rai
25	Jeevan Mukhi B.V	U03CJ25C0122	B.Com 'F'	Jeevan

Event Coordinator Name: Sowmya.G

Signature: 14/10/26

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Internal Quality Assurance Cell

STUDENT FEEDBACK FORM

Name of the Student: Yallalingam **UUCMS No.** U03CJ25C00384.

Courese: BCOM **Sem:** 3rd **Section:** 'D'

Name of Activity: Mental health

Organized by: Soumya Mam **Date:** 13/10/26

Resource Person: Beulah. Praisy **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:

Improved my self confidence.

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: Sriraksha.M **UUCMS No.** UD3CJ25C00326

Courese: B.COM **Sem:** 3rd Sem **Section:** A

Name of Activity: Mental health

Organized by: Soumya mam **Date:** 14-10-2026

Resource Person: Beul Ah Prasad **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:
Mental math improvement.

Suggestion for improvement / future activity:
Money activities

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

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

Sriraksha
Signature of the Student:

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