



CITY
ENGINEERING COLLEGE

Metric Number: 6.3.3 Percentage of teaching and non-teaching staff participating in Faculty Development Programs (FDP), Management Development Program, professional development/administrative management courses during the last five years

Copy of the certificates of the program attended by teachers.



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Copy of the certificates of the program
attended by teachers for ACY-2023-24



HKBK
College of Engineering

22/1, Opp - Manyata Tech Park, Nagawara, Bengaluru. 560045.



DEPT. OF COMPUTER SCIENCE & ENGINEERING

Certificate

This is to Certify that

Gangappa B Demannavar

Assistant Professor, Computer Science and Engineering, City Engineering College

has completed the **5 days Faculty Development Programme on Angular JS & Node JS**(as per VTU-CBSE Scheme 2021)

Organized by

Dept, of Computer Science & Engineering, HKBKCE in association with ISTE (Indian Society for Technical Education)

25.09.2023 TO 29.09.2023

Dr. Nandha Gopal S M
Chief Coordinator

Dr. Smitha Kurian
Head - CSE

Dr. Mohammed Riyaz Ahmed
Principal



HKBK
College of Engineering

22/1, Opp - Manyata Tech Park, Nagawara, Bengaluru. 560045.



DEPT. OF COMPUTER SCIENCE & ENGINEERING

Certificate

This is to Certify that

G A Girish

Assistant Professor, Computer Science and Engineering, City Engineering College

has completed the **5 days Faculty Development Programme on Angular JS & Node JS**(as per VTU-CBSE Scheme 2021)

Organized by

Dept, of Computer Science & Engineering, HKBKCE in association with ISTE (Indian Society for Technical Education)

25.09.2023 TO 29.09.2023

Dr. Nandha Gopal S M
Chief Coordinator

Dr. Smitha Kurian
Head - CSE

Dr. Mohammed Riyaz Ahmed
Principal



HKBK
College of Engineering

22/1, Opp - Manyata Tech Park, Nagawara, Bengaluru. 560045.



DEPT. OF COMPUTER SCIENCE & ENGINEERING

Certificate

This is to Certify that

Hina Nazneen

Assistant Professor, Computer Science and Engineering, City Engineering College

has completed the **5 days Faculty Development Programme on Angular JS & Node JS**(as per VTU-CBSE Scheme 2021)

Organized by

Dept, of Computer Science & Engineering, HKBKCE in association with ISTE (Indian Society for Technical Education)

25.09.2023 TO 29.09.2023

Dr. Nandha Gopal S M
Chief Coordinator

Dr. Smitha Kurian
Head - CSE

Dr. Mohammed Riyaz Ahmed
Principal



HKBK
College of Engineering

22/1, Opp - Manyata Tech Park, Nagawara, Bengaluru, 560045.



DEPT. OF COMPUTER SCIENCE & ENGINEERING

Certificate

This is to Certify that

Y. S. Kumarswamy

Assistant Professor, Computer Science and Engineering, City Engineering College

has completed the **5 days Faculty Development Programme on Angular JS & Node JS**(as per VTU-CBSE Scheme 2021)

Organized by

Dept, of Computer Science & Engineering, HKBKCE in association with ISTE (Indian Society for Technical Education)

25.09.2023 TO 29.09.2023

Dr. Nandha Gopal S M
Chief Coordinator

Dr. Smitha Kurian
Head - CSE

Dr. Mohammed Riyaz Ahmed
Principal



MARIAN COLLEGE
KUTTIKANAM
AUTONOMOUS
MAKING COMPLETE



The Kerala State Higher Education Council
കേരള സംസ്ഥാന ഉന്നത വിദ്യാഭ്യാസ കൗൺസിൽ

CERTIFICATE

This is to certify that

Ms. Madhavi J Kulkarni

has participated in the

7 Day National Level Online Faculty Development Program on ChatGPT & AI Tools for Educators,
organised by Marian College Kuttikkanam (Autonomous)

in association with The Kerala State Higher Education Council from 14 June to 21 June 2023 and has
successfully completed all the tasks, assignments and assessments of this online FDP and secured A grade.

Xinbi VqHzKe

Dr. Mendus Jacob
Professor & Director MCA,
Marian College, Kuttikkanam (Autonomous)
MD & CEO, ipar solutions limited.



Dr. Rajan Varughese
Member Secretary,
Kerala State Higher Education Council



HKBK
College of Engineering

22/1, Opp - Manyata Tech Park, Nagawara, Bengaluru. 560045.



DEPT. OF COMPUTER SCIENCE & ENGINEERING

Certificate

This is to Certify that

Nandish A C

Assistant Professor, Computer Science and Engineering, City Engineering College

has completed the **5 days Faculty Development Programme on Angular JS & Node JS**(as per VTU-CBSE Scheme 2021)

Organized by

Dept, of Computer Science & Engineering, HKBKCE in association with ISTE (Indian Society for Technical Education)

25.09.2023 TO 29.09.2023

Dr. Nandha Gopal S M
Chief Coordinator

Dr. Smitha Kurian
Head - CSE

Dr. Mohammed Riyaz Ahmed
Principal



MARIAN COLLEGE
KUTTIKKANAM
AUTONOMOUS
MAKING COMPLETE



The Kerala State Higher Education Council
കേരള സംസ്ഥാന ഉന്നതവിദ്യാഭ്യാസ കൗൺസിൽ

CERTIFICATE

This is to certify that

Mr. Ramesh B

has participated in the

7 Day National Level Online Faculty Development Program on ChatGPT & AI Tools for Educators,
organised by Marian College Kuttikkanam (Autonomous)

in association with The Kerala State Higher Education Council from 14 June to 21 June 2023 and has
successfully completed all the tasks, assignments and assessments of this online FDP and secured A grade.

Dr. Mendius Jacob
Professor & Director MCA,
Marian College, Kuttikkanam (Autonomous)
MD & CEO, iper solutions limited

XndBVqHrKe



Dr. Rajan Varughese
Member Secretary,
Kerala State Higher Education Council



MARIAN COLLEGE
KUTTIKKANAM
AUTONOMOUS
MAKING COMPLETE



The Kerala State Higher Education Council
കേരള സംസ്ഥാന ഉന്നതവിദ്യാഭ്യാസ കൗൺസിൽ

CERTIFICATE

This is to certify that

Ms. Tara V K

has participated in the

7 Day National Level Online Faculty Development Program on ChatGPT & AI Tools for Educators,

organised by Marian College Kuttikkanam (Autonomous)

in association with The Kerala State Higher Education Council from 14 June to 21 June 2023 and has successfully completed all the tasks, assignments and assessments of this online FDP and secured A grade.

Xinshiqizke

Dr. Mendus Jacob
Professor & Director MCA,
Marian College, Kuttikkanam (Autonomous)
MD & CEO, Ipar solutions limited



Dr. Rajan Varughese
Member Secretary,
Kerala State Higher Education Council



MARIAN COLLEGE
KUTTIKANAM
AUTONOMOUS
MAKING COMPLETE



The Kerala State Higher Education Council
കേരള സംസ്ഥാന ഉന്നതവിദ്യാഭ്യാസ കൗൺസിൽ

CERTIFICATE

This is to certify that

Ms. Vani

has participated in the

7 Day National Level Online Faculty Development Program on ChatGPT & AI Tools for Educators,

organised by Marian College Kuttikkanam (Autonomous)

in association with The Kerala State Higher Education Council from 14 June to 21 June 2023 and has successfully completed all the tasks, assignments and assessments of this online FDP and secured A grade.

ശ്രീമതി വാനി

Dr. Mendus Jacob
Professor & Director MCA,
Marian College, Kuttikkanam (Autonomous)
MD & CEO, ipar solutions limited.



Dr. Rajan Varughese
Member Secretary,
Kerala State Higher Education Council



**MALAVIYA MISSION
TEACHER
TRAINING PROGRAMME**



CERTIFICATE OF PARTICIPATION

NEP 2020 ORIENTATION & SENSITIZATION PROGRAMME

This is to certify that **Ms. Vanitha G R** from
City Engineering College, Bangalore
 has completed the NEP 2020 Orientation & Sensitization Programme under Malaviya
 Mission Teacher Training Programme (MM-TTP) of University Grants Commission
 (UGC) Organized by **Central University of Jammu**
 from **27th April 2024** to **04th May 2024**

Neelika

Director/Coordinator (MM-TTC)



Government of India

**MALAVIYA MISSION
TEACHER
TRAINING PROGRAMME**



CERTIFICATE OF PARTICIPATION

NEP 2020 ORIENTATION & SENSITIZATION PROGRAMME

This is to certify that **Ms. Anitha C V** from

City Engineering College, Bangalore

has completed the NEP 2020 Orientation & Sensitization Programme under Malaviya Mission Teacher Training Programme (MM-TTP) of University Grants Commission (UGC) Organized by **Central University of Jammu**

from **27th April 2024** to **04th May 2024**

Director/Coordinator (MM-TTC)



**MALAVIYA MISSION
TEACHER
TRAINING PROGRAMME**



CERTIFICATE OF PARTICIPATION

NEP 2020 ORIENTATION & SENSITIZATION PROGRAMME

This is to certify that **Ms. Janavi R** from

City Engineering College, Bangalore

has completed the NEP 2020 Orientation & Sensitization Programme under Malaviya Mission Teacher Training Programme (MM-TTP) of University Grants Commission (UGC) Organized by **Central University of Jammu**

from **27th April 2024** to **04th May 2024**

Neelika

Director/Coordinator (MM-TTC)



HKBK COLLEGE OF ENGINEERING

#22/1, Opp - Manyata Tech Park, Nagawara, Bengaluru, 560042

DEPT. OF COMPUTER SCIENCE & ENGINEERING



CERTIFICATE OF PARTICIPATION

TO

DR AMBIKA P R

Professor , Computer science and engineering ,
City engineering college, Bengaluru, Karnataka.

has completed the **5 days Faculty Development Programme on Emerging Trends in "FULLSTACK DEVELOPMENT"**

Organized by

Dept. of **Computer Science & Engineering, HKBKCE** in association with **ISTE (Indian Society for Technical Education)**

15.04.2024 TO 19.04.2024

Dr. Deepak N R
Chief Coordinator

Dr. Nandha Gopal S M
Chief Coordinator



Dr. Smitha Kurian
Head - CSE

Dr. Mohammed Riyaz Ahmed
Principal



This is to certify that

Krishnaveni K

from

City engineering college

has successfully completed **Microsoft, SAP & AICTE** led **Faculty Development Program** on
AI Evolution: From Foundations to Generative AI
under **TechSaksham** from **14th November 2023** to **18th November 2023**.

Ashutosh Chadha
Director & Country Head
Public Policy & Government Affairs
Microsoft India

Nitish Agrawal
Chief Partner Officer
SAP India

Nagesh Singh
Executive Director
Edunet Foundation

Dr. Ramesh Unnikrishnan
Advisor-II
AICTE



HKBK COLLEGE OF ENGINEERING

22/A, Dico, Manyata Tech Park Nagbvara, Bengaluru 560045

DEPT. OF COMPUTER SCIENCE & ENGINEERING



CERTIFICATE OF PARTICIPATION

TO

PROF. SANGEETA URANAKAR

Assistant Professor, Computer Science & Engineering,
City Engineering College, Bengaluru, Karnataka.

has completed the **5 days Faculty Development Programme on Emerging Trends in "FULLSTACK DEVELOPMENT"**
Organized by

Dept. of **Computer Science & Engineering, HKBKCE** in association with ISTE (Indian Society for Technical Education)
15.04.2024 TO 19.04.2024

Dr. Deepak N R
Chief Coordinator

Dr. Nandha Gopal S M
Chief Coordinator



Dr. Smitha Kurian
Head - CSE

Dr. Mohammed Riyaz Ahmed
Principal



HKBK COLLEGE OF ENGINEERING

22/1, Opp - Manyata Tech Park, Nagawara, Bengaluru, 560045.



DEPT. OF COMPUTER SCIENCE & ENGINEERING

CERTIFICATE OF PARTICIPATION

TO

PROF. VIBHAVI R N

Assistant Professor , Computer Science and Engineering ,
City Engineering College, Bengaluru, Karnataka.

has completed the **5 days Faculty Development Programme on Emerging Trends in "FULLSTACK DEVELOPMENT"**

Organized by

Dept, of **Computer Science & Engineering, HKBKCE** in association with ISTE (Indian Society for Technical Education)

15.04.2024 TO 19.04.2024

Dr. Deepak N R
Chief Coordinator

Dr. Nandha Gopal S M
Chief Coordinator



Dr. Smitha Kurian
Head - CSE

Dr. Mohammed Riyaz Ahmed
Principal



Wayanamac Education Trust ®
DON BOSCO INSTITUTE OF TECHNOLOGY
 Kumbalagodu, Mysuru Road, Bengaluru-560 074.
 Department of Artificial Intelligence and Data Science



DATASPHERE
 EST. 2024

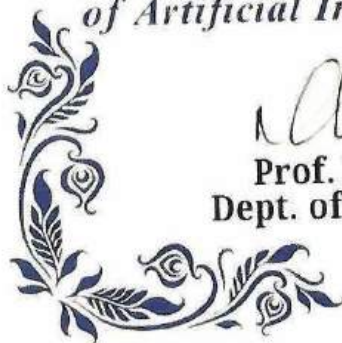


INSTITUTION'S
 INNOVATION
 COUNCIL

CERTIFICATE

This is to certify that Dr/Prof. Nasrath B K

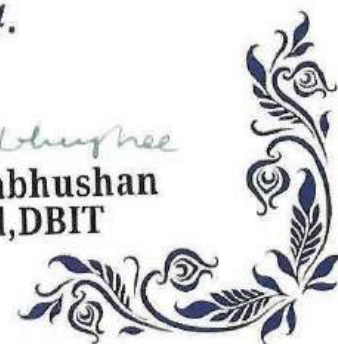
of CITY Engineering College has actively participated
 in Faculty Development Program(FDP) on "DATA SCIENCE AND ITS APPLICATIONS"
 in association with IEEE and Institution's Innovation Council (IIC) Organized by Department
 of Artificial Intelligence and Data Science, Engineering from 13 to 17 May 2024.



Mamatha K
 Prof. Mamatha K
 Dept. of AI & DS, DBIT

Gowamma
 Dr. Gowamma G. S.
 HoD, Dept. AI & DS, DBIT

B.S. Nagabhushan
 Dr. B.S Nagabhushan
 Principal, DBIT





HKBK
College of Engineering

22/1, Opp - Manyata Tech Park, Nagawara, Bengaluru. 560045.



DEPT. OF COMPUTER SCIENCE & ENGINEERING

Certificate

This is to Certify that

Mahadeva Prasad H M

Assistant Professor, Computer Science and Engineering, City Engineering College

has completed the **5 days Faculty Development Programme on Angular JS & Node JS**(as per VTU-CBSE Scheme 2021)

Organized by

Dept, of Computer Science & Engineering, HKBKCE in association with ISTE (Indian Society for Technical Education)

25.09.2023 TO 29.09.2023

Dr. Nandha Gopal S M
Chief Coordinator

Dr. Smitha Kurian
Head - CSE

Dr. Mohammed Riyaz Ahmed
Principal



VIDYAVARDHAKA COLLEGE OF ENGINEERING

Gokulam III Stage, Mysuru-570 002, Karnataka, India

Department of Information Science and Engineering
(Accredited by NBA, New Delhi and NAAC with A grade)



CERTIFICATE OF PARTICIPATION



This is to certify that Dr./Mrs./Mr./Ms S Vagdevi, Professor, City Engineering College has actively participated in Ten Day Faculty Development Program on “Essentials of Cyber Security in Blockchain Technologies” held from 19th Feb - 29th Feb 2024, organized by Dept. of Information Science and Engineering.

Dr. B Sadashive Gowda
Principal, VVCE

Dr. Ravi Kumar V
Professor and Head,
Dept. of ISE, VVCE

CERTIFICATE OF PARTICIPATION

This is to certify that

MS. VINDHYA R

Assistant Professor , AIML, City Engineering College

has participated in the “**Five Day International FDP on Probability and Statistics for Data Science**” organized by Dept. of Research & Publications, A2Z EduLearningHub LLP on 1st to 5th August 2023.



Director
A2Z EduLearningHub LLP



Venue: Online
DS2381X49



*Authorities accepting the certificate may check its authenticity at the web portal <https://edulearninghub.com/credential-id-verification/>



HKBK COLLEGE OF ENGINEERING

22/1, Opp - Manyata Tech Park, Nagawara, Bengaluru, 560045



DEPT. OF COMPUTER SCIENCE & ENGINEERING

CERTIFICATE OF PARTICIPATION

TO

PROF. ANITHA PATIL

Assistant Professor , Computer Science and Engineering ,
City Engineering College, Bengaluru, Karnataka.

has completed the **5 days Faculty Development Programme on Emerging Trends in "FULLSTACK DEVELOPMENT"**

Organized by

Dept. of **Computer Science & Engineering, HKBKCE** in association with ISTE (Indian Society for Technical Education)

15.04.2024 TO 19.04.2024

Dr. Deepak N R
Chief Coordinator

Dr. Nandha Gopal S M
Chief Coordinator



Dr. Smitha Kurian
Head - CSE

Dr. Mohammed Riyaz Ahmed
Principal



HKBK COLLEGE OF ENGINEERING

22/1, Opp. Manyata Tech Park, Nagawara, Bengaluru, 560045



DEPT. OF COMPUTER SCIENCE & ENGINEERING

CERTIFICATE OF PARTICIPATION

TO

PROF. SHRUTHI B S

Assistant Professor , Computer Science and Engineering ,
City Engineering College, Bengaluru, Karnataka.

has completed the **5 days Faculty Development Programme on Emerging Trends in "FULLSTACK DEVELOPMENT"**
Organized by

Dept. of Computer Science & Engineering, HKBKCE in association with ISTE (Indian Society for Technical Education)

15.04.2024 TO 19.04.2024

Dr. Deepak N R
Chief Coordinator

Dr. Nandha Gopal S M
Chief Coordinator



Dr. Smitha Kurian
Head - CSE

Dr. Mohammed Riyaz Ahmed
Principal



CMR INSTITUTE OF TECHNOLOGY
#132, AECS Layout, ITPL Main Road, Kundalahalli, Bengaluru-560 037

Certificate of Participation

This is to certify that

SANGEETHA RAO S

Assistant Professor, Computer Science and Engineering, City Engineering College,
Bengaluru

has participated in the

Five Days Online Faculty Development Programme on
"Artificial Intelligence & Machine Learning for Medical Image Analysis using Python"

Conducted by the Department of Electronics & Communication Engineering,
CMR Institute of Technology, Bengaluru from 21st to 25th August 2023.

K. Venkateswararao

Convenor

R. E. L. S. S.

HOD, Dept. of ECE

Sanjay

Principal



VIDYAVARDHAKA COLLEGE OF ENGINEERING

Gokulam III Stage, Mysuru-570 002, Karnataka, India
Department of Information Science and Engineering
(Accredited by NBA, New Delhi and NAAC with A grade)



CERTIFICATE OF PARTICIPATION



This is to certify that Dr./Mrs./Mr./Ms **Shruthi Vijay** City Engineering College has actively participated in Ten Day Faculty Development Program on “Essentials of Cyber Security in Blockchain Technologies” held from 19th Feb - 29th Feb 2024, organized by Dept. of Information Science and Engineering.

Dr. B Sadashive Gowda
Principal, VVCE

Dr. Ravi Kumar V
Professor and Head,
Dept. of ISE, VVCE



CMR INSTITUTE OF TECHNOLOGY
#132, AECS Layout, ITPL Main Road, Kundalahalli, Bengaluru-560 037

Certificate of Participation

This is to certify that

VARALAKSHMI P

Assistant Professor, Computer Science and Engineering, City Engineering College,
Bengaluru

has participated in the

Five Days Online Faculty Development Programme on
"Artificial Intelligence & Machine Learning for Medical Image Analysis using Python"

Conducted by the Department of Electronics & Communication Engineering,
CMR Institute of Technology, Bengaluru from 21st to 25th August 2023.

H. Venkateswararao

Convenor

R. E. Lalitha

HOD, Dept. of ECE

Sanjay

Principal



CERTIFICATE

— OF COMPLETION —

This certificate is presented to

Mr. Nandish A C

has successfully completed the 5 days Faculty Development Program on
Building Advanced Data Analytics Applications With Cloud
under Next Gen Employability Program
from 08/01/2024 to 12/01/2024.

Nagesh Singh
Executive Director
Edunet Foundation

Dr. Ramesh Unnikrishnan
Advisor-II
AICTE



VIDYAVARDHAKA COLLEGE OF ENGINEERING

Gokulam III Stage, Mysuru-570 002, Karnataka, India
Department of Information Science and Engineering
(Accredited by NBA, New Delhi and NAAC with A grade)



CERTIFICATE OF PARTICIPATION



This is to certify that Dr./Mrs./Mr./Ms **Swetha A** City Engineering College has actively participated in Ten Day Faculty Development Program on "Essentials of Cyber Security in Blockchain Technologies" held from 19th Feb - 29th Feb 2024, organized by Dept. of Information Science and Engineering.

Dr. B Sadashive Gowda
Principal, VVCE

Dr. Ravi Kumar V
Professor and Head,
Dept. of ISE, VVCE

Chayl.



IOT Academy

MSME Reg. No: UDYAM-TN-03-01015425

Regt, No. : FR/CBE/709/2021

Coimbatore, Tamilnadu, India

www.iotacademy.in

Certificate of Participation

This is to certify that

Dr.Ravindra S

Assistant Professor, Department of Computer science and engineering

City Engineering College, Bangalore

has participated in the Five Days National Level FDP on

"Indian Knowledge System (IKS)"

held from 18th - 24th January, 2024.

Mr. B. Sudagar
Coordinator

Mrs. Anisha
Convener

Mrs. Jayalakshmi
Director, T & D

Faculty Development Program 2024



CERTIFICATE OF PARTICIPATION

This is to certify that

NAME

Shylaja K

COLLEGE

City Engineering College, Bangalore - 560062

has Successfully attended Online FDP on

Advancement in Quantum Computing and Sensor Technology

at Pantech e Learning Pvt Ltd

From 15/04/2024 to 27/04/2024

Sh. K. K. Thakur
CHAIRMAN
IETE, Ranchi

M. Malaiyappan
Director
Pantech e learning



CERTIFICATE OF PARTICIPATION

This is to certify that

NAME

Mr Mallikarjuna G S

COLLEGE

City Engineering College, Bangalore - 560062

has Successfully attended Online FDP on

Advancement in Quantum Computing and Sensor Technology

at Pantech e Learning Pvt Ltd

From 15/04/2024 to 27/04/2024

Sh. K. K. Thakur
CHAIRMAN
IETE, Ranchi

M. Malaiyappan
Director
Pantech e Learning



CERTIFICATE OF PARTICIPATION

This is to certify that

NAME Gopikishan J

COLLEGE City Engineering College, Bangalore - 560062

has Successfully attended Online FDP on

Advancement in Quantum Computing and Sensor Technology

at Pantech e Learning Pvt Ltd

From 15/04/2024 to 27/04/2024

Sh. K. K. Thakur
CHAIRMAN
IETE, Ranchi

M. Malaiyappan
Director
Pantech e learning



CERTIFICATE

— OF COMPLETION —

This certificate is presented to

Mr. Vishvakiran R.C

has successfully completed the 5 days Faculty Development Program on

Building Advanced Data Analytics Applications With Cloud

under Next Gen Employability Program

from 08/01/2024 to 12/01/2024.

Nagesh Singh
Executive Director
Edunet Foundation

Dr. Ramesh Unnikrishnan
Advisor-II
AICTE



Wayanama Education Trust ®
DON BOSCO INSTITUTE OF TECHNOLOGY
Kumbalagodu, Mysuru Road, Bengaluru-560 074.
Department of Artificial Intelligence and Data Science




DATASPHERE
EST. 2024

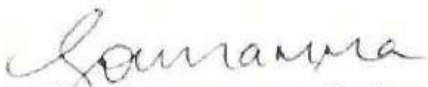


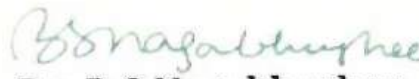
INSTITUTION'S
INNOVATION
COUNCIL

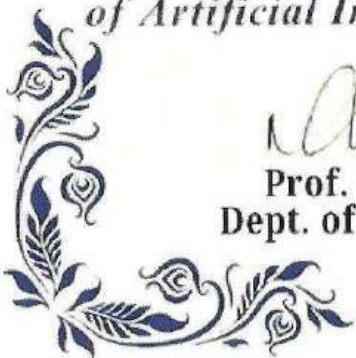
CERTIFICATE

This is to certify that Dr/Prof. Menaka C N
of CITY Engineering College has actively participated
in Faculty Development Program(FDP) on "DATA SCIENCE AND ITS APPLICATIONS"
in association with IEEE and Institution's Innovation Council (IIC) Organized by Department
of Artificial Intelligence and Data Science, Engineering from 13 to 17 May 2024.


Prof. Mamatha K
Dept. of AI & DS, DBIT


Dr. Gowramma G. S.
HoD, Dept. AI & DS, DBIT


Dr. B.S Nagabhushan
Principal, DBIT





CERTIFICATE

— OF COMPLETION —

This certificate is presented to

Ms. Spoorthi M

has successfully completed the 5 days Faculty Development Program on

Building Advanced Data Analytics Applications With Cloud

under Next Gen Employability Program

from 08/01/2024 to 12/01/2024.

Nagesh Singh
Executive Director
Edunet Foundation

Dr. Ramesh Unnikrishnan
Advisor-II
AICTE



CERTIFICATE OF PARTICIPATION

This is to certify that

NAME

Mathivanan M

COLLEGE

City Engineering College, Bangalore - 560062

has Successfully attended Online FDP on

Advancement in Quantum Computing and Sensor Technology

at Pantech e Learning Pvt Ltd

From 15/04/2024 to 27/04/2024

Sh. K. K. Thakur
CHAIRMAN
IETE, Ranchi

M. Malaiyappan
Director
Pantech e learning



Wayanamae Education Trust ®
DON BOSCO INSTITUTE OF TECHNOLOGY
Kumbalagodu, Mysuru Road, Bengaluru-560 074.
Department of Artificial Intelligence and Data Science



DATASPHERE
EST. 2024



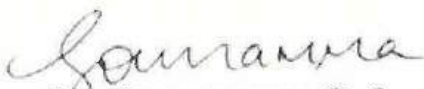
INSTITUTION'S
INNOVATION
COUNCIL

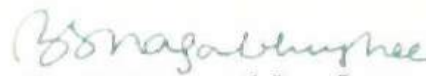
CERTIFICATE

This is to certify that Dr/Prof. R.Mirudhula
of CITY Engineering College has actively participated
in Faculty Development Program(FDP) on "DATA SCIENCE AND ITS APPLICATIONS"
in association with IEEE and Institution's Innovation Council (IIC) Organized by Department
of Artificial Intelligence and Data Science, Engineering from 13 to 17 May 2024.




Prof. Mamatha K
Dept. of AI & DS, DBIT


Dr. Gowramma G. S.
HoD, Dept. AI & DS, DBIT


Dr. B.S Nagabhushan
Principal, DBIT





Wayanamac Education Trust ®
DON BOSCO INSTITUTE OF TECHNOLOGY
Kumbalagodu, Mysuru Road, Bengaluru-560 074.
Department of Artificial Intelligence and Data Science




DATASPHERE
EST 2024





INSTITUTION'S
INNOVATION
COUNCIL

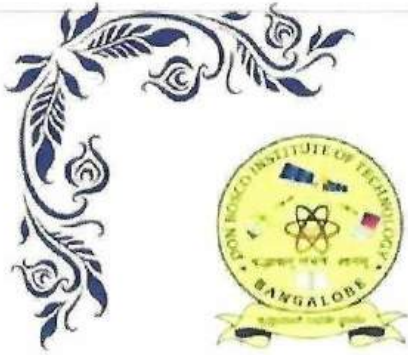
CERTIFICATE

This is to certify that Dr/Prof. V John Peter
of CITY Engineering College has actively participated
in Faculty Development Program(FDP) on "DATA SCIENCE AND ITS APPLICATIONS"
in association with IEEE and Institution's Innovation Council (IIC) Organized by Department
of Artificial Intelligence and Data Science, Engineering from 13 to 17 May 2024.


Prof. Mamatha K
Dept. of AI & DS, DBIT


Dr. Gowramma G. S.
HoD, Dept. AI & DS, DBIT


Dr. B.S Nagabhushan
Principal, DBIT





Wayanamac Education Trust ®
DON BOSCO INSTITUTE OF TECHNOLOGY
Kumbalagodu, Mysuru Road, Bengaluru-560 074.
Department of Artificial Intelligence and Data Science




CERTIFICATE

This is to certify that Dr/Prof. Shruthi B Hiregoudar
of CITY Engineering College has actively participated
in Faculty Development Program(FDP) on "DATA SCIENCE AND ITS APPLICATIONS"
in association with IEEE and Institution's Innovation Council (IIC) Organized by Department
of Artificial Intelligence and Data Science, Engineering from 13 to 17 May 2024.


Prof. Mamatha K
Dept. of AI & DS, DBIT


Dr. Gowramma G. S.
HoD, Dept. AI & DS, DBIT


Dr. B.S Nagabhushan
Principal, DBIT



CERTIFICATE OF PARTICIPATION

This is to certify that

NAME

Naseerhusen Ankalagi

COLLEGE

City Engineering College, Bangalore - 560062

has Successfully attended Online FDP on

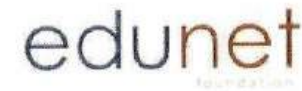
Advancement in Quantum Computing and Sensor Technology

at Pantech e Learning Pvt Ltd

From 15/04/2024 to 27/04/2024

Sh. K. K. Thakur
CHAIRMAN
IETE, Ranchi

M. Malaiyappan
Director
Pantech e Learning



This is to certify that

Dr Shalini Prasad

from

City engineering college

has successfully completed **Microsoft, SAP & AICTE** led **Faculty Development Program** on

AI Evolution: From Foundations to Generative AI

under **TechSaksham** from **14th November 2023 to 18th November 2023.**

Ashutosh Chadha
Director & Country Head
Public Policy & Government Affairs
Microsoft India

Nitish Agrawal
Chief Partner Officer
SAP India

Nagesh Singh
Executive Director
Edunet Foundation

Dr. Ramesh Unnikrishnan
Advisor-II
AICTE



CERTIFICATE

— OF COMPLETION —

This certificate is presented to

Ms. Shravya S

has successfully completed the 5 days Faculty Development Program on

Building Advanced Data Analytics Applications With Cloud

under Next Gen Employability Program

from 08/01/2024 to 12/01/2024.

Nagesh Singh
Executive Director
Edunet Foundation

Dr. Ramesh Unnikrishnan
Advisor-II
AICTE



This is to certify that

Nayana R K

from

City engineering college

has successfully completed **Microsoft, SAP & AICTE** led Faculty Development Program on

AI Evolution: From Foundations to Generative AI

under **TechSaksham** from **14th November 2023 to 18th November 2023.**

Ashutosh Chadha
Director & Country Head
Public Policy & Government Affairs
Microsoft India

Nitish Agrawal
Chief Partner Officer
SAP India

Nagesh Singh
Executive Director
Edunet Foundation

Dr. Ramesh Unnikrishnan
Advisor-II
AICTE



IOT Academy

MSME Reg. No: UDYAM-TN-03-01015425

Regt, No. : FR/CBE/709/2021

Coimbatore, Tamilnadu, India

www.iotacademy.in

Certificate of Participation

This is to certify that

Dr.Jyothi P

Assistant Professor, Department of Computer science and engineering

City Engineering College, Bangalore

has participated in the Five Days National Level FDP on

"Indian Knowledge System (IKS)"

held from 18th - 24th January, 2024.

Mr. B. Sudagar
Coordinator

Mrs. Anisha
Convener

Mrs. Jayalakshmi
Director, T & D

Faculty Development Program 2024



IOT Academy

MSME Reg. No: UDYAM-TN-03-01015425

Regt, No. : FR/CBE/709/2021

Coimbatore, Tamilnadu, India

www.iotacademy.in

Certificate of Participation

This is to certify that

Dr.Sunitha N

Assistant Professor, Department of Computer science and engineering

City Engineering College, Bangalore

has participated in the Five Days National Level FDP on

"Indian Knowledge System (IKS)"

held from 18th - 24th January, 2024.

Mr. B. Sudagar
Coordinator

Mrs. Anisha
Convener

Mrs. Jayalakshmi
Director, T & D

Faculty Development Program 2024



CERTIFICATE

— OF COMPLETION —

This certificate is presented to

Mr. Mahesh Basavaraj

has successfully completed the 5 days Faculty Development Program on

Building Advanced Data Analytics Applications With Cloud

under Next Gen Employability Program

from 08/01/2024 to 12/01/2024.

Nagesh Singh
Executive Director
Edunet Foundation

Dr. Ramesh Unnikrishnan
Advisor-II
AICTE



ICTACADEMY®

CERTIFICATE OF PARTICIPATION

Date: 11 Aug 2023

Mrs. Archana Bhat

City Engineering College, Bengaluru

has participated in 5 Day Faculty Development Program on

Microsoft Power BI Data Analyst Associate

conducted by ICT Academy on 07 Aug 2023 to 11 Aug 2023 at

Manakula Vinayagar Institute of Technology



In association with



Hari Balachandran
Chief Executive Officer, ICT Academy

verify.ictacademy.in



ICTACADEMY®

CERTIFICATE OF PARTICIPATION

Date: 11 Aug 2023

Mrs. Laxmi M. C.

City Engineering College, Bengaluru

has participated in 5 Day Faculty Development Program on

Microsoft Power BI Data Analyst Associate

conducted by ICT Academy on 07 Aug 2023 to 11 Aug 2023 at

Manakula Vinayagar Institute of Technology



In association with



Hari Balachandran
Chief Executive Officer, ICT Academy

verify.ictacademy.in



ICTACADEMY®

CERTIFICATE OF PARTICIPATION

Date: 11 Aug 2023

Mrs. Tejaswini B N

City Engineering College, Bengaluru

has participated in 5 Day Faculty Development Program on

Microsoft Power BI Data Analyst Associate

conducted by ICT Academy on 07 Aug 2023 to 11 Aug 2023 at

Manakula Vinayagar Institute of Technology



In association with



Hari Balachandran
Chief Executive Officer, ICT Academy

verify.ictacademy.in

LAKIREDDY BALI REDDY COLLEGE OF ENGINEERING

(AUTONOMOUS)

Accredited by NAAC & NBA (ASE, CE, CSE, IT, EEE, ECE & ME)

Approved by AICTE, New Delhi & Affiliated by JNTUK, Kakinada

L.B.Reddy Nagar, Mylavaram, Andhra Pradesh 521230

DEPARTMENT OF MECHANICAL ENGINEERING



Certificate of Participation

This is to Certify that

Mr. Mohammed Mathenulla Shariff
Professor, City Engineering College

has actively participated in the **One Week FDP on Advancements in Mechanical Engineering** organized by the **Department of Mechanical Engineering, Lakireddy Bali Reddy College of Engineering, Mylavaram, Krishna (Dt.), Andhra Pradesh, India** organized from **19/06/2023 to 24/06/2023**.

Dr. P. Vijay Kumar
(Co-ordinator)

Dr. S. Pichi Reddy
(HoD Mechanical)

Dr. K. Appa Rao
(Principal)

LAKIREDDY BALI REDDY COLLEGE OF ENGINEERING

(AUTONOMOUS)

Accredited by NAAC & NBA (ASE, CE, CSE, IT, EEE, ECE & ME)

Approved by AICTE, New Delhi & Affiliated by JNTUK, Kakinada

L.B.Reddy Nagar, Mylavaram, Andhra Pradesh 521230

DEPARTMENT OF MECHANICAL ENGINEERING



Certificate of Participation

This is to Certify that

Mr. Anil Kumar R

Assistant Professor, City Engineering College

has actively participated in the **One Week FDP on Advancements in Mechanical Engineering** organized by the **Department of Mechanical Engineering, Lakireddy Bali Reddy College of Engineering, Mylavaram, Krishna (Dt.), Andhra Pradesh, India** organized from **19/06/2023 to 24/06/2023**.

Dr. P. Vijay Kumar
(Co-ordinator)

Dr. S. Pichi Reddy
(HoD Mechanical)

Dr. K. Appa Rao
(Principal)



**SREE SAKTHI
ENGINEERING COLLEGE**

Affiliated to Anna University & Approved by AICTE. Accredited by NAAC
OOTY MAIN ROAD, KARAMADAI, COIMBATORE-641104, INDIA

Coimbatore's
No.1
Industry
Integrated
Campus



CERTIFICATE OF PARTICIPATION

ONE WEEK VIRTUAL FDP ON "REALIZING THE BENEFITS OF ACADEMIC RESEARCH"

This is to certify that Dr/Mr/Ms..... **Mr. Vinay Kumar S N**.....

from **City Engineering College, Bengaluru**.....has participated in the

One Week Virtual FDP on the topic of "Realizing the Benefits of Academic Research"

held from 10.07.2023 to 15.07.2023 organized by Sree Sakthi Engineering College.

Coimbatore.

ACADEMIC COORDINATOR
(Dr.C.G.Hemamalini)

DEAN
(Prof. P.Malarvizhi)

CEO
(Dr.N.Prasannan)

PRINCIPAL
(Dr.G.Ranganathan)

CORRESPONDENT
(Dr.S.Karthikeyan)



CITYENGINEERINGCOLLEGE
Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Dakallandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560062.



Date: 12/01/2024

Ref No.: CEC/IQAC/MDP/2023 -2024 /OR/01

CIRCULAR

Subject: Health Insurance Awareness Program

Dear Staff,

We are pleased to announce an upcoming **Health Insurance Awareness Program** aimed at educating our college community about the importance of health insurance, available options, and how to make informed decisions regarding personal health coverage. The program will take place on **January 19th 2024 at 2PM to 5PM in CSE Seminar Hall.**

Program Highlights:

- Understanding the basics of health insurance
- Types of health insurance plans available for students
- How to choose the right plan for your needs
- Information on claims and the process to access healthcare services
- Q&A session with health insurance experts

Guest Speakers: M. Shivakumar from clinic.kis.

This program is open to all Faculty members. We encourage everyone to participate, as understanding health insurance is essential for your well-being. Your health and well-being are our top priorities, and we look forward to empowering you with knowledge about health insurance.


Principal

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



STAFF DEVELOPMENT PROGRAM ON HEALTH INSURANCE

Date:19/01/2024

Health Insurance Guidance program from clinikkis arranged for CEC faculty members in CSE Seminar on 19th January 2024 at 3:00 o clock. Principal welcomed all faculty members and he explained the importance of Health insurance. The speaker M.Shivakumar explained the benefits of the Health insurance and the benefits which they are going to give per year and premium required to pay per year. The session ended with questions and answers & vote of thanks. Health insurance awareness program benefited our faculty members



Health Insurance program on 19/01/2024
M.Shivakumar from clinikkis



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Health Insurance program on 19/01/2024
M.Shivakumar from clinikkis

S. Kaulan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, Bangalore-560062.



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Attendance for Program on Health Insurance

Date: 19/01/2024

Time: 2PM to 5PM

Teaching Faculties:

Department of Computer Science and Engineering

| Sl.No | Name | Signature |
|-------|---------------------------|-----------|
| 1 | Dr.Narayana Swamy Ramaiah | |
| 2 | Dr.Ambika P.R. | |
| 3 | Mrs. Archana Bhat | |
| 4 | Mrs. Laxmi M.C | |
| 5 | Mr.. Gangapp B Demannavar | |
| 6 | Mrs. Tcjaswin | |
| 7 | Mrs. Sangeetha Uranakar | |
| 8 | Mr. B.Ramesh | |
| 9 | Mrs. Shruthi Vijay | |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Department of Artificial Intelligence and Machine Learning

| Sl.No | Name | Signature |
|-------|---------------------|----------------|
| 1. | Dr. S Vagdevi | <i>Vagdevi</i> |
| 2 | Mr. Mahesh Basavraj | <i>Mahesh</i> |
| 3 | Mrs. Nasrat B K | <i>Nasrat</i> |
| 4 | Mrs. Vindya R | |

Department of Mechanical Engineering

| Sl.No | Name | Signature |
|-------|---------------------------------|--------------------|
| 1. | Dr. S Karunakar | <i>S Karunakar</i> |
| 2 | Dr. Mohammed Mathenulla shariff | <i>Mathenulla</i> |
| 3 | Dr. T. R Uma | <i>T.R Uma</i> |
| 4 | Mr. Anil Kumar | <i>Anilkumar</i> |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



| Sl.No | Name | Signature |
|-------|--------------------------|------------|
| 1 | Dr. Ravindra S | Ravindra S |
| 2 | Dr. Shalini Prasad | B. Prasad |
| 3 | Mrs. Shylaja K | SSK |
| 4 | Mr.G. S Mallikarjuna | malli |
| 5 | Mrs. Madhavi J. Kulkarni | muj |
| 6 | Mr. Vishvakiran R C | V |
| 7 | Mr. Gopikishan J | GP |

Department Of Civil Engineering

| Sl.No | Name | Signature |
|-------|---------------------|-----------|
| 1 | Mr. Vinay Kumar S N | Vinay |

Department Of Mathematics

| Sl.No | Name | Signature |
|-------|------------------|-----------|
| 1 | Dr. Jyothi P | Jyothi |
| 2 | Mrs. Vanitha G R | Vani |
| 3 | Miss. Janavi R | Jan |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Department Of Physics & Chemistry

| Sl.No | Name | Signature |
|-------|------------------|-----------|
| 1 | Mrs. Nagashree G | |
| 2 | Dr. K Sujatha | |
| 3 | Dr. P Rajashekar | |
| 4 | Dr. Sunitha N | |

Department Of Humanities & Science/Physical Education

| Sl.No | Name | Signature |
|-------|---------------------|-----------|
| 1 | Miss. Meghana D | |
| 2 | Mrs. Swaroopini B S | |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



| | | |
|----|-------------------------|----------------------|
| 10 | Mrs. Sangeetha Rao | <i>Sgr</i> |
| 11 | Mrs. Hina Nazneen | <i>Hina</i> |
| 12 | Mrs. Tara V K | <i>Tara V.K.</i> |
| 13 | Mrs. Vibhavi R N | <i>Vibhavi R N</i> |
| 14 | Ms. Spoorthi M | <i>Spoorthi</i> |
| 15 | Mrs. Krishnaveni K | <i>Krishnaveni K</i> |
| 16 | Mr. Mahadeva Prasad H M | <i>M. P.</i> |
| 17 | Ms. Shravya S | <i>Shravya</i> |
| 18 | Ms. Menaka C N | <i>Menaka</i> |

Department of Information Science and Engineering

| Sl.No | Name | Signature |
|-------|-------------------|---------------------|
| 1 | Mr. B.Sakthivel | <i>B.Sakthivel</i> |
| 2 | Mrs. Vani | <i>Vani</i> |
| 3 | Mrs. Anitha Patil | <i>Anitha Patil</i> |
| 4 | Mrs. Nayana R k | <i>Nayana R k</i> |



CITY ENGINEERING COLLEGE
Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Rod,
Next to Gokulam Apartment, Bangalore - 560 062.



Attendance for Program on Health Insurance

Date:19/01/2024

Time: 2PM to 5PM

Non-Teaching Faculties:

| Sl.No | Name | Signature |
|-------|---------------------|-----------|
| 1 | Ms. Suma Manjunath | |
| 2 | Ms. Hemalatha S | |
| 3 | Ms. Hitha S | |
| 4 | Ms. Aishwarya V | |
| 5 | Ms. Rakshitha S | |
| 6 | Ms. Sangeetha D | |
| 7 | Mrs. Manasa G | |
| 8 | Mr. Ramesh kumar N | |
| 9 | Mr. Manu G S | |
| 10 | Mr. Siddalingappa L | |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



| | | |
|-----|----------------------|--------|
| 11 | Mrs. Sowmya Sail | |
| 12 | Mr. Sadashiv | |
| 13 | Mr. Dinesh | |
| 14 | Mr. Shashi Kumar D | Shashi |
| 15 | Mr. Siddalingappa L | |
| 16. | Mr. Nanjunda Swamy K | |

ATTESTED COPY

SKanban

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Dr. Narayana Swamy Ramiah

Signature: *Narayana*

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | ✓ | |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | ✓ | |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | ✓ | |

Name: Ambika P.R

Signature:

ATTESTED COPY

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | ✓ | |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | ✓ | |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Archana

Bhat
ATTESTED COPY

Signature: Archana

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Kanmi - M - C

Signature: 

ATTESTED COPY



PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name:

gangaappa

ATTESTED COPY

Signature:

[Handwritten Signature]

SKauba

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3 | How well does the health insurance program cover your medical needs? | | | | ✓ | |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: *Sejansini BN*

Signature: *[Signature]*

ATTESTED COPY

Skandan

PRINCIPAL
/ CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | ✓ | |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: *Sangeetha Uransalca*

Signature: *[Handwritten Signature]*

ATTESTED COPY

S. K. [Handwritten Signature]

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | ✓ | |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | ✓ | |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name:

B. Ramesh

ATTESTED COPY

Signature:

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | ✓ | |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Shauthi Vijay

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: *Sanjatha Rao*

ATTESTED COPY

Signature: *[Signature]*

[Signature]

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Hina Nazneen

Signature:

ATTESTED COPY

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name:

Taeen v-k

Signature:

Taeen

ATTESTED COPY

SKAULAN

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Vibhavi R.N.

ATTESTED COPY

Signature:

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: *Spoorthi. M.*

Signature: *spri*

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Dehi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Krishnaveni k

Signature: [Handwritten Signature]

ATTESTED COPY

Skandan

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | ✓ | |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | ✓ | |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | ✓ | |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | ✓ | |

Name: Mahadeva prasad

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | ✓ | |
| 6. | How easy was the enrolment process for the health insurance program? | | | | ✓ | |
| 7. | How satisfied are you with the claim's submission process? | | | | ✓ | |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | ✓ | |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Shranya S

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Menaka CN

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form


Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | ✓ | |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | ✓ | |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | ✓ | | |

Name: B. Sathivel.

Signature: 

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: *Vani*

Signature: *Vani*

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | ✓ | |
| 6. | How easy was the enrolment process for the health insurance program? | | | | ✓ | |
| 7. | How satisfied are you with the claim's submission process? | | | | ✓ | |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Anita Patil

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Nayana R. K

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | ✓ | |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | ✓ | |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | ✓ | |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | ✓ | |

Name: Dr. S. VANDEVI

Vandevi
Signature:

ATTESTED COPY

S. Kanak

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | ✓ | |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: MAHESH BASAVRAJ

Signature: Mahesh B

ATTESTED COPY

Skandan

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form


Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Nagesh B.N

Signature: 

ATTESTED COPY



PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: *Vandhya R*

Signature: *[Signature]*

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: S. Kanakara

S. Kanakara
Signature:

ATTESTED COPY

S. Kanakara

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Mohammed Mathreulla

Signature: *M. Mathreulla*

Shaniffa

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | ✓ | |
| 4. | How would you rate the value for money of this health insurance program? | | | | ✓ | |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | ✓ | |

Name: Dr. T. R. Uma

Signature: Uma

ATTESTED COPY

S. K. S. K.

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | / |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | / |
| 3. | How well does the health insurance program cover your medical needs? | | | | | / |
| 4. | How would you rate the value for money of this health insurance program? | | | | | / |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | / |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | / |
| 7. | How satisfied are you with the claim's submission process? | | | | | / |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | / |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | / |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | / |

Name: *Anil Kumar R*

Signature: *Anil R*

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl No | Description | 1 | 2 | 3 | 4 | 5 |
|-------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | ✓ | |
| 4. | How would you rate the value for money of this health insurance program? | | | | ✓ | |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | ✓ | |

Name: H. RAVINDRA S.

Ravindra S
Signature:

ATTESTED COPY

SKAULAN

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Vishvakiran R.C

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: *Dr. Shalini Prasad*

Signature: *S. Prasad*

ATTESTED COPY

SKA...

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Shylaja K.

Signature: *Shylaja K.*

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: G. S. Mallikarjuna.

Signature: Mallikarjuna

ATTESTED COPY

S. K. Kulkarni

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Madhavi J. Kulkarni

Signature: *Maj*

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form


Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: GOPIKISHAN. J

Signature: 

ATTESTED COPY

Skandan
PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | ✓ | |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | ✓ | |

Name: Vinay Kumar. S.V.

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | ✓ | |
| 4. | How would you rate the value for money of this health insurance program? | | | | ✓ | |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | ✓ | |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Dr. Jyethi .P

Signature: *Jyethi*

ATTESTED COPY

S. K. ...

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Vanitha GR

Signature: Vani

ATTESTED COPY

Skanan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Janavi R

Signature: Jaye

ATTESTED COPY

Skandan

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name:

Nagasree G

Signature:

ATTESTED COPY

Skandan
PRINCIPAL

CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | | ✓ |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: Dr. K. Sujatha.

Signature: Sujathak.

ATTESTED COPY

Skanan

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | ✓ | |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | ✓ | |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | ✓ | |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | ✓ | |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: DV P RASASENA

[Signature]
Signature:

ATTESTED COPY

SKANAN
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | | ✓ |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | | ✓ |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | ✓ | |
| 9. | How clear and accessible information provided about the health insurance program? | | | | ✓ | |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Dr. Sunil Kumar
Name:

ATTESTED COPY

[Signature]
Signature:

S. Karan
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | ✓ | |
| 4. | How would you rate the value for money of this health insurance program? | | | | | ✓ |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | ✓ | |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | ✓ | |

Name: Meghana.D

ATTESTED COPY

Skandan

Signature: [Signature]

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Health Insurance

Venue: CSE Seminar Hall

Date: 19.01.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How satisfied are you with the overall health insurance program? | | | | ✓ | |
| 2. | Are the benefits offered by the health insurance program clear and understandable? | | | | ✓ | |
| 3. | How well does the health insurance program cover your medical needs? | | | | ✓ | |
| 4. | How would you rate the value for money of this health insurance program? | | | | ✓ | |
| 5. | How would you rate the speed and efficiency of claims processing? | | | | | ✓ |
| 6. | How easy was the enrolment process for the health insurance program? | | | | | ✓ |
| 7. | How satisfied are you with the claim's submission process? | | | | | ✓ |
| 8. | How satisfied are you with the frequency and relevance of communications from the health insurance provider? | | | | | ✓ |
| 9. | How clear and accessible information provided about the health insurance program? | | | | | ✓ |
| 10. | How likely are you to recommend our health insurance plan to others? | | | | | ✓ |

Name: *Swarnapini*

B.S

ATTESTED COPY

Signature: *[Signature]*

Skandan

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Date: 05/02/2024

Ref No.: CEC/IQAC/WEC/2023 -2024 /OR/02

CIRCULAR

Awareness Program on Cervical Cancer

Women Empowerment Cell of City Engineering College is organizing an awareness program on Cervical Cancer on 10th Feb 2024 in CSE Seminar Hall at 11:00 AM.

The resource person is Dr. Sowmya, Department of Oncology, BGS Gleneagles Hospital, Kengeri, will be addressing on Cervical Cancer Causes, Symptoms, Essential tests, Human Papilloma Virus vaccination and related Risks.

All the teaching and Non-teaching women staff are requested to attend the program to be well informed on Cervical cancer.

Principal

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



AWARENESS PROGRAM ON 'CERVICAL CANCER' 2023-24

Date:10/02/2024

Women cell of City engineering college organized cervical cancer awareness program on 10/02/2024 in Seminar hall at 11:00AM. All the teaching and non-teaching women in the campus participated in the program. Dr.Sowmya, Department of Oncology, BGS Gleneagles hospital Kengeri, gave the awareness on cervical cancer causes, symptoms, tests required to take up, HPV, Risks etc. Women's of City Engineering college are very happy with the program as it is very essential to all women. Chairman of the committee thanked Dr. Sowmya and all the members who participated in the program.



Awareness program on cervical cancer on 10/02/2024 by Dr.Sowmya department of Oncology Kengeri

S. Kaulan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, Bangalore-560062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Attendance for Awareness Program on Cervical Cancer

Date:10/02/2024

Time: 2PM to 5PM

Teaching Faculties:

Department of Computer Science and Engineering

| Sl.No | Name | Signature |
|-------|------------------------|-----------|
| 1 | Mrs. Archana Bhat | |
| 2 | Mrs. Laxmi M.C | |
| 3 | Mrs. Tejaswini B N | |
| 4 | Mrs. Shruthi Vijay | |
| 5 | Mrs. Shruthi B S | |
| 6 | Mrs. Sangeetha Urankar | |
| 7 | Mrs. Hina Nazneen | |
| 8 | Mrs. Sangeetha Rao | |
| 9 | Mrs. Tara V K | |
| 10 | Mrs. Vibhavi R N | |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



| | | |
|----|--------------------|----------------|
| 11 | Ms. Spoorthi M | <i>Spm</i> |
| 12 | Mrs. Krishnaveni K | <i>Kan K</i> |
| 13 | Mrs. Shwetha A | <i>Shwetha</i> |
| 14 | Ms. Shravya S | <i>S.S</i> |

Department of Information Science and Engineering

| Sl.No | Name | Signature |
|-------|-------------------|--------------------|
| 1 | Mrs. Vani | <i>Vani</i> |
| 2 | Mrs. Anitha Patil | <i>Anitha</i> |
| 3 | Mrs. Nayana R k | <i>Nayana P.K.</i> |
| 4 | Mrs. Mirudhula | <i>Mirudhula</i> |

Department of Artificial Intellegence and Machine Learning

| Sl.No | Name | Signature |
|-------|-----------------|---------------|
| 1 | Mrs. Nasrat B K | <i>Nasrat</i> |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Department of Electronics & Communication and Engineering

| Sl.No | Name | Signature |
|-------|--------------------------|------------------|
| 1 | Dr. Shalini Prasad | <i>S. Prasad</i> |
| 2 | Mrs. Madhavi J. Kulkarni | <i>M.J.K</i> |
| 3 | Mrs. Shylaja K | <i>SSK</i> |

Department Of Humanities & Science/Physical Education

| Sl.No | Name | Signature |
|-------|---------------------|------------|
| 1 | Miss. Meghana D | <i>em.</i> |
| 2 | Mrs. Swaroopini B S | <i>BS</i> |

Department Of Chemistry

| Sl.No | Name | Signature |
|-------|---------------|-----------|
| 1 | Dr. Sunitha N | <i>SN</i> |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Department Of Mathematics

| Sl.No | Name | Signature |
|-------|------------------|-----------|
| 1 | Dr. Jyothi P | Jyothi |
| 2 | Mrs. Vanitha G R | Vanitha |
| 3 | Mrs. Anitha C V | Anitha |
| 4 | Miss. Janavi R | Janavi |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | ✓ | | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | ✓ | | |

Name: *Ashana Bhat*

Signature: *Ash*

ATTESTED COPY

Skandan
PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date:10.02.2024

Feedback Form


Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3 | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7 | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9 | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10 | How effective was the program in providing information about the treatment options available for cervical cancer? | | | ✓ | | |

Name: Lakshmi M.C

Signature: 

NOT TESTED COPY



PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | ✓ | | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: *Sejani B N*

Signature: *[Signature]*

ATTESTED COPY

Skandan

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Shreuthi Vijay

Signature:

ATTESTED COPY

PRINCIPAL

CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: *Shruthi BS*

Signature: *[Signature] BS*

ATTESTED COPY
Skann
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Sangeetha Urasakar

Signature:

ATTESTED COPY
Skanan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: *Hina Nazneen.*

Signature: *[Handwritten Signature]*

ATTESTED COPY

[Handwritten Signature]

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | ✓ | | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | ✓ | | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | ✓ | | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: *Sanjitha Reddy*

Signature: *[Handwritten Signature]*

ATTESTED COPY

Skandan
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3 | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7 | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9 | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10 | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name:

Tara v-t

Signature:

Tara

ATTESTED COPY

Skandan
PRINCIPAL

CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | ✓ | | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | ✓ | | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: Vibhavi R.N.

Signature:

ATTESTED COPY

PRINCIPAL
/ CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name:

Spoorthi M

Signature:

spm

ATTESTED COPY

SKANAN

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3 | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7 | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9 | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10 | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: KRISHNAVENM. K.

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3 | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7 | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9 | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10 | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Swetha. A

Signature: *Swetha*

ATTESTED COPY
Skandan
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Shravya S

Signature:

ATTESTED COPY

PRINCIPAL

CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: *Nani*

Signature: *[Signature]*

ATTESTED COPY
Skandan
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3 | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7 | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9 | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10 | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Anita Patil

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: *Nayana R.k*

Signature: *[Signature]*

ATTESTED COPY
Skandan
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: R. Anishkula

Signature:

ATTESTED COPY
Skandan
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: Nasrat Bk

Signature: *Nasrat Bk*

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: *Dr. Shalini Prasad*

Signature: *S. Prasad*

ATTESTED COPY
Skandan
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | ✓ | | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | ✓ | | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | ✓ | | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | ✓ | | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | ✓ | | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: Madhavi J. Kulkarni

Signature: *MJK*

ATTESTED COPY
S. Kulkarni
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Shylaja K.

Signature: Shylaja K.

ATTESTED COPY
Principal
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | ✓ | | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | ✓ | | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | ✓ | | | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | ✓ | | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Meghana.D

Signature: leen

ATTESTED COPY

S. Karan

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Swaroopini B.S

Signature: [Signature]

ATTESTED COPY

Swaroopini

CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Dr. Sunitha N
Name:

[Signature]
Signature:

ATTESTED COPY

S. Kulkarni
PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

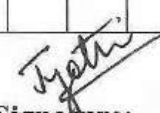
Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Dr. Tyethi P

Signature: 

ATTESTED COPY
Sk...
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3 | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7 | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9 | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10 | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Vanitha G R

Signature:

ATTESTED COPY

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | ✓ | | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | ✓ | | | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | ✓ | | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: Anitha C.V

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Cervical Cancer

Venue: CSE Seminar Hall

Date: 10.02.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | ✓ | | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | ✓ | | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | ✓ | | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | ✓ | | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: Janani R

Signature: Janani

ATTESTED COPY
Skanan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITYENGINEERINGCOLLEGE
Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Dodd Ballasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore-560062.



Date: 05/04/2024

Ref No.: CEC/IQAC/MDP/2023 -2024 /OR/02

CIRCULAR

Subject: Fire Safety Awareness Program

Dear Staff,

We are pleased to announce an upcoming **Fire Safety Awareness Program** designed to educate our college community about fire safety measures, prevention strategies, and emergency response. The program will take place on **April 12th 2024** at **2PM** in **Seminar Hall and practical session in outside Admin block.**

Program Highlights:

- Understanding the causes of fire and how to prevent them
- Fire safety equipment: types and usage
- Emergency evacuation procedures
- Conducting fire drills and simulations
- Q&A session with fire safety experts.

Guest Speakers: Experienced Speaker Mr. Umesh Raj and team from department of Fire and Mahalaxmi fire solutions.

This program is open to all students, faculty, and staff. We encourage everyone to participate, as fire safety is a shared responsibility that affects us all. Let's work together to create a safer campus environment. Your participation is crucial.

Principal

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560062



CITY ENGINEERING COLLEGE



Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.

Fire-safety Awareness Programme

Date:12/04/2024

Fire Equipment and Building Safety Training is a critical aspect of ensuring the well-being and security of individuals within any institution, particularly educational establishments like City Engineering College. On 12/04/2024 a comprehensive Fire Equipment and Building Safety Training session was conducted at City Engineering College to educate faculties, staff on proper emergency procedures and preventive measures. The event was organized by the college's IQAC Cell in collaboration with the local fire department and Mahalaxmi fire solutions. Speaker Mr. Umesh Raj, ND Fire Services, Member of Fire and Security Association of India

A well-rounded fire safety awareness program was conducted to significantly reduce the risk of fire incidents and ensure that everyone knows how to respond in an emergency.

Surveying of college faculties to understand their current knowledge of fire safety reviewing existing fire safety measures and identify areas for improvement. Understanding common causes of fire (e.g., electrical faults, cooking mishaps). Safe storage of inflammable materials, importance of smoke detectors and alarm systems, Proper placement and maintenance of detectors.

Use of fire extinguishers (types, proper use, and maintenance), fire suppression systems (sprinklers, alarms), emergency communication plans.

Practical Demonstrations

- Hands-on training with fire extinguishers.
- Demonstrations of how to use fire-blankets.
- Guided evacuation drills.
- Regular inspection and maintenance of fire extinguishers, smoke detectors, and alarms.



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Educating a large group ensures that everyone is aware of fire risks and knows how to respond in an emergency. College engaged in a wide range of activities, including laboratory experiments, cooking, and use of electrical equipment, all of which pose fire hazards. Education and awareness can significantly reduce the likelihood of fire incidents by promoting safe behaviours and practices and instilling a culture of safety among students and staff can lead to long-term benefits and a safer campus environment. By conducting fire safety awareness programs, colleges created a safer learning environment, foster a culture of safety, and prepare students and staff to handle fire emergencies effectively.



Fig1: Fire Equipment and Building Safety Training on 12/04/2024
Mr. Umesh Raj, Trainer



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Fig2: Fire Equipment and Building Safety Training on 12/04/2024 Mr. Umesh Raj, Trainer



Fig3: Fire Equipment and Building Safety Training on 12/04/2024 Mr. Umesh Raj, Trainer



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



**Fig4: Fire Equipment and Building Safety Training on 12/04/2024
Mr. Umesh Raj, Trainer**



**Fig5: Fire Equipment and Building Safety Training on 12/04/2024
Mr. Umesh Raj, Trainer**

S. Kaulan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, Bangalore-560062.



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Attendance for Fire Equipment and Building Safety Training

Date:12/04/2024

Time: 2PMto 5PM

Teaching Faculties:

Department of Computer Science and Engineering

| Sl.No | Name | Signature |
|-------|----------------------------|-----------|
| 1 | Dr. Sowmya Naik P.T | |
| 2 | Dr. Narayana Swamy Ramaiah | |
| 3 | Dr. Ambika P.R. | |
| 4 | Mrs. Archana Bhat | |
| 5 | Mr. G.A.Girish | |
| 6 | Mrs. Laxmi M.C | |
| 7 | Mr. Gangapp B Demannavar | |
| 8 | Mrs. Tejaswini | |
| 9 | Mrs. Sangeetha Uranakar | |
| 10 | Mr. B.Ramesh | |
| 11 | Mrs. Shruthi B.S | |



CITYENGINEERINGCOLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore-560062.



| | | |
|----|-------------------------|-----------------------|
| 12 | Ms. Sangeetha Rao | <u>S. Rao</u> |
| 13 | Ms. Shwetha A | <u>Shwetha A</u> |
| 14 | Ms. Tara V K | <u>Tara V.K.</u> |
| 15 | Ms. Hina Nazneen | <u>hina</u> |
| 16 | Ms. Vibhavi R N | <u>Vibhavi</u> |
| 17 | Ms. Varalakshmi P | <u>Varalakshmi..P</u> |
| 18 | Ms. Krishnaveni K | <u>Krunika..</u> |
| 19 | Mr. Mahadeva Prasad H M | <u>Mahadeva</u> |
| 20 | Ms. Shravya S | <u>Shravya S</u> |



CITYENGINEERINGCOLLEGE
Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore-560062.



Department of Information Science and Engineering

| Sl.No | Name | Signature |
|-------|------------------|------------|
| 1 | Mr. B. Sakthivel | |
| 2 | Mr. Nandish A C | |
| 3 | Ms. Vani | Vani |
| 4 | Ms. Anitha Patil | Anitha |
| 5 | Ms. Nayana R k | |
| 6 | Mr. V John Peter | John Peter |
| 7 | Ms. R Mirudhula | Mirudhula |
| 8 | Mr. Mathivanam | Mathivanam |

Department of Artificial Intellegence and Machine Learning

| Sl.No | Name | Signature |
|-------|---------------------------|-------------|
| 1 | Dr. S. Vagdevi | Vagdevi |
| 2 | Mr. Mahesh Basavraj | |
| 3 | Mrs. Nasrath B K | Nasrath |
| 4 | Mrs. Shruthi B Hiregoudar | Shruthi B.H |



CITYENGINEERINGCOLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore-560062.



Department of Mechanical Engineering

| Sl.No | Name | Signature |
|-------|-------------------|-----------|
| 1 | Dr. S. Karunakara | |
| 2 | Dr. T.R Uma | |
| 3 | Mr. Anil Kumar | |

Department of Electronics & Communication and Engineering

| Sl.No | Name | Signature |
|-------|-------------------------|-----------|
| 1 | Dr. Ravindra S | |
| 2 | Dr. Shalini Prasad | |
| 3 | Ms. Shylaja K | |
| 4 | Mr. G. S. Mallikarjuna | |
| 5 | Ms. Madhavi j. Kulkarni | |



CITYENGINEERINGCOLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore-560062.



Department of Civil Engineering

| Sl.No | Name | Signature |
|-------|---------------------|-----------|
| 1 | Dr. H N Tippeswamy | |
| 2 | Mr. Vinay Kumar S N | |

Department Of Mathematics

| Sl.No | Name | Signature |
|-------|----------------|-----------|
| 1 | Dr. Jyothi P | |
| 2 | Ms. Anitha C V | |
| 3 | Ms. Janavi R | |

Department Of Physics

| Sl.No | Name | Signature |
|-------|-----------------|-----------|
| 1 | Ms. Nagashree G | |

Department Of Chemistry

| Sl.No | Name | Signature |
|-------|-------------------|-----------|
| 1 | Dr. P. Rajashekar | |
| 2 | Dr. Sunitha N | |



CITYENGINEERINGCOLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore-560062.



Department Of Humanities & Science/Physical Education

| Sl.No | Name | Signature |
|-------|--------------------|-------------------|
| 1 | Ms. Meghana D | <i>Meghana</i> |
| 2 | Ms. Swaroopini B S | <i>Swaroopini</i> |

Department Of MBA

| Sl.No | Name | Signature |
|-------|-----------------|----------------|
| 1 | Ms. Chaitra M S | <i>Chaitra</i> |
| 2 | Mr. Deepak I | <i>Deepak</i> |

Department Of MCA

| Sl.No | Name | Signature |
|-------|------------------------|-------------------|
| 1 | Dr. Puja Shashi | <i>Puja</i> |
| 2 | Ms. Maheshwari M Desai | <i>Maheshwari</i> |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | ✓ | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | ✓ | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name:

Dr. Sowmya

Signature:

ATTESTED COPY

SKAULAN

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | ✓ | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Naryana Swamy Ramiah

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation. Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Dr. Ambika P. R.

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | ✓ | | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | ✓ | | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | ✓ | | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | ✓ | | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | ✓ | | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | ✓ | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | ✓ | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Aschana Bhat

Signature: Aeel

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | ✓ | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | ✓ | |

Name: Mr. G. A. Girish.

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form


Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Lakshmi-M-C

Signature: 

ATTESTED COPY



PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name:

Gangappa

Signature:

[Handwritten Signature]

ATTESTED COPY

Skandan

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | ✓ | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | ✓ | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: *Sejansini BN*

Signature: *[Signature]*

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: *Sangeetha Venkatesh*

Signature: *[Signature]*

ATTESTED COPY

[Signature]

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name:

B. Ravi

ATTESTED COPY

Signature:

[Signature]

[Signature]

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.


1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Shreetha BS


Signature:

ATTESTED COPY



PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | ✓ | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Sangeetha Rao S

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | ✓ | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | ✓ | | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | ✓ | | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | ✓ | |

Name: Swetha A.

Signature: Swetha

ATTESTED COPY

Skandan
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | / | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | / | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | / |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | / |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | / |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | / |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | / |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | / | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | / | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | / | |

Name: Tara ✓k

ATTESTED COPY

Signature: Tara

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Vibhavi R J

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Varalakshmi R

Signature: Varalakshmi R

ATTESTED COPY

SKAULAN

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: KRISHNAVENI K

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Mahadeva Prasad H M

ATTESTED COPY

Signature:

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | ✓ | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Shraya.S

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 051



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | ✓ | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | ✓ | | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: B. Sakthivel

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name:

Nandesh Ac

Signature:

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Vani

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Anita Patil

Signature:

ATTESTED COPY

SKANAN

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | ✓ | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Nayana R.k

Signature: Nayana R.k

ATTESTED COPY

SKaulan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: V- John peter

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | ✓ | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | ✓ | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: R. Ananthula

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | ✓ | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Mathivaram

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | / |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | / |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | / |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | / |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | / |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | / |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | / |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | / |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | / |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | / |

Name: Jr. S. VAGDEVI

Vagdevi
Signature:

ATTESTED COPY

SKANAN

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | ✓ | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | ✓ | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | ✓ | |

Name: Mahesh BasavRaj **ATTESTED COPY**

Signature:

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | ✓ | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | ✓ | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: *Nashath B.K*

Signature: *[Handwritten Signature]*

ATTESTED COPY
[Handwritten Signature]

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building

Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | ✓ | | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | ✓ | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | ✓ | |

Name: Shweta B. Hiregowda

Signature: Hiregowda

ATTENDED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name:

Dr SKARUNALKA

ATTESTED COPY

Signature:

SKARUNALKA

SKARUNALKA

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | / |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | / |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | / |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | / |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | / |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | / |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | / |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | / |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | / |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | / |

Name: Dr. T.R. UMA

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.
Presenter Evaluation, Please rate the presenter on the following scale.
1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | ✓ | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Anil Kumar K

Signature: [Handwritten Signature]

ATTESTED COPY

S. K. Anand

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | ✓ | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: D.S. RAVINDRA S

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | / |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | / |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | / |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | / |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | / |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | / |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | / |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | / |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | / |

Name: *Dr Shalini Prasad*

Signature: *Shasad*

ATTESTED COPY

S Kanban

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | ✓ | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | ✓ | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: *Shylaja*

Signature: *[Signature]*

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | / |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | / |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | / |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | / |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | / |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | / |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | / |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | / |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | / |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | / |

Name: G. S. Mallikarjuna

Signature: Mallikarjuna

ATTESTED COPY

S. K. ...

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | ✓ | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Madhavi J. Kellekarni

Signature: MST.k

ATTESTED COPY

SKANAN
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | ✓ | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Dr. H.N. Tippeswamy


Signature:

ATTESTED COPY


PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: *Vinay Kumar S.A.*

Signature: *[Handwritten Signature]*

ATTESTED COPY

S. K. Kulkarni

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 064



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation. Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Dr. Tyethi P.

Signature: Tyethi

ATTESTED COPY

S. K. Kulkarni

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | ✓ | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Anitha C.V


Signature:

ATTESTED COPY



PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Janavi R

Signature: Janavi

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | ✓ | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | ✓ | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | ✓ | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | ✓ | |

Name: Nogasree - f

Signature: [Signature]

ATTESTED COPY

[Signature]

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form


Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | ✓ | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | ✓ | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | ✓ | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | ✓ | |

Name: D D RAJASEKHAR

Signature: 

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.
Presenter Evaluation, Please rate the presenter on the following scale.
1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Dr. Sunitha N
Name:

[Signature]
Signature:

ATTESTED COPY

SKanban

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | ✓ |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | ✓ |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Meghana - D

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

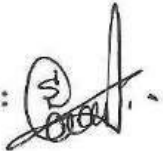
Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | ✓ | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | ✓ | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | ✓ | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | ✓ |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Swaroopini BS

Signature: 

ATTESTED COPY

S. Kaulan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | ✓ | | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | ✓ |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | ✓ | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | ✓ |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | ✓ | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | ✓ |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | ✓ |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | ✓ |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | ✓ |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | ✓ |

Name: Dr PUSA SHASHI

Signature: [Signature]
12/4/2024

ATTESTED COPY

Skandan

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | | / |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | / |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | | / |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | / | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | | / |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | / |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | | / |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | / | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | | / |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | / |

Name: Maheshwari M. Desai

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | | | / | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | | | | | / |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | | | | / | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | | | | / |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | | | | / | |
| 6. | Did the instructor encourage questions and participation from participants? | | | | | / |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | | | / | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | | | | | / |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | | | / | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | | | | / |

Name: CHAITRA M.S.

Signature: M.S. Chaitra

ATTESTED COPY

S. Kaulan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Programme on Fire Equipment and Building Safety Program

Venue: Seminar Hall and outside Admin Block

Date: 12.04.2024

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation, Please rate the presenter on the following scale.

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate the overall quality of the fire equipment and building safety training? | | ✓ | | | |
| 2. | Did the training content adequately cover essential topics related to fire safety and equipment usage? | ✓ | | | | |
| 3. | Were the training materials (e.g., presentations, manuals) clear and easy to understand? | ✓ | | | | |
| 4. | Did the training sessions effectively convey the importance of fire safety in our workplace? | | ✓ | | | |
| 5. | How knowledgeable and prepared was the instructor/trainer during the sessions? | ✓ | | | | |
| 6. | Did the instructor encourage questions and participation from participants? | | | ✓ | | |
| 7. | How would you rate the adequacy and condition of the training facilities used for the sessions? | | ✓ | | | |
| 8. | Do you feel more prepared to handle a fire emergency after completing the training? | ✓ | | | | |
| 9. | To what extent do you feel prepared to apply this training in real life fire safety. | | ✓ | | | |
| 10. | How satisfied are you with the fire equipment and building safety training overall? | | ✓ | | | |

Name: Deepak S

Signature: Deepak S

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



COMPUTER SYSTEM AWARENESS PROGRAM

Date:16/05/2024

The Computer System Awareness Guidance program from Dyashin Technology, JP Nagar Bangalore, arranged for CEC Nonteaching faculty members in CSE Seminar hall on 16 May 2024. Principal welcomed all faculty members and explained the importance of Computer System Awareness. The speaker Mr. Joseph explained the benefit of Understanding Computer Systems in handling the Laboratories and aimed to provide a comprehensive understanding of the fundamental components and concepts that constitute modern computer systems the presentation employed a structured approach with clear explanations and visual aids (diagrams, charts) to illustrate complex concepts. The presenter encouraged audience interaction through Q&A sessions and examples to reinforce understanding.

The audience actively participated in discussions, asking questions about specific technologies and practical applications. Feedback indicated a strong appreciation for the clarity of explanations and relevance to real-world scenarios.

Finally, the technical talk concluded successfully provided participants with a foundational understanding of computer systems, fostering awareness of hardware, software, networking, and security aspects. Attendees gained insights into optimizing system performance, troubleshooting common issues, and enhancing cybersecurity measures.



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Computer system awareness program on 16/05/2024 by Mr. Joseph from Dyashin Technology

S. Kaulam

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, Bangalore-560001.



CITYENGINEERINGCOLLEGE
Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Dakallandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore-560062.



Date: 06/11/2023

Ref No.: CEC/IQAC/WEC/2023 -2024 /OR/01

CIRCULAR

Awareness Program on Personality Development & Menstrual Hygiene

Women Empowerment Cell of City Engineering College is organizing an awareness program on Personality Development & Menstrual Hygiene on November 10th 2023, at CSE Seminar Hall at 11:00 AM.

Program Highlights:

Personality Development:

Understanding self-awareness and confidence building
Communication skills and effective interaction
Goal setting and time management

Menstrual Hygiene:

Importance of menstrual hygiene and health
Debunking myths and misconceptions
Practical tips for maintaining hygiene

Guest Speakers:

We are excited to have experienced speakers from Ms. Srilakshmi Hegde a certified trainers to facilitate these sessions. This program is open to all students and staff. We encourage everyone to participate and gain valuable insights.

Principal
PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



A Report on Seminar 'Personality Development & Menstrual Hygiene'

Date: 10/11/2023

The Anti-sexual Harassment Committee of City Engineering College organized a seminar on 'Personality Development & Menstrual Hygiene' for CEC faculty and students on 10/11/23. The objective of the seminar was to enlighten faculty and students on crucial aspects of personal development and menstrual hygiene. The seminar featured **Ms. Srilakshmi Hegde**, a certified trainer, as the esteemed speaker. Ms. Hegde visited City Engineering College and conducted an informative and engaging session for the first-year students. The event aimed to empower students with knowledge on personality development and menstrual hygiene. The session on personality development covered key aspects such as communication skills, self-confidence, and overall self-improvement.

Additionally, Ms. Hegde addressed the importance of menstrual hygiene, breaking stigmas surrounding the topic, and providing practical advice for its maintenance. The seminar saw active participation from first-year students and staff. The engagement level was high as students interacted with the speaker, asking questions and seeking clarifications on various aspects discussed during the session.



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Following the informative session, Whisper Choice promoters generously distributed sanitary napkins to the students. This initiative aimed to raise awareness about menstrual health and ensure that students have access to necessary resources for their well-being.

The seminar on 'Personality Development & Menstrual Hygiene' proved to be a successful and enriching event, providing students with valuable insights into personal development and an often-overlooked aspect of women's health. The College expresses gratitude to Ms. Srilakshmi Hegde for her informative session and Whisper Choice for their support in promoting menstrual hygiene awareness.



Personality Development on Menstrual and Hygiene Program on 10/11/2023 by Ms. Srilakshmi Hegde, a certified trainer.



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Personality Development on Menstrual and Hygiene Program on 10/11/2023 by Ms. Srilakshmi Hegde, a certified trainer



Personality Development on Menstrual and Hygiene Program on 10/11/2023 by Ms. Srilakshmi Hegde, a certified trainer



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Personality Development on Menstrual and Hygiene Program on 10/11/2023 by Ms. Srilakshmi Hegde, a certified trainer



Personality Development on Menstrual and Hygiene Program on 10/11/2023 by Ms. Srilakshmi Hegde, a certified trainer



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Personality Development on Menstrual and Hygiene Program on 10/11/2023 by Ms. Srilakshmi Hegde, a certified trainer



Personality Development on Menstrual and Hygiene Program on 10/11/2023 by Ms. Srilakshmi Hegde, a certified trainer

S. Kulkarni

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, Bangalore-560062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Attendance Report on Program 'Personality Development & Menstrual Hygiene

Date: 10/1/2023

Time: 2PM to 5PM

Teaching Faculties:

Department of Computer Science and Engineering

| Sl.No | Name | Signature |
|-------|---------------------|-----------|
| 1 | Dr. Sowmya Naik P T | |
| 2 | Dr. Ambika P.R. | |
| 3 | Mrs. Archana Bhat | |
| 4 | Mrs. Laxmi M.C | |
| 5 | Mrs. Tejaswin | |
| 6 | Mrs. Shruthi Vijay | |
| 7 | Mrs. Shruthi B S | |
| 8 | Mrs. Varalakshmi P | |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



| | | |
|----|--------------------|--|
| 9 | Mrs. Sangeetha Rao | |
| 10 | Mrs. Tara V K | |
| 11 | Mrs. Vibhavi R N | |
| 12 | Ms. Spoorthi M | |
| 13 | Mrs. Krishnaveni K | |
| 14 | Mrs. Shwetha A | |
| 15 | Ms. Menaka C N | |

Department of Information Science and Engineering

| Sl.No | Name | Signature |
|-------|-------------------|-----------|
| 1 | Mrs. Vani | |
| 2 | Mrs. Anitha Patil | |
| 3 | Mrs. Nayana R k | |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Department of Artificial Intellegence and Machine Learning

| Sl.No | Name | Signature |
|-------|-----------------|-----------|
| 1 | Dr. S Vagdevi | |
| 1 | Mrs. Nasrat B K | |

Department of Electronics & Communication and Engineering

| Sl.No | Name | Signature |
|-------|--------------------------|-----------|
| 1 | Dr. Shalini Prasad | |
| 2 | Mrs. Madhavi J. Kulkarni | |

Department Of Humanities & Science/Physical Education

| Sl.No | Name | Signature |
|-------|---------------------|-----------|
| 1 | Miss. Meghana D | |
| 2 | Mrs. Swaroopini B S | |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Department Of Chemistry

| Sl.No | Name | Signature |
|-------|---------------|-----------|
| 1 | Dr. Sunitha N | |

Department Of Mathematics

| Sl.No | Name | Signature |
|-------|-----------------|-----------|
| 1 | Dr. Jyothi P | |
| 2 | Mrs. Anitha C V | |
| 3 | Miss. Janavi R | |



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name:

Dr. Sowmya

Signature:

[Handwritten Signature]

ATTESTED COPY

[Handwritten Signature]

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Dr. Ambika P.R

Signature:

ATTESTED COPY



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Archana Bhat

Signature: Archana

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Kannu M. C

Signature: [Signature]

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: *Sejwini BN*

Signature: *Sejwini*

ATTESTED COPY

Skandan

CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygeine

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Sheuthi Vijay

Signature:

ATTESTED COPY

PRINCIPAL

CITY ENGINEERING COLLEGE

Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Shruthi BS

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name:

Varalakshmi P

Signature:

Varalakshmi P

ATTESTED COPY
SKANAN

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygeine

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Sangultha Rao S

Signature: 

ATTESTED COPY



CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: Tara VK

Signature: Tara V.k

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form


Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Vibhavi R.N.

Signature: 

ATTESTED COPY



PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name:

Spoorthi M

Signature:

[Handwritten Signature]

ATTESTED COPY

Skandan



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: KRIS HNANEM · K

Signature:

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Swetha. A

Signature: Swetha

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygeine

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | 4 |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Menaka C.N

Signature: Me

ATTESTED CO

SK

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Vani

Signature:

ATTESTED COPY

CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Anita Patil

Signature:

ATTESTED COPY

CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Nayana R.K

Signature: *Nb*

ATTESTED COPY

Skanan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygeine

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|-----|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | 2 ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | 2 ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | 2 ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Dr. S. V. ACADEVI

Vagdevi
Signature:

ATTESTED CO: /

S. K. A. S.

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | / |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | / |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | / |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | / |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | / |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | / |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | / |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | / |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | / |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | / |

Name: VINDHYA R

Signature:

ATTESTED COPY

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: *Dr. Shalini Prasad*

Signature: *S. Prasad*

ATTESTED COPY

S. Prasad

CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Madhavi S-K

Signature:

ATTESTED COPY



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Meghana - D

Signature: leen

ATTESTED COPY
Skanna

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form


Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | ✓ | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | ✓ | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | ✓ | |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | ✓ | |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | ✓ | |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: Swaroopini B S

Signature: 

ATTESTED COPY

SKanaka

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygeine

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Dr. Jyoti P

Jyoti
Signature:

ATTESTED COPY

Skandan

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | ✓ | |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | ✓ | |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | ✓ | |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | ✓ | |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | ✓ | |

Name: Anitha C.V


Signature:

ATTESTED COPY



PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: Janavi R

Signature: Janavi

ATTESTED COPY

Sk...

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 061



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygeine

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Name: K. Sujatha

Signature: K. Sujatha

ATTESTED COPY

SKANAN

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygeine

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|-------------------------------------|-------------------------------------|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | <input checked="" type="checkbox"/> | |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | <input checked="" type="checkbox"/> |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | <input checked="" type="checkbox"/> | |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | <input checked="" type="checkbox"/> |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | <input checked="" type="checkbox"/> |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | <input checked="" type="checkbox"/> |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | <input checked="" type="checkbox"/> |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | <input checked="" type="checkbox"/> |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | <input checked="" type="checkbox"/> |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | <input checked="" type="checkbox"/> |

Name: Nagasree G

Signature: [Signature]

ATTESTED COPY

[Signature]

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062



CITY ENGINEERING COLLEGE

Approved by AICTE New Delhi & Affiliated by VTU, Belagavi
Doddakallasandra, Off Kanakapura Main Road,
Next to Gokulam Apartment, Bangalore - 560 062.



Staff Development Program on Menstrual Hygiene

Venue: CSE Seminar Hall

Date: 10.11.2023

Feedback Form

Please provide us with your feedback by completing this questionnaire.

Presenter Evaluation Please rate the presenter on the following scale

1: Poor, 2: Fair, 3: Good, 4: Very good, 5: Excellent.

| Sl. No | Description | 1 | 2 | 3 | 4 | 5 |
|--------|--|---|---|---|---|---|
| 1. | How would you rate your overall understanding of cervical cancer before and after attending the program? | | | | | ✓ |
| 2. | How clear and understandable were the explanations and materials provided during the program? | | | | | ✓ |
| 3. | To what extent has this program increased your awareness of cervical cancer risks, symptoms, and prevention methods? | | | | | ✓ |
| 4. | How effective was the delivery format of the program (e.g., presentations, videos, interactive sessions) | | | | | ✓ |
| 5. | How well did the program explain the importance of HPV vaccination in preventing cervical cancer? | | | | | ✓ |
| 6. | Do you recommended frequency for cervical cancer screenings after attending the program? | | | | | ✓ |
| 7. | Do you feel more confident in identifying the symptoms of cervical cancer after attending the program? | | | | | ✓ |
| 8. | Did the program provide sufficient information on the treatment options available for cervical cancer? | | | | | ✓ |
| 9. | How comfortable do you feel about getting screened for cervical cancer after attending the program? | | | | | ✓ |
| 10. | How effective was the program in providing information about the treatment options available for cervical cancer? | | | | | ✓ |

Dr. Sunita N
Name:

Signature:

ATTESTED COPY

S. Kulkarni

PRINCIPAL
CITY ENGINEERING COLLEGE
Kanakapura Main Road, BANGALORE - 560 062