

Sri Shridevi Charitable Trust (R.)

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SHRIDEVI INSTITUTE OF ENGINEERING AND TECHNOLOGY

Sira Road, Tumkur - 572 106, Karnataka, India.

Phone: 0816 - 2212629 | Principal: 0816 - 2212627, 9686114899 | Telefax: 0816 - 2212628

Email: Info@shrideviengineering.org, principal@shrideviengineering.org | Website: www.shrideviengineering.org



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The following FDPs and Workshops are conducted for Teaching and Non Teaching Staff Members in the Academic year 2017-18.

Sl.No	Name of the Event	Teaching/Non Teaching	Duration
01	FDP on "Applications of Mathematics in Engineering"	Teaching	06 Days
02	Workshop on "Time Management"	Non Teaching	01 Day

PRINCIPAL

SHRIDEVI INSTITUTE OF
ENGINEERING AND TECHNOLOGY
TUMKUR - 572106.



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Sira Road, Tumakuru - 572 106, Karnataka.



Faculty Development Program on

“Applications of Mathematics in engineering”

Introduction:

A Faculty Development Program on Applications of Mathematics in Engineering was organized by the Department of Mathematics at Shridevi Institute of Engineering and Technology from 6th October to 11th October 2017. The program aimed to enhance the mathematical skills and knowledge of the faculty members of engineering colleges, enabling them to integrate mathematical concepts into their engineering teaching curriculum.

Program Objectives:

The program's primary objectives were to:

1. Develop an understanding of the importance of mathematics in engineering.
2. Enhance the knowledge and skills of the faculty members in mathematical concepts and their applications in engineering.
3. Enable the faculty members to incorporate mathematical concepts into their teaching curriculum effectively.
4. Provide a platform for participants to exchange ideas and discuss best practices in integrating mathematics into engineering education.
5. Facilitate networking and collaboration among participants and resource persons.



Resource Person:

1. Dr. Kishore Kumar M K

Professor, Mathematics,

SIET Tumkur

2. Dr. Chethana C

Associate Professor, Mathematics,

SIET Tumkur

Program Schedule:

The One Week FDP program included lectures, hands-on sessions, and interactive sessions. The topics covered during the program were:

1. Linear Algebra and its Applications in Engineering.
2. Differential Equations and their Applications in Engineering.
3. Numerical Methods and their Applications in Engineering.
4. Optimization Techniques and their Applications in Engineering.
5. Probability and Statistics and their Applications in Engineering.



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Participants:

The program was attended by 60 faculty members from various departments from the college. The participants were from different specializations, including mechanical engineering, electrical engineering, civil engineering, and computer science engineering.

Outcome:

The program was successful in achieving its objectives. The participants gained a better understanding of the importance of mathematics in engineering and acquired new skills and knowledge on mathematical concepts and their applications in engineering. The hands-on sessions and interactive sessions were helpful in reinforcing the concepts learned during the lectures. The participants expressed their satisfaction with the program's organization and the quality of the resource persons.

Conclusion:

The Faculty Development Program on Applications of Mathematics in Engineering organized by the Department of Mathematics at Shridevi Institute of Engineering and Technology was a success. The program helped in enhancing the knowledge and skills of the faculty members in mathematical concepts and their applications in engineering. The participants gained a better understanding of the importance of mathematics in engineering and were able to incorporate mathematical concepts into their teaching curriculum effectively. The program provided a platform for participants to exchange ideas and discuss best practices in integrating mathematics into engineering education. It is hoped that such programs will continue to be organized to enhance the quality of engineering education in the country.



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FDP Brochure

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Department of Mathematics

6 Days Faculty Training Program on

APPLICATIONS OF MATHEMATICS IN ENGINEERING

Date: 06th to 11th October, 2017

RESOURCE PERSONS

Prof. Kishor Kumar. M. K
Assistant Professor, Dept. of Mathematics
SIET, Tumakuru

Prof. Chethana. C
Assistant Professor, Dept. of Mathematics
SIET, Tumakuru

Patrons

<p>Dr. M. R. Hulinaykar Chairman & Managing Trustee, Sri Shridevi Charitable Trust (R), Tumakuru</p>	<p>Sri. M. S. Patil Director, HR & IT Sri Shridevi Charitable Trust (R), Tumakuru</p>	<p>Dr. H. B. Pani Raju Principal, SIET, Tumakuru</p>
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Co-ordinators

<p>Prof. Rashmi. S. B Dept of Maths, SIET</p>	<p>Dr. Nuthana. D Dept of Maths, SIET</p>
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6 Days Faculty Training Programme on

APPLICATION OF MATHEMATICS IN ENGINEERING

Certificate of Participation

Certified that Mr. / Ms. _____

of _____ has participated

in six days training programme on **Application of Mathematics in Engineering**

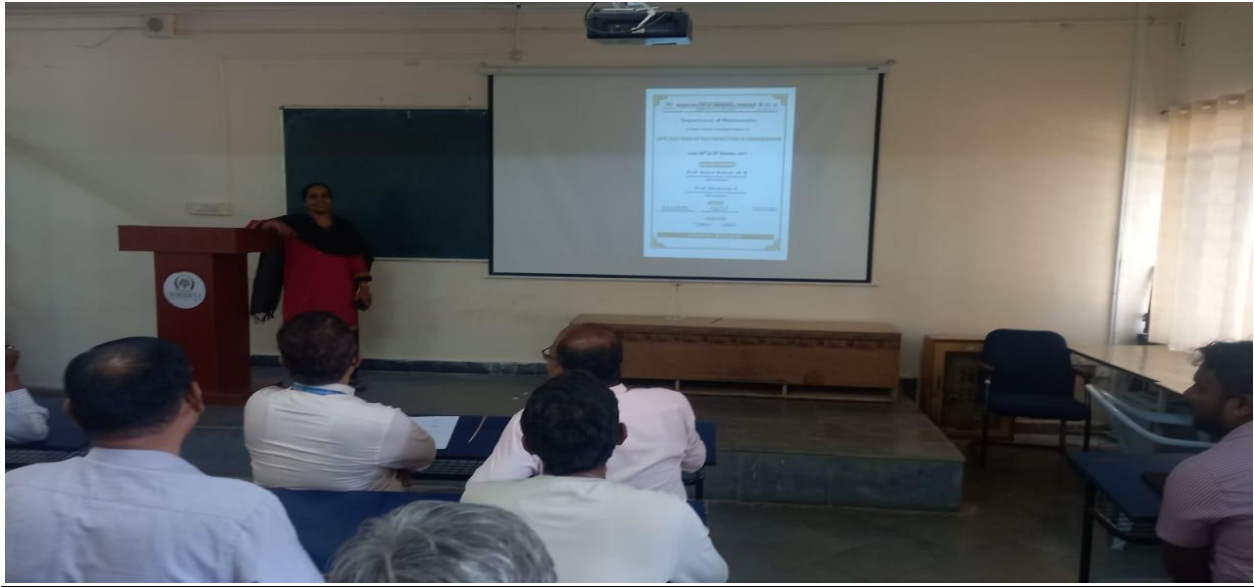
from 06.10.2017 to 11.10.2017 Organized by Shridevi Institute of Engineering and Technology,

Tumakuru.

Dr. KISHOREKUMAR. M. K
HOD, Mathematics

Dr. H. B. PANI RAJU
Principal

Glimpses of the Event



PC: Six days Faculty Training Program on Application of Mathematics in Engineering conducted on 06th October to 11th October 2017



PC: Six days Faculty Training Program on Application of Mathematics in Engineering conducted on 06th October to 11th October 2017



Time Management Workshop

On August 18th 2017, Time Management Workshop was conducted for non-teaching staff members at the Shridevi Institute of Engineering & Technology.

Workshop Content:

Introduction:

This report summarizes the Time Management Workshop held for non-teaching staff at our organization. The purpose of the workshop was to provide employees with the tools and techniques necessary to improve their time management skills and increase their productivity. The workshop was attended by X number of participants and was held on X date.

Workshop Objectives:

The workshop aimed to achieve the following objectives:

1. To increase awareness of the importance of time management and its impact on productivity
2. To provide participants with tools and techniques for effective time management
3. To develop strategies for prioritizing tasks and reducing interruptions
4. To promote a culture of time management within the organization

Workshop Content:

The workshop was divided into three main sections:

1. Introduction: The facilitator provided an overview of the workshop objectives and explained the importance of time management. Participants were also given an opportunity to share their experiences and challenges related to time management.
2. Time Management Techniques: The facilitator presented various time management techniques, such as prioritizing tasks, setting goals, creating to-do lists, and managing interruptions. Participants were encouraged to share their own techniques and discuss how they could apply these techniques in their work.
3. Group Activity: Participants were divided into small groups to work on a time management case study. Each group was given a set of tasks and a limited amount of



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time to complete them. This activity helped participants practice prioritization, time management, and working efficiently under pressure.

Feedback:

The workshop received positive feedback from the participants. Many employees reported that they found the workshop informative and practical, and that they learned new techniques for managing their time more effectively. Participants also appreciated the opportunity to work with their colleagues in the group activity, which helped to promote teamwork and collaboration.

Recommendations:

Based on the feedback received, we recommend the following:

1. Offer regular time management workshops: Hold regular workshops on time management to reinforce the concepts learned and provide ongoing support for employees.
2. Encourage time management practices: Encourage employees to apply the techniques learned in the workshop in their daily work, by providing reminders and resources such as posters, tip sheets, and access to time management tools.
3. Evaluate effectiveness: Monitor and evaluate the effectiveness of time management practices in the organization, and make adjustments as needed.

Conclusion:

Effective time management is a critical skill for increasing productivity and achieving organizational goals. The Time Management Workshop for non-teaching staff provided participants with the tools and techniques necessary to improve their time management skills and promote a culture of productivity within the organization.

Resource Person:

Dr. Ramakrishna K S

Professor, Dept of MBA, SIET, Tumkur



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Department of Master of Business Administration

Organized Workshop on

TIME MANAGEMENT

Date: 18th Aug, 2017

RESOURCE PERSON

Dr. Ramakrishna. K. S

Professor & Head, Dept. of MBA
SIET, Tumakuru

Patrons

Dr. M. R. Hulinaykar
Chairman & Managing Trustee,
Sri Shridevi Charitable Trust (R), Tumakuru

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Director, HR & IT
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Department of Master of Business Administration

Workshop on

TIME MANAGEMENT

Certificate

This is to certify that Mr. / Ms. _____

has participated Workshop on **Time Management**

Organized by Department of MBA, SIET, Tumakuru

on 18th August, 2017.

HOD

Principal

Glimpses of the Event



PC: A workshop on Time management for non Teaching Staff conducted on 18/08/2017



PC: A workshop on Time management for non Teaching Staff conducted on 18/08/2017

2017-18

From

Dr. Kishore Kumar M.K

Assistant Professor

Department of Mathematics

Shridevi Institute of Engineering & Technology

Tumkur

To

The Principal

Shridevi Institute of Engineering & Technology

Tumkur,

Date: 28/09/2017

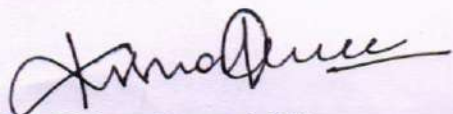
Respected Sir,

Sub: Requesting Permission to conduct a Six Days Faculty Training Programme -Reg.

With subject to the above, we have planned to conduct a Six Days Faculty Training Programme on "**Applications of mathematics in Engineering**" from 06/10/2017 to 11/10/2017 . So we kindly request you to grant permission for the same.

Thanking you Sir

Yours faithfully


(Dr. Kishore Kumar M.K)

Permitted
Kishore Kumar
29/09/2017



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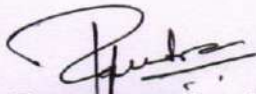
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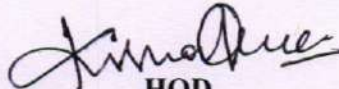
Circular

Date: 03/10/2017

The Department of Mathematics Organizing a Six Days Faculty Training Programme on “**Applications of mathematics in Engineering**”. Dr. Kishore Kumar and Dr. Chethana from Department of Mathematics are resource persons to present their valuable thoughts on the topic . The training will be scheduled from 06/10/2017 to 11/10/2017. The interested faculties register their names to the Department of Mathematics coordinator.



Programme Coordinator



HOD

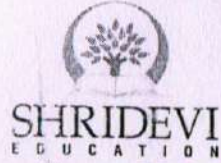


Principal

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1. All HODs
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61	Mr Mallikarjuna Swamy J	Ms	Ms	Ms	Ms	Ms	Ms
62	Mrs. Nirupamashree C	Mnp	Mnp	Mnp	Mnp	Mnp	Mnp
63	Dr. Ramakrishna K.S	R	R	R	R	R	R
64	Mr. Prathap B.N	P	P	P	P	P	P
65	Mrs. Grace Hemalatha	G	G	G	G	G	G
66	Mr. Pradeep H.R	P	P	P	P	P	P
67	Mrs. Kokila N N	K	K	K	K	K	K
68	Mr. Nandan V	N	N	N	N	N	N
69	Mrs. Sunitha H	S	S	S	S	S	S
70	Mrs. Suchithra	S	S	S	S	S	S
71	Mr. Vasudevamurthy B.H.	V	V	V	V	V	V
72	Mr.K.P. Chandraiah	C	C	C	C	C	C
73	Mr.Thippeswamy J.C.	T	T	T	T	T	T
74	Mr. Ravikumar K.R.	R	R	R	R	R	R
75	Mr. Manjunath R	M	M	M	M	M	M



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Dr. KISHOREKUMAR. M. K
HOD, Mathematics

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Dr. KISHOREKUMAR. M. K
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Dr. KISHOREKUMAR. M. K
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Dr. KISHOREKUMAR. M. K
HOD, Mathematics

Dr. H. B. PANI RAJU
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Dr. KISHOREKUMAR. M. K
HOD, Mathematics

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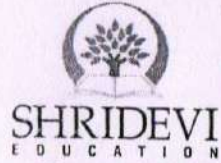
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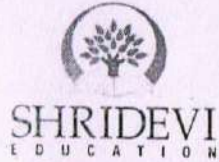
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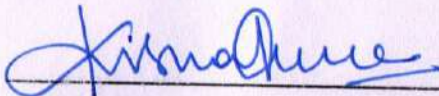
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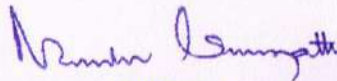
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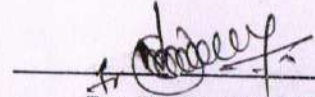
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6 Days Faculty Training Programme on
APPLICATION OF MATHEMATICS IN ENGINEERING
Certificate of Participation

Certified that Mr. / Ms. VINUTHAN . V . R .
of SIET, TUMKUR, has participated
in six days training programme on **Application of Mathematics in Engineering**
from 06.10.2017 to 11.10.2017 Organized by Shridevi Institute of Engineering and Technology,
Tumakuru.

Dr. KISHOREKUMAR. M. K
HOD, Mathematics

PRINCIPAL
SIET, TUMAKURU

Dr. H. B. PANI RAJU
Principal



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of SIET, TUMKUR has participated
in six days training programme on **Application of Mathematics in Engineering**
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HOD, Mathematics

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of SIET, TUMKUR . has participated
in six days training programme on **Application of Mathematics in Engineering**
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Tumakuru.

Dr. KISHOREKUMAR. M. K
HOD, Mathematics

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Certificate of Participation

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of SIET , TUMKUR , has participated
in six days training programme on **Application of Mathematics in Engineering**
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Dr. KISHOREKUMAR. M. K
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of SIET, TUMKUR. has participated
in six days training programme on **Application of Mathematics in Engineering**
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Dr. KISHOREKUMAR. M. K
HOD, Mathematics

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HOD, Mathematics

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of SIET, TUMKUR. has participated
in six days training programme on **Application of Mathematics in Engineering**
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Tumakuru.

Dr. KISHOREKUMAR. M. K
HOD, Mathematics

PRINCIPAL
SIET, TUMAKURU.

Dr. H. B. PANI RAJU
Principal



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Certified that Mr. / Ms. VENUGOPAL . D .
of SIET, TUMKUR . has participated
in six days training programme on **Application of Mathematics in Engineering**
from 06.10.2017 to 11.10.2017 Organized by Shridevi Institute of Engineering and Technology,
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Dr. KISHOREKUMAR. M. K
HOD, Mathematics

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Certificate of Participation

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of SIET, TUMKUR. has participated
in six days training programme on **Application of Mathematics in Engineering**
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Certificate of Participation

Certified that Mr. / Ms. GURUPRAKASH . C . D .

of SIET, TUMKUR . has participated

in six days training programme on **Application of Mathematics in Engineering**

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Tumakuru.

Dr. KISHOREKUMAR. M. K
HOD, Mathematics

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Certificate of Participation

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of SIET, TUMKUR . has participated
in six days training programme on **Application of Mathematics in Engineering**
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Dr. KISHOREKUMAR. M. K
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Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. [✓] ALIYAZ AHAMED SHARIEF

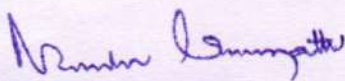
Department: ECE Designation: Assistant Professor

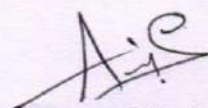
Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined		✓			
Participation and interaction were encouraged	✓				
The topic covered were relevant to me	✓				
Materials contributed were helpful		✓			
Time allotted training was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met		✓			


PRINCIPAL
SIET., TUMAKURU.


Signature of the Participant



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Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. PRATHAP. B.N.

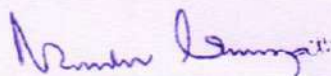
Department: MBA Designation: Asst. Prof.

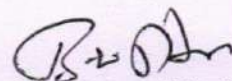
Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined		✓			
Participation and interaction were encouraged		✓			
The topic covered were relevant to me		✓			
Materials contributed were helpful	✓				
Time allotted training was sufficient		✓			
Trainer was well prepared		✓			
Training objectives was met	✓				


PRINCIPAL
SIET., TUMAKURU


Signature of the Participant

FACULTY DEVELOPMENT PROGRAMME

Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. SADASHIVIAH P. J

Department: Physics Designation: AP & HOD

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	✓				
Participation and interaction were encouraged	✓				
The topic covered were relevant to me		✓			
Materials contributed were helpful	✓				
Time allotted training was sufficient		✓			
Trainer was well prepared	✓				
Training objectives was met	✓				

Principals Signature
PRINCIPAL
SIET., TUMAKURU.

Participant Signature
Signature of the Participant



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Feedback Form

Name of Faculty/Staff: [✓] Dr./Ms/Mr. CHANDRASEKHAR . N.

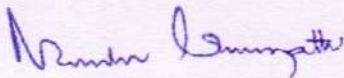
Department: Chemistry Designation: Dean - Academics & professor

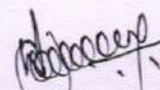
Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	✓				
Participation and interaction were encouraged		✓			
The topic covered were relevant to me		✓			
Materials contributed were helpful		✓			
Time allotted training was sufficient		✓			
Trainer was well prepared	✓				
Training objectives was met	✓				


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Signature of the Participant

FACULTY DEVELOPMENT PROGRAMME

Feedback Form

Name of Faculty/Staff: ~~Dr./Ms./Mr.~~ MANOGNA H.N.

Department: Civil Engineering Designation: Assistant Professor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined		/			
Participation and interaction were encouraged	/				
The topic covered were relevant to me	/	/			
Materials contributed were helpful		/			
Time allotted training was sufficient		/			
Trainer was well prepared	/				
Training objectives was met		/			

Manogna H.N.
PRINCIPAL
SIET., TUMAKURU

Manogna H.N.
Signature of the Participant



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FACULTY DEVELOPMENT PROGRAMME

Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. UMA BAI

Department: ECE Designation: Asst. Professor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	✓				
Participation and interaction were encouraged	✓				
The topic covered were relevant to me	✓				
Materials contributed were helpful	✓				
Time allotted training was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met	✓				

Manjunath
PRINCIPAL
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Clees
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Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. SAWETHA TM

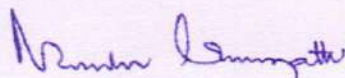
Department: EEE Designation: Asst prof.

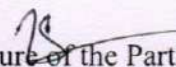
Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	✓				
Participation and interaction were encouraged	✓				
The topic covered were relevant to me	✓				
Materials contributed were helpful	✓				
Time allotted training was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met	✓				


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Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. Mr. Raghavendra P

Department: ECE Designation: Assistant Professor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined		✓			
Participation and interaction were encouraged		✓			
The topic covered were relevant to me		✓			
Materials contributed were helpful		✓			
Time allotted training was sufficient		✓			
Trainer was well prepared	✓				
Training objectives was met	✓				

Nandhu Srinivasan
PRINCIPAL
SIET., TUMAKURU.

[Signature]
Signature of the Participant



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Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. [✓] Pradeep Kumar - r.s

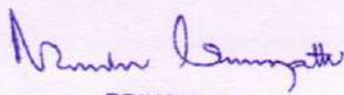
Department: ECE Designation: Asst. Professor

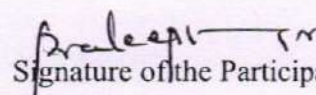
Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	✓				
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Materials contributed were helpful	✓				
Time allotted training was sufficient	✓				
Trainer was well prepared		✓			
Training objectives was met	✓				


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Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. Renuladhye PC

Department: CSE Designation: Assistant professor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	✓				
Participation and interaction were encouraged	✓				
The topic covered were relevant to me		✓			
Materials contributed were helpful	✓				
Time allotted training was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met		✓			

Renuladhye PC
PRINCIPAL
SIET., TUMAKURU

[Signature]
Signature of the Participant



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FACULTY DEVELOPMENT PROGRAMME

Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. Dr. G. Mahesh Kumar

Department: Civil Engineering Designation: Professor & Head

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	✓				
Participation and interaction were encouraged	✓				
The topic covered were relevant to me	✓				
Materials contributed were helpful	✓				
Time allotted training was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met	✓				

Principals Signature
PRINCIPAL
SIET., TUMAKURU.

G. Mahesh Kumar
Signature of the Participant



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FACULTY DEVELOPMENT PROGRAMME

Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr.

C. Nagaraj

Department:

Civil Engineering

Designation:

Associate Professor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined		✓			
Participation and interaction were encouraged		✓			
The topic covered were relevant to me	✓				
Materials contributed were helpful	✓				
Time allotted training was sufficient		✓			
Trainer was well prepared	✓				
Training objectives were met		✓			

Manjunath

PRINCIPAL
SIET., TUMAKURU.

C. Nagaraj

Signature of the Participant

FACULTY DEVELOPMENT PROGRAMME

Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. Kiran G M

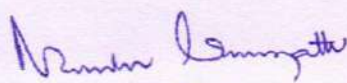
Department: CSE Designation: Asst. Prof


Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation and interaction were encouraged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The topic covered were relevant to me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials contributed were helpful	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time allotted training was sufficient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer was well prepared	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training objectives was met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


PRINCIPAL
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Signature of the Participant



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FACULTY DEVELOPMENT PROGRAMME

Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. SUTHAN. R

Department: CSE Designation: Asst. professor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	✓				
Participation and interaction were encouraged	✓				
The topic covered were relevant to me	✓				
Materials contributed were helpful	✓				
Time allotted training was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met	✓				

Nandhu Kumar
PRINCIPAL
SIET., TUMAKURU

[Signature]
Signature of the Participant



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FACULTY DEVELOPMENT PROGRAMME

Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. Cheran KV

Department: CSE Designation: Assistant prof

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	✓				
Participation and interaction were encouraged	✓				
The topic covered were relevant to me		✓			
Materials contributed were helpful	✓				
Time allotted training was sufficient		✓			
Trainer was well prepared	✓				
Training objectives was met		✓			

PRINCIPAL
SIET., TUMAKURU.

Signature of the Participant

FACULTY DEVELOPMENT PROGRAMME

Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. CHEZHAN M.S

Department: CSE Designation: Assistant Professor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	✓				
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Time allotted training was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met	✓				

Principals Signature
PRINCIPAL
SIET., TUMAKURU

Participant Signature
Signature of the Participant



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Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. Venugopal.D

Department: CSE Designation: Asst. professor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined	<input checked="" type="checkbox"/>				
Participation and interaction were encouraged		<input checked="" type="checkbox"/>			
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Materials contributed were helpful	<input checked="" type="checkbox"/>				
Time allotted training was sufficient		<input checked="" type="checkbox"/>			
Trainer was well prepared	<input checked="" type="checkbox"/>				
Training objectives was met	<input checked="" type="checkbox"/>				

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FACULTY DEVELOPMENT PROGRAMME

Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. Grace Hemalatha

Department: MBA Designation: Assistant Professor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the training were clearly defined		✓			
Participation and interaction were encouraged		✓			
The topic covered were relevant to me	✓				
Materials contributed were helpful		✓			
Time allotted training was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met		✓			

Nanda Lakshmi

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Grace Hemalatha
Signature of the Participant



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Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. Grace Hemalatha

Department: MBA Designation: Assistant Professor.

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
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Time allotted training was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met		✓			

Principal Signature

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Grace Hemalatha
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Name of Faculty/Staff: Dr./Ms/Mr. TANUJA K.S

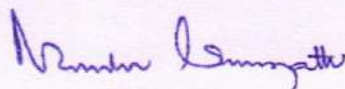
Department: EEE Designation: Asst. Prof

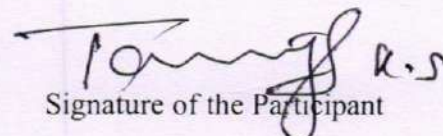
Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
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The topic covered were relevant to me	✓				
Materials contributed were helpful		✓			
Time allotted training was sufficient		✓			
Trainer was well prepared		✓			
Training objectives was met		✓			


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Feedback Form

Name of Faculty/Staff: Dr./Ms/Mr. G - H RAVIKUMAR

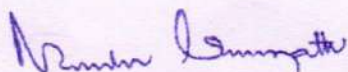
Department: EEE Designation: Asst Professor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Application of Mathematics in Engineering

Dates of Training: 06/10/2017 to 11/10/2017 Duration: 06 Day(s)

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Time allotted training was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met		✓			


 PRINCIPAL
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G H R
 Signature of the Participant

From

Dr.Ramakrishna K S

Professor & HOD

Department of MBA

Shridevi Insitute of Engineering & Technology

Tumkur

To

The Principal

Shridevi Institute of Engineering & Technology

Tumkur,

Date: 16/08/2017

Respected Sir,

Sub: Requesting Permission to conduct a one day workshop for Non-Teaching staff -Reg.

With subject to the above, we have planned to conduct one day workshop for Non-Teaching staff on "**TIME MANAGEMENT**" on 18/08/2017. So we kindly request you to grant permission for the same.

Thanking you Sir

*Permitted
S. R. Ph. P. S.*

Yours faithfully

(Dr.Ramakrishna K S)



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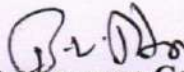
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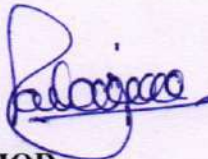


Circular

Date: 16/08/2017

The Department of MBA Organizing a one-day workshop on “**TIME MANAGEMENT**” for Non-Teaching staff. Dr.Ramakrishna K S from Department of MBA is the resource person to present their valuable knowledge on the topic. The workshop will be scheduled on 18/08/2017. The interested staff register their names to the Department of MBA coordinator.


Programme Coordinator


HOD


Principal

Copy To,

1. All HODs
2. File.

Date:18/08/2017

Participants Attendance :

SI No	Name	Signature
1	Mr.RAVISHA C V	Ravisha C.V.
2	Mrs.AKSHATHA V	Akshatha V
3	Ms.SHALINI A R	Shalini A R
4	Ms.DEVIKA RANI G S	Devika Rani G S
5	Mr.VAGEESH R M	Vageesh R M
6	Mr.RAGHAVENDRA N	Raghu N.
7	Mr.SATHISH C A	Sathish C A
8	Mr.ARAVINDA REDDY	Aravinda Reddy
9	Mr.SHANKAR D S	Shankar D S
10	Mrs.HEMAVATHI H R	Hemavathi H.R.
11	Mrs.NALINA B R	Nalina B R
12	Mr.GANGADHARA MURTHY	Gangadhar Murthy
13	Mr.RAJU T	Raju T
14	Mr.GURULINGA KEERTHI D	Gurulinga Keerthi D
15	Mr.GOPAL S KODLI	Gopal S Kodli
16	Mr.MANJUNATH D N	Manjunath D N
17	Mr.BASAVARAJIAH R S	Basavarajiah R S
18	Mr.GOWTHAM	Gowtham
19	Mr.T T LOKESH MURTHY	T T Lokesh Murthy
20	Mr.H S SATHISH	H S Sathish
21	Mr.JAYAKEERTHI L	Jayakeerthi L
22	Mr.VIJAYAKUMAR B	Vijayakumar B
23	Mr.DIWAKAR NAYAK S S	Diwakar Nayak S S
24	Mr.SRINIVAS A C	Srinivas A C
25	Mrs.BHAGYAMMA N	N. Bhagyamma

Nanda Lakshmi
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has participated Workshop on **Time Management**

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Nandini Srinivas
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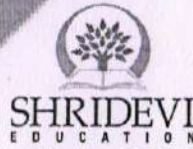
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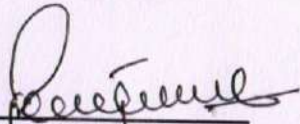
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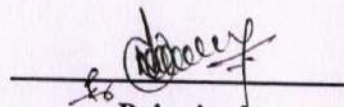
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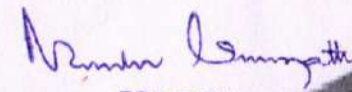
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has participated Workshop on **Time Management**

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Certificate

This is to certify that Mr. / Ms. NALINA B.R

has participated Workshop on **Time Management**

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has participated Workshop on **Time Management**

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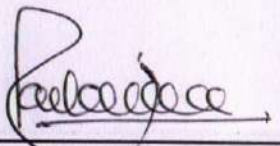
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This is to certify that Mr. / Ms. RAVISHA C.V

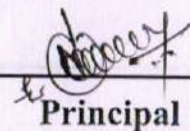
has participated Workshop on **Time Management**

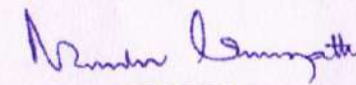
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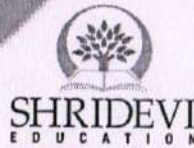
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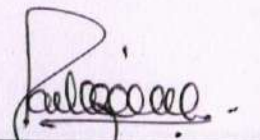
Certificate

This is to certify that Mr. / Ms. VAGEESH. R.M

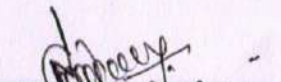
has participated Workshop on **Time Management**

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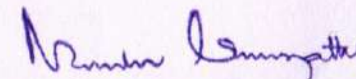
on 18th August, 2017.



HOD



Principal


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NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. RAVISHA C.V

Department: CIVIL

Designation: INSTRUCTOR.

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined		✓			
Participation and interaction were encouraged		✓			
The topic covered were relevant to me		✓			
Time allotted for workshop was sufficient		✓			
Trainer was well prepared		✓			
Training objectives was met	✓				

Ravisha C.V.
Signature of the Participant

Nandhu Srinivas
PRINCIPAL
SIET., TUMAKURU

NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. Nalina. B.R.

Department: ECE Designation: Tech. helper

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined			✓		
Participation and interaction were encouraged				✓	
The topic covered were relevant to me		✓			
Time allotted for workshop was sufficient					✓
Trainer was well prepared			✓		
Training objectives was met				✓	

Nalina
Signature of the Participant

Nalina B.R.
PRINCIPAL
SIET., TUMAKURU

NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. H. S. SATHISH

Department: Mechanical Engg Designation: Technical / Helper

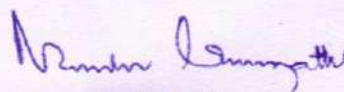
Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined		✓			
Participation and interaction were encouraged		✓			
The topic covered were relevant to me			✓		
Time allotted for workshop was sufficient	✓				
Trainer was well prepared		✓			
Training objectives was met		✓			


PRINCIPAL
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H. S. Sathish
Signature of the Participant



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NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. Shankar D.S

Department: CSE Designation: Lab Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined	✓				
Participation and interaction were encouraged	✓				
The topic covered were relevant to me	✓				
Time allotted for workshop was sufficient		✓			
Trainer was well prepared		✓			
Training objectives was met	✓				

Principals Signature

PRINCIPAL
SIET., TUMAKURU

Participant Signature
Signature of the Participant

NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. Rajeev. T

Department: EEE Designation: Assistant Instructor

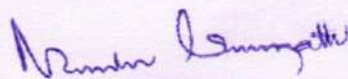
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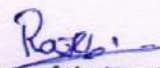
Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined	✓				
Participation and interaction were encouraged	✓				
The topic covered were relevant to me		✓			
Time allotted for workshop was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met	✓				


PRINCIPAL
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Signature of the Participant



NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. Devika Rani; EnS

Department: CSE Designation: Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation and interaction were encouraged	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The topic covered were relevant to me	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time allotted for workshop was sufficient	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer was well prepared	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training objectives was met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of the Participant

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NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. HEMAVATHI H.R

Department: ECE Designation: Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation and interaction were encouraged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The topic covered were relevant to me	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time allotted for workshop was sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer was well prepared	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training objectives was met	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hemavathi
Signature of the Participant

Principal Hemavathi
PRINCIPAL
SIET., TUMAKURU

NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. Shaloni . A.R.

Department: Ise Designation: Instructor.

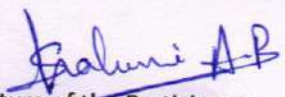
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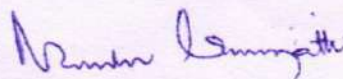
Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation and interaction were encouraged	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The topic covered were relevant to me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time allotted for workshop was sufficient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer was well prepared	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training objectives was met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Signature of the Participant


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NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. Bhagyamma. N.

Department: Physics Designation: Instructor.

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined	✓				
Participation and interaction were encouraged		✓			
The topic covered were relevant to me		✓			
Time allotted for workshop was sufficient	✓				
Trainer was well prepared		✓			
Training objectives was met			✓		

N. Bhagyamma
Signature of the Participant

N. Srinivas
PRINCIPAL
SIET., TUMAKURU

NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. _____

Akshatha V

Department: _____

Civil

Designation: _____

Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation and interaction were encouraged	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The topic covered were relevant to me	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time allotted for workshop was sufficient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer was well prepared	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training objectives was met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Akshatha V
Signature of the Participant

Nandini Srinivas

PRINCIPAL
SIET., TUMAKURU



NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. Sheerivasa A C

Department: Chemistry Designation: Instructor

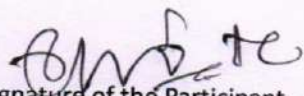
Name of Institution: Shridevi Institute of Engineering and Technology

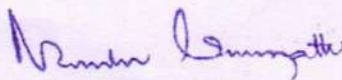
Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined		✓			
Participation and interaction were encouraged	✓				
The topic covered were relevant to me		✓			
Time allotted for workshop was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met		✓			


Signature of the Participant


PRINCIPAL
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NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. ARAVINDA REDDY

Department: CMP Designation: PROGRAMMER

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined	✓				
Participation and interaction were encouraged	✓				
The topic covered were relevant to me	✓				
Time allotted for workshop was sufficient		✓			
Trainer was well prepared	✓				
Training objectives was met	✓				

Aravinda Reddy
Signature of the Participant

Nandini Srinivas
PRINCIPAL
SIET., TUMAKURU

NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. Gopal S Kodle.

Department: Mechanical Designation: Asst. Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

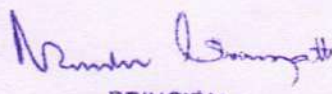
Title of Training: Time Management

Dates of Training: 18/08/2017

Duration: 01 Day

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives of the workshop were clearly defined	✓				
Participation and interaction were encouraged		✓			
The topic covered were relevant to me		✓			
Time allotted for workshop was sufficient	✓				
Trainer was well prepared	✓				
Training objectives was met		✓			


Signature of the Participant


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