



# 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@shridevlengineering.org, prncipal@shridevlengineering.org | Website: www.shridevlengineering.org



(Approved by AICTE, New Delhi, Recognised by Govt. of Karnataka and Affiliated to Visvesvaraya Technological University, Belagavi)

The following FDPs and Workshops are conducted for Teaching and Non Teaching Staff Members in the Academic year 2018-19.

Sl.No	Name of the Event	Teaching/Non Teaching	Duration
01	Workshop on "Computer Literacy"	Non Teaching	01 Day
02	Workshop on "Health and Safety"	Non Teaching	01 Day
04	Workshop on "Communication Skills"	Non Teaching	01 Day

PRINCIPAL  
SHRIDEVI INSTITUTE OF  
ENGINEERING AND TECHNOLOGY  
TUMKUR - 572106.



**SHRIDEVI INSTITUTE OF ENGINEERING & TECHNOLOGY**

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Sira Road, Tumakuru - 572 106. Karnataka.



## **Workshop on Computer Literacy for Non-Teaching Staff**

On January 4th 2019, a workshop on computer literacy was conducted for non-teaching staff members at the Shridevi Institute of Engineering & Technology. The objective of the workshop was to enhance their computer skills and improve their efficiency at work.

### **Workshop Content:**

The workshop covered various topics related to computer literacy, including basic computer operations, file management, internet usage, email etiquette, and online security. The session started with an introduction to computer systems and their components. The trainer explained the importance of computers in today's world and how they are used in different fields.

Basic computer operations, such as using a mouse, and keyboard shortcuts, opening and closing applications, and managing windows, were covered in detail. The trainer demonstrated the use of various software applications, including MS Word, MS Excel, and MS PowerPoint. Participants were also given hands-on practice in creating documents, spreadsheets, and presentations.

File management was another important topic covered in the workshop. Participants learned how to organize their files and folders, create backups, and retrieve deleted files. They were also introduced to cloud-based storage solutions such as Google Drive and Dropbox.



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Internet usage and email etiquette were also discussed in the workshop. Participants learned how to use search engines effectively, browse the internet safely, and avoid online scams. The trainer also explained the importance of creating a professional email address, using proper email etiquette, and avoiding common mistakes such as sending emails to the wrong person.

The workshop concluded with a discussion on online security. Participants were made aware of the risks of using public Wi-Fi networks and how to protect their personal information online. They were also advised to use strong passwords, update their software regularly, and avoid clicking on suspicious links.

## **Resource Person:**

Prof. Basavesha D,

Assistant Professor, Dept of CSE, SIET

## **Feedback:**

The workshop was well-received by the non-teaching staff members. Participants found the content relevant and informative. They appreciated the hands-on practice and the trainer's interactive approach. Many expressed their interest in attending similar workshops in the future.

## **Conclusion:**

The computer literacy workshop for non-teaching staff members at the Shridevi Institute of Engineering & Technology was successful. The participants gained valuable knowledge and skills to help them in their work. The workshop demonstrated the importance of computer literacy in today's world and the need for continuous learning to stay up-to-date with new technologies.



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### Department of Computer Science & Engineering

Workshop on

**COMPUTER LITERACY**

*Certificate*

This is to certify that Mr. / Ms. \_\_\_\_\_

has participated Workshop on **Computer Literacy**

Organised by Department of CSE, SIET, Tumakuru

on **04th January, 2019.**

\_\_\_\_\_  
HOD

\_\_\_\_\_  
Principal



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## Department of CSE

Organized Workshop on

# COMPUTER LITERACY

**Date: 04<sup>th</sup> Jan, 2019**

**RESOURCE PERSON**

**Prof. Basavesha. D**  
Assistant Professor  
SIET, Tumakuru

**Patrons**

<b>Dr. M. R. Hulinaykar</b> Chairman & Managing Trustee, Sri Shridevi Charitable Trust (R),Tumakuru	<b>Sri. M. S. Patil</b> Director, HR & IT Sri Shridevi Charitable Trust (R),Tumakuru	<b>Dr. Hemadri Naidu. T</b> Principal, SIET, Tumakuru
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## Glimpses of the Event



**PC: A workshop on Computer Literacy for non Teaching Staff conducted on 04/01/2019**



**PC: A workshop on Computer Literacy for non Teaching Staff conducted on 04/01/2019**



## A Report on One Day Workshop conducted on “Communication skills” for SIET Non Teaching Staff Members

<b>Topic</b>	“Communication Skills” for Non Teaching Staff members
<b>Date</b>	15th November 2018
<b>Time</b>	10am onwards
<b>Venue</b>	Edu Sat Hall
<b>Expert Speakers</b>	1. Mr. Nagaraj C Professor, Dept.of CIVIL, SIET
<b>Target Audience</b>	Non Teaching Staff members, SIET, Tumkur.
<b>Association with</b>	IQAC, SIET, Tumkur

### Key Takeaways of Expert Lecture

The workshop was conducted by Mr. Nagaraj C a communication skills expert who has extensive experience in conducting similar workshops for various organizations. The sessions were interactive and included a mix of presentations, group discussions, and practical exercises. The workshop started with an introduction and ice-breaking session. The expert explained the importance of effective communication in the workplace and how it can lead to better relationships with colleagues and increased productivity.

He explained the advantages oral communication and its importance in day to day professional life. He gave a presentation on the different barriers to effective communication, including cultural and language barriers. The participants were then given a practical exercise on active listening, which helped them to understand the importance of listening in communication.

Mr. Nagaraj C gave a presentation on non-verbal communication and its impact on communication. The participants were given a practical exercise on body language, which helped them to understand how their body language can convey different messages. Then he discussed different communication styles and how to adapt to different styles for effective communication. The participants were given a role-play exercise where they had to practice different communication styles.

**Conclusion:** The Communication Skills workshop was a great success, and the participants learned a lot about effective communication. The practical exercises helped the participants to apply the concepts they learned and develop their communication skills. The feedback from the participants was positive, and they appreciated the effort put in by the college to conduct such a workshop. Overall, the workshop was a great learning experience for everyone who attended.



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Organized Workshop on

## COMMUNICATION SKILLS

**Date: 15<sup>th</sup> Nov, 2018**

**RESOURCE PERSON**

**Dr. Nagaraja. C**  
Professor,  
SIET, Tumakuru

**Patrons**

<p><b>Dr. M. R. Hulinaykar</b> Chairman &amp; Managing Trustee, Sri Shridevi Charitable Trust (R), Tumakuru</p>	<p><b>Sri. M. S. Patil</b> Director, HR &amp; IT Sri Shridevi Charitable Trust (R), Tumakuru</p>	<p><b>Dr. Hemadri Naidu. T</b> Principal, SIET, Tumakuru</p>
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**Workshop on**  
**COMMUNICATION SKILLS**  
*Certificate*

This is to certify that Mr. / Ms. \_\_\_\_\_  
has participated Workshop on **Communication Skills**  
Organized by SIET, Tumakuru  
on **15th November, 2018.**

\_\_\_\_\_

HOD

\_\_\_\_\_

Principal

## Glimpses of the Event



PC: A workshop on Communication skills for Non Teaching Staff conducted on 15/11/2018



PC: A workshop on Communication skills for Non Teaching Staff conducted on 15/11/2018



## **Workshop on Health and Safety**

A workshop on health and safety was conducted for non-teaching staff members at the Shridevi Institute of Engineering & Technology On 22-11-2018.

### **Workshop Content:**

A health and safety report workshop for non-teaching staff can be an effective way to educate employees on the importance of health and safety in the workplace and how to prevent accidents and injuries. Here are some ideas for topics that could be covered in such a workshop:

1. Introduction to health and safety: Explain why health and safety is important in the workplace, and provide an overview of the relevant regulations and standards.
2. Hazard identification and risk assessment: Provide training on how to identify potential hazards in the workplace and how to assess the associated risks. This can include practical exercises, such as a hazard hunt.
3. Personal protective equipment (PPE): Provide training on the different types of PPE that may be required in the workplace, and how to use and maintain it properly.
4. Emergency procedures: Explain the emergency procedures for various potential scenarios, such as a fire, chemical spill, or medical emergency. Provide practical training on how to respond to these situations.
5. Workplace ergonomics: Provide training on how to maintain good posture and prevent repetitive strain injuries in the workplace. This can include practical exercises, such as stretching and strengthening exercises.
6. Mental health and well-being: Provide training on the importance of mental health in the workplace and how to recognize and manage stress. This can include techniques for mindfulness and relaxation.



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7. Health and safety reporting: Explain the importance of reporting hazards and incidents, and provide guidance on how to do so.
8. Review and evaluation: Conduct a review of the workplace to identify areas for improvement in health and safety practices. Discuss ways to address these areas and how to evaluate the effectiveness of any changes made.

## **Resource Person:**

Dr. Chadrappa C P

Professor, Tumkur

## **Feedback:**

The workshop was well-received by the non-teaching staff members. Participants found the content relevant and informative. They appreciated the hands-on practice and the trainer's interactive approach. Many expressed their interest in attending similar workshops in the future.



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Workshop on

**HEALTH AND SAFETY**

*Certificate*

This is to certify that Mr. / Ms. \_\_\_\_\_  
has participated Workshop on **Health and Safety**  
Organised by SIET, Tumakuru  
on **22nd November, 2018.**

\_\_\_\_\_  
HOD

\_\_\_\_\_  
Principal



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## Brochure



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Organized Workshop on

## HEALTH AND SAFETY

**Date: 22<sup>nd</sup> Nov, 2018**

### RESOURCE PERSON

**Dr. C. P. Chandrappa**

Professor  
SIET, Tumakuru

### Patrons

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

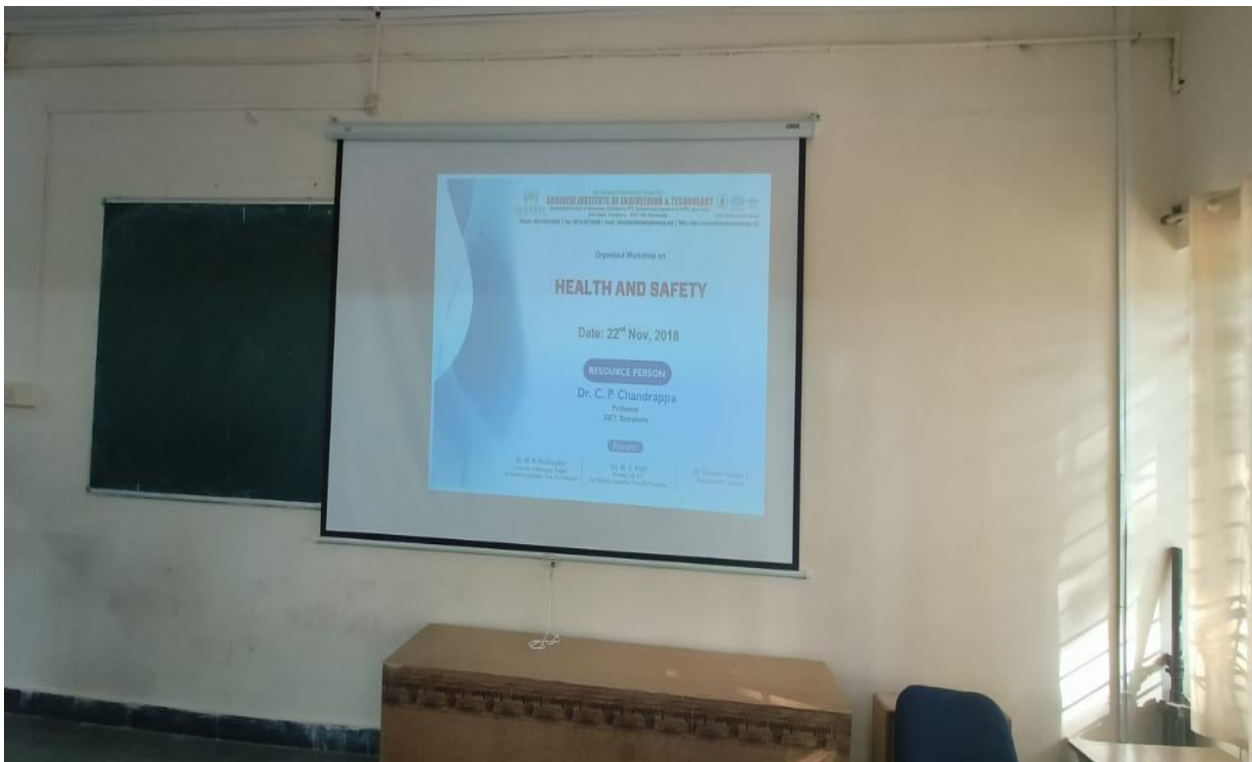
**Sri. M. S. Patil**  
Director, HR & IT  
Sri Shridevi Charitable Trust (R), Tumakuru

**Dr. Hemadri Naidu. T**  
Principal, SIET, Tumakuru

## Glimpses of the Event



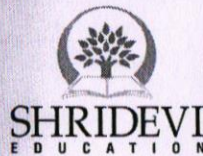
PC: A workshop on Health and Safety for Non Teaching Staff conducted on 22/11/2018



PC: A workshop on Health and Safety for Non Teaching Staff conducted on 22/11/2018

**2018-19**





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Organized Workshop on

# HEALTH AND SAFETY

Date: 22<sup>nd</sup> Nov, 2018

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Chairman & Managing Trustee,  
Sri Shridevi Charitable Trust (R), Tumakuru

**Sri. M. S. Patil**

Director, HR & IT  
Sri Shridevi Charitable Trust (R), Tumakuru

*Hemadri Naidu*  
PRINCIPAL  
SIET., TUMAKURU.

**Dr. Hemadri Naidu. T**

Principal, SIET, Tumakuru

**From**

Dr. Chandrasekhar N

Professor & HOD

Department of Chemistry

Shridevi Institute of Engineering & Technology

Tumkur

**To**

The Principal

Shridevi Institute of Engineering & Technology

Tumkur,

Date: 19/08/2018

**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 “**HEALTH AND SAFETY**” on 22/11/2018 . So we kindly request you to grant permission for the same.

Thanking you Sir

Yours faithfully



(Dr. Chandrasekhar N)

Allowed  
Shree  
19/8/2018



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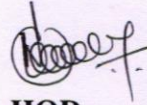


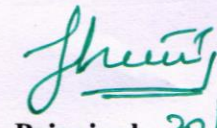
## Circular

Date: 20/11/2018

The Department of Chemistry Organizing a one-day workshop on “HEALTH AND SAFETY” for Non-Teaching staff. Dr.C P Chandrappa Vice-Principal from Paramedical is the resource person to present their valuable information on the topic. The workshop will be scheduled on 22/11/2018. The interested staff register their names to the Department of Chemistry coordinator.

  
Programme Coordinator

  
HOD

  
Principal 20/11/2018

Copy To,

1. All HODs
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ESTD: 2002

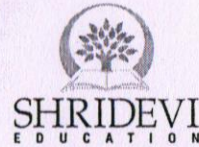


**Participants Attendance:**

**Date: 22/11/2018**

SLNO	NAME	Signature
1	Mr.VIJAYAKUMAR B	
2	Mr.RAMESH H HARALAPPA K	
3	Ms.SHALINI A R	
4	Mr.YASHWANTH S	
5	Ms.DEVIKA RANI G S	
6	Mr.VAGEESH R M	
7	Mr.SHANKAR D S	
8	Mr.RAJU T	
9	Mr.GOWTHAM	
10	Mrs.NALINA B R	
11	Mr.ARAVINDA REDDY	
12	Mr.SATHISH C A	
13	Mr.GOPAL S KODLI	
14	Mr.H S SATHISH	
15	Mr.RAVISHA C V	
16	Mr.MALLIKARJUNA D	
17	Mrs.SOWMYA S	
18	Mrs.BHAGYAMMA N	
19	Mr.RAGHAVENDRA N	
20	Mr.SRINIVAS A C	
21	Mrs.AKSHATHA V	
22	Mrs.HEMAVATHI H R	
23	Mr.GOVINDARAJU M	
24	Mr.T T LOKESH MURTHY	
25	Mr.MANJUNATH D N	
26	Mr.GURULINGA KEERTHI D	
27	Mr.JAYAKEERTHI L	
28	Mr.GANGADHARA MURTHY	

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## Workshop on **HEALTH AND SAFETY**

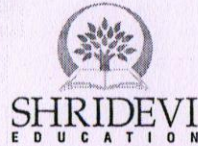
# *Certificate*

This is to certify that Mr. / Ms. GANGADHARA MURTHY  
has participated Workshop on **Health and Safety**  
Organised by SIET, Tumakuru  
on **22nd November, 2018.**

HOD

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SIET, TUMAKURU

Principal



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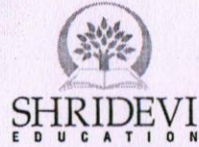
Workshop on  
**HEALTH AND SAFETY**  
*Certificate*

This is to certify that Mr. / Ms. JAYAKEERTHI . L  
has participated Workshop on **Health and Safety**  
Organised by SIET, Tumakuru  
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## Workshop on **HEALTH AND SAFETY**

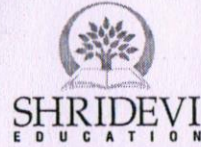
# *Certificate*

This is to certify that Mr. / Ms. GURULINGA KEERTHI, P  
has participated Workshop on **Health and Safety**  
Organised by SIET, Tumakuru  
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Workshop on  
**HEALTH AND SAFETY**  
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This is to certify that Mr. / Ms. MANJUNATHA D.N

has participated Workshop on **Health and Safety**

Organised by SIET, Tumakuru

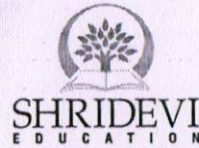
on **22nd November, 2018.**

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## Workshop on **HEALTH AND SAFETY**

# *Certificate*

This is to certify that Mr. / Ms. T.T. LOKESHMURTHY

has participated Workshop on **Health and Safety**

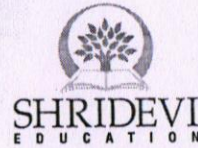
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*Certificate*

This is to certify that Mr. / Ms. AKSHATHA V.

has participated Workshop on **Health and Safety**

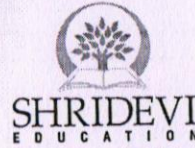
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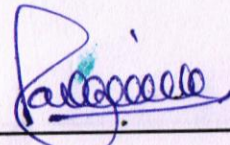
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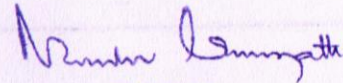
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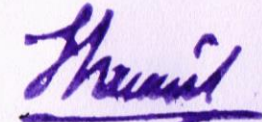
This is to certify that Mr. / Ms. RAGHAVENDRA N  
has participated Workshop on **Health and Safety**  
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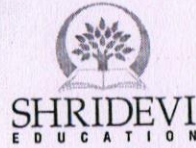
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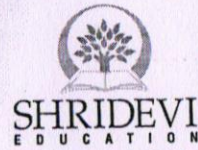
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has participated Workshop on **Health and Safety**  
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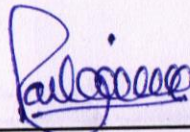
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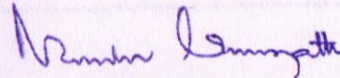
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**HEALTH AND SAFETY**  
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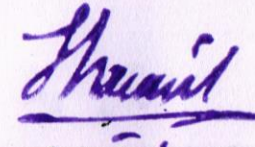
This is to certify that Mr. / Ms. MALLIKARJUNA D  
has participated Workshop on **Health and Safety**  
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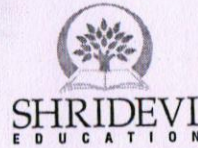
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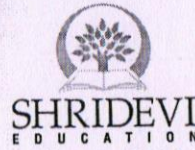
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has participated Workshop on **Health and Safety**

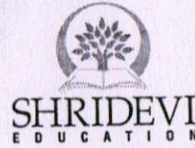
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has participated Workshop on **Health and Safety**

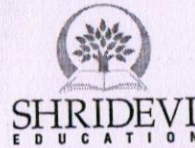
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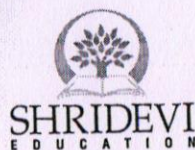
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has participated Workshop on **Health and Safety**  
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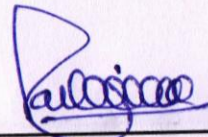
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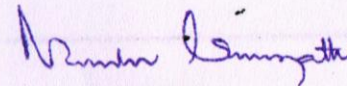
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This is to certify that Mr. / Ms. NALINA . B . R  
has participated Workshop on **Health and Safety**  
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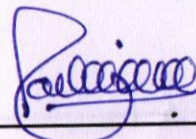
  
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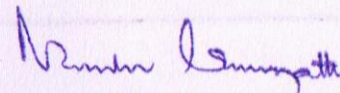
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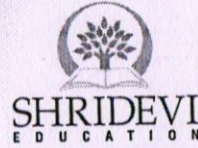
This is to certify that Mr. / Ms. RAJU T  
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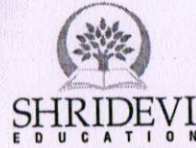
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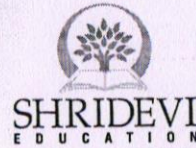
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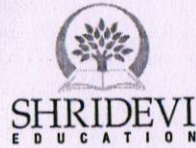
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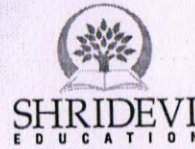
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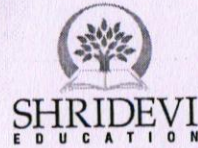
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has participated Workshop on **Health and Safety**  
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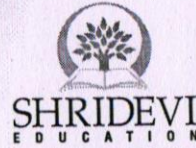
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**NON-TEACHING Workshop – FEEDBACK**

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

Department: ECE Designation: Tech. helper

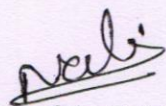
Name of Institution: Shridevi Institute of Engineering and Technology

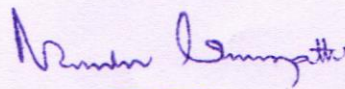
Title of Training: Health and Safety

Dates of Training: 22/11/2018

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. H. S. SATHISH

Department: Mechanical Engg Designation: Technical Helper

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Health and Safety

Dates of Training: 22/11/2018

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	✓				

*H. S. Sathish*  
Signature of the Participant

*Principals Signature*  
PRINCIPAL  
SIET., TUMAKURU

**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. ARAVINDA REDDY

Department: CMD Designation: PROGRAMMER

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Health and Safety

Dates of Training: 22/11/2018

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>

*Aravinda Reddy*  
Signature of the Participant

*Principals Signature*  
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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: Health and Safety

Dates of Training: 22/11/2018

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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**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. Rajesh T.

Department: EEE Designation: Assistant Inspector

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Health and Safety

Dates of Training: 22/11/2018

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		✓			

Rajesh  
Signature of the Participant

Prakash Kumar  
PRINCIPAL  
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## NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. Devika Ram

Department: CSIE Designation: Instructor

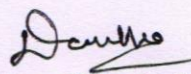
Name of Institution: Shridevi Institute of Engineering and Technology

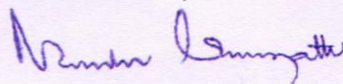
Title of Training: Health and Safety

Dates of Training: 22/11/2018

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  
SIET, TUMAKURU.

**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: Health and Safety

Dates of Training: 22/11/2018

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	✓				

No Bhagya  
Signature of the Participant

Principals  
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: Health and Safety

Dates of Training: 22/11/2018

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		✓			

Akshatha V  
Signature of the Participant

Manjunath Srinivas  
PRINCIPAL  
SIET., TUMAKURU

**NON-TEACHING Workshop – FEEDBACK**

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

Department: ISe Designation: Instructor

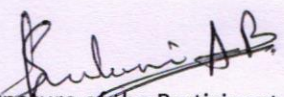
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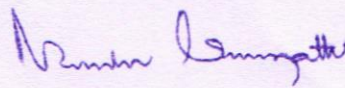
Title of Training: Health and Safety

Dates of Training: 22/11/2018

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  
SIET., TUMAKURU

**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. GOPAL. S Kodli

Department: Mechanical Designation: Asst. Instructor


Name of Institution: Shridevi Institute of Engineering and Technology

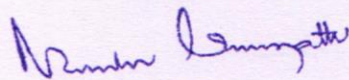
Title of Training: Health and Safety

Dates of Training: 22/11/2018

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  
SIET, TUMAKURU

**NON-TEACHING Workshop – FEEDBACK**

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

Department: E.C.E Designation: Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Health and Safety

Dates of Training: 22/11/2018

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		✓			

Hemavathi  
Signature of the Participant

Principals Signature  
PRINCIPAL  
SIET., TUMAKURU.



**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. Sreenivasa A.C.

Department: Chemistry Designation: Instructor

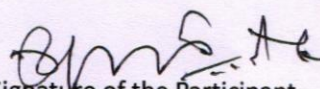
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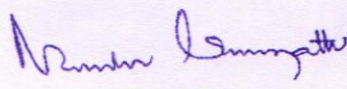
Title of Training: Health and Safety

Dates of Training: 22/11/2018

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  
SIET., TUMAKURU.

**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. Sowmya. S.

Department: CSE Designation: Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Health and Safety

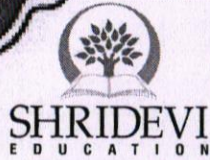
Dates of Training: 22/11/2018

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	✓				

Sowmya. S.  
Signature of the Participant

Nandini Srinivas  
PRINCIPAL  
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Organized Workshop on

# COMMUNICATION SKILLS

Date: 15<sup>th</sup> Nov, 2018

## RESOURCE PERSON

**Dr. Nagaraja. C**

Professor,  
SIET, Tumakuru

## Patrons

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

**Sri. M. S. Patil**  
Director, HR & IT  
Sri Shridevi Charitable Trust (R), Tumakuru

**Dr. Hemadri Naidu. T**  
Principal, SIET, Tumakuru

**From**

Dr. Chandrasekhar N

Professor & HOD

Department of Chemistry

Shridevi Insitute of Engineering & Technology

Tumkur

**To**

The Principal

Shridevi Institute of Engineering & Technology

Tumkur,

Date: 12/11/2018

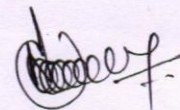
**Respected Sir,**

**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 "**Communication Skills**" on 15/11/2018 . So we kindly request you to grant permission for the same.

Thanking you Sir

Yours faithfully



(Dr. Chandrasekhar N)

Allowed  
Shreevijay  
12/11/2018



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## Circular

**Date: 13/11/2018**

The Department of Chemistry Organizing a one-day workshop on “**Communication Skills**” for Non-Teaching staff. Dr.Nagaraja C from Department of Civil is the resource person to present their valuable information on the topic. The workshop will be scheduled on 15/11/2018. The interested staff register their names to the Department of Chemistry coordinator.

**Programme Coordinator**

**HOD**

  
13/11/2018

**Principal**

Copy To,

1. All HODs
2. File.

**Participants Attendance :**
**Date:15/11/2018**

SI No	Name	Signature
1	Mr.VIJAYAKUMAR B	<i>V.K.B</i>
2	Mr.RAMESH H HARALAPPA K	<i>Ramesh H</i>
3	Ms.SHALINI A R	<i>Shalini</i>
4	Mr.YASHWANTH S	<i>[Signature]</i>
5	Ms.DEVIKA RANI G S	<i>Devika Rani</i>
6	Mr.VAGEESH R M	<i>Vageesh</i>
7	Mr.SHANKAR D S	<i>[Signature]</i>
8	Mrs.NALINA B R	<i>Nalina</i>
9	Mr.ARAVINDA REDDY	<i>Aravind Reddy</i>
10	Mr.SATHISH C A	<i>[Signature]</i>
11	Mr.GOPAL S KODLI	<i>[Signature]</i>
12	Mr.H S SATHISH	<i>[Signature]</i>
13	Mr.RAVISHA C V	<i>Ravisha c.v.</i>
14	Mrs.SOWMYA S	<i>Sowmya S.</i>
15	Mrs.BHAGYAMMA N	<i>[Signature]</i>
16	Mr.RAGHAVENDRA N	<i>[Signature]</i>
17	Mr.SRINIVAS A C	<i>[Signature]</i>
18	Mrs.AKSHATHA V	<i>[Signature]</i>
19	Mrs.HEMAVATHI H R	<i>Hemavathi HR</i>
20	Mr.GOVINDARAJU M	<i>[Signature]</i>
21	Mr.T T LOKESH MURTHY	<i>[Signature]</i>
22	Mr.MANJUNATH D N	<i>[Signature]</i>
23	Mr.GANGADHARA MURTHY	<i>[Signature]</i>

Co-Ordinator Signature

*[Signature]*  
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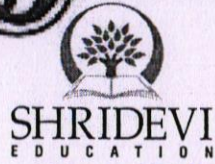
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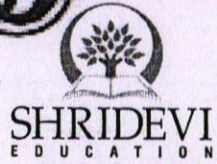
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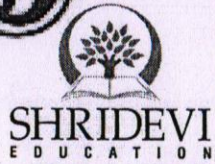
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has participated Workshop on **Communication Skills**

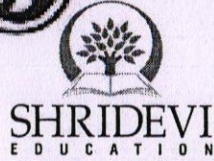
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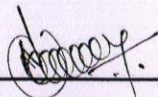
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This is to certify that <sup>✓</sup>Mr. / Ms. VAG EESH RM

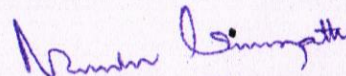
has participated Workshop on **Communication Skills**

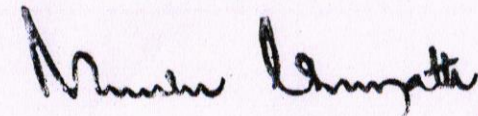
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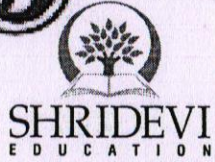


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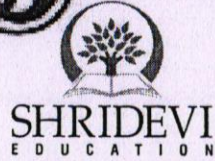
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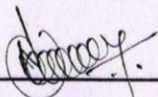
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This is to certify that Mr. / Ms. <sup>✓</sup> NALINA B R

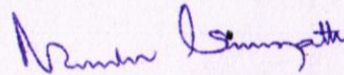
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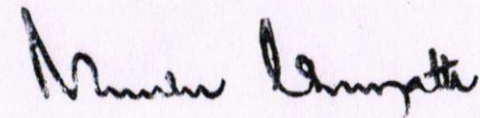
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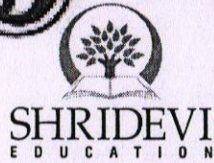
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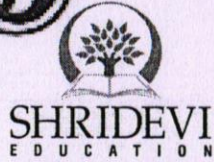
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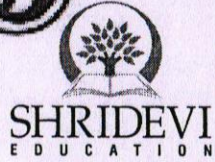
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has participated Workshop on **Communication Skills**

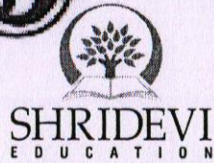
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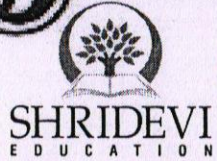
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*Certificate*

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has participated Workshop on **Communication Skills**.

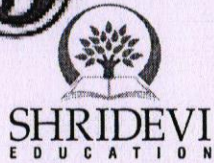
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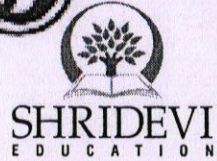
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has participated Workshop on **Communication Skills**

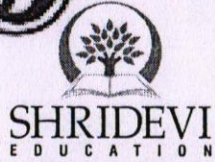
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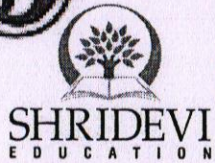
This is to certify that Mr. / Ms. <sup>✓</sup> RAGHAVENDRA N  
has participated Workshop on **Communication Skills**

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has participated Workshop on **Communication Skills**.

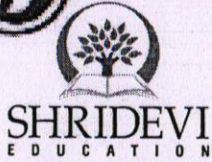
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has participated Workshop on **Communication Skills**

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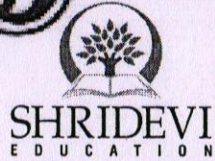
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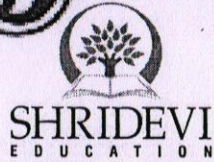
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has participated Workshop on **Communication Skills**.

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has participated Workshop on **Communication Skills**

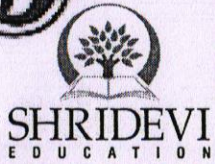
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has participated Workshop on **Communication Skills**

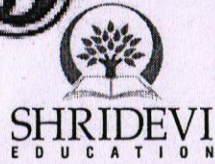
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*Certificate*

This is to certify that Mr. / Ms. <sup>✓</sup> MANJUNATH D N

has participated Workshop on **Communication Skills**

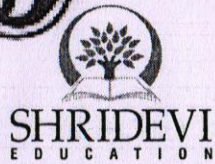
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has participated Workshop on **Communication Skills**

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**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. Gowindaraju M.

Department: EC Designation: Instructor


Name of Institution: Shridevi Institute of Engineering and Technology

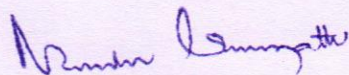
Title of Training: Communication Skills

Dates of Training: 15/11/2018

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  
SIET, TUMAKURU

**NON-TEACHING Workshop – FEEDBACK**

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

Department: CSE Designation: Lab Instructor

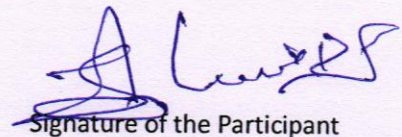
Name of Institution: Shridevi Institute of Engineering and Technology

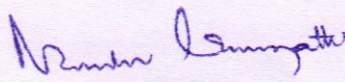
Title of Training: Communication Skills

Dates of Training: 15/11/2018

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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**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: Communication Skills

Dates of Training: 15/11/2018

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		✓			

*H. S. Sathish*

Signature of the Participant

*Principals Signature*

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**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. Devilca Rani

Department: CSE Designation: Instructor

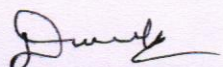
Name of Institution: Shridevi Institute of Engineering and Technology

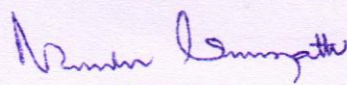
Title of Training: Communication Skills

Dates of Training: 15/11/2018

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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**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. Nalina. J.S.R.

Department: ECE Designation: Tech. helper

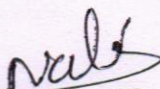
Name of Institution: Shridevi Institute of Engineering and Technology

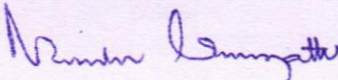
Title of Training: Communication Skills

Dates of Training: 15/11/2018

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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**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: Communication Skills

Dates of Training: 15/11/2018

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. Srinivasan  
PRINCIPAL  
SIET., TUMAKURU.

**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. Screenivala A.C.

Department: Chemistry Designation: Instructor


Name of Institution: Shridevi Institute of Engineering and Technology

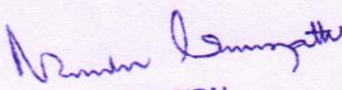
Title of Training: Communication Skills

Dates of Training: 15/11/2018

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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**NON-TEACHING Workshop – FEEDBACK**Name of Staff: Ms/Mr. ARAVINDA REDDYDepartment: CMD Designation: PROGRAMMER

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Communication Skills

Dates of Training: 15/11/2018

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

Principal  
PRINCIPAL  
SIET., TUMAKURU.

**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. GOPAL. S. Kodli

Department: Mechanical Designation: Asst. Instructor


Name of Institution: Shridevi Institute of Engineering and Technology

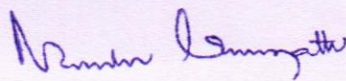
Title of Training: Communication Skills

Dates of Training: 15/11/2018

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  
SIET., TUMAKURU.

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: Communication Skills

Dates of Training: 15/11/2018

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	✓				

Hemavathi H.R  
Signature of the Participant

Manjunath  
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: Communication Skills

Dates of Training: 15/11/2018

Duration: 01 Day

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

Akshatha V  
Signature of the Participant

Principals Signature  
PRINCIPAL  
SIET., TUMAKURU.



## NON-TEACHING Workshop – FEEDBACK

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

Department: I SE Designation: Instructor

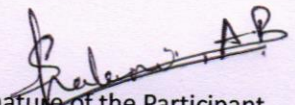
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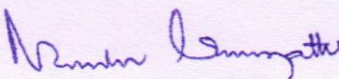
Title of Training: Communication Skills

Dates of Training: 15/11/2018

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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**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. Sowmya S

Department: CSE Designation: Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Communication Skills

Dates of Training: 15/11/2018

Duration: 01 Day

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

Sowmya S  
Signature of the Participant

Principals Signature  
PRINCIPAL  
SIET., TUMAKURU

## NON-TEACHING Workshop – FEEDBACK

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

Department: Civil Designation: Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Communication Skills

Dates of Training: 15/11/2018

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	✓				

Ravista C.V.  
Signature of the Participant

Principals Signature  
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# Department of CSE

Organized Workshop on

## COMPUTER LITERACY

Date: 04<sup>th</sup> Jan, 2019

**RESOURCE PERSON**

**Prof. Basavesha. D**

Assistant Professor  
SIET, Tumakuru

**Patrons**


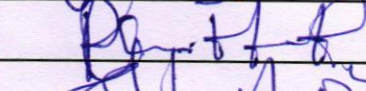
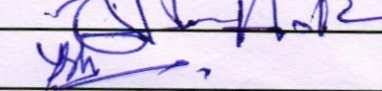
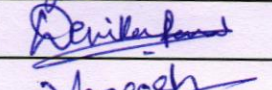
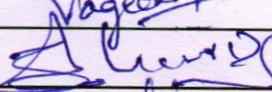
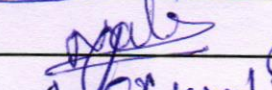
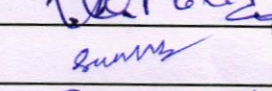
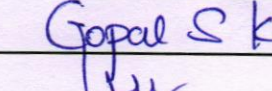
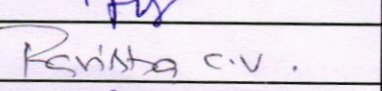
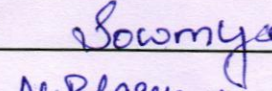
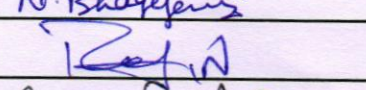
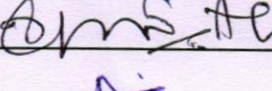
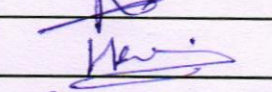
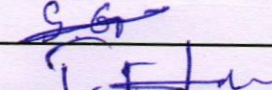
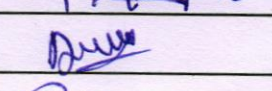

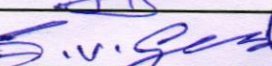
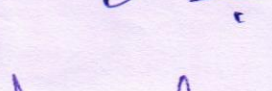
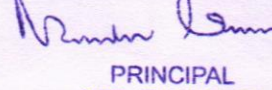
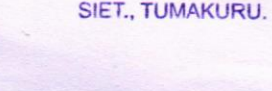

**Dr. M. R. Hulinaykar**  
Chairman & Managing Trustee,  
Sri Shridevi Charitable Trust (R), Tumakuru

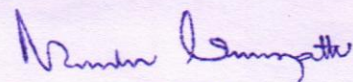
**Sri. M. S. Patil**  
Director, HR & IT  
Sri Shridevi Charitable Trust (R), Tumakuru

**Dr. Hemadri Naidu. T**  
Principal, SIET, Tumakuru

**Participants Attendance :**

**Date:04/01/2019**

SI No	Name	Signature
1	Mr.VIJAYAKUMAR B	
2	Mr.RAMESH H HARALAPPA K	
3	Ms.SHALINI A R	
4	Mr.YASHWANTH S	
5	Ms.DEVIKA RANI G S	
6	Mr.VAGEESH R M	
7	Mr.SHANKAR D S	
8	Mrs.NALINA B R	
9	Mr.ARAVINDA REDDY	
10	Mr.SATHISH C A	
11	Mr.GOPAL S KODLI	
12	Mr.H S SATHISH	
13	Mr.RAVISHA C V	
14	Mrs.SOWMYA S	
15	Mrs.BHAGYAMMA N	
16	Mr.RAGHAVENDRA N	
17	Mr.SRINIVAS A C	
18	Mrs.AKSHATHA V	
19	Mrs.HEMAVATHI H R	
20	Mr.GOVINDARAJU M	
21	Mr.T T LOKESH MURTHY	
22	Mr.MANJUNATH D N	
23	Mr.GURULINGA KEERTHI D	
24	Mr.JAYAKEERTHI L	
25	Mr.GANGADHARA MURTHY	



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## Circular

Date: 03/01/2019

The Department of Computer Science and Engineering Organizing a one-day workshop on “COMPUTER LITERACY” for Non-Teaching staff. Mr. Basavesha D from Department of CSE is the resource person to present their valuable knowledge on the topic. The workshop will be scheduled on 04/01/2019. The interested staff register their names to the Department of CSE coordinator.

Programme Coordinator

HOD

  
03/01/19

Principal

Copy To,

1. All HODs
2. File.

**From**

Prof.C V Shanmuka Swamy

Assoc.Professor & HOD

Department of CSE

Shridevi Insitute of Engineering & Technology

Tumkur

**To**

The Principal

Shridevi Institute of Engineering & Technology

Tumkur,

Date: 02/01/2019

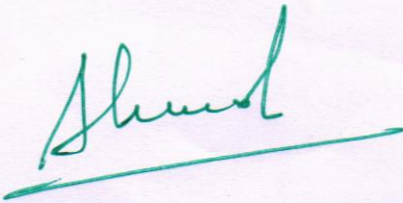
**Respected Sir,**

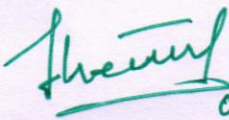
**Sub:** Requesting Permission to conduct a one day workshop for Non-Teaching staff -Reg.

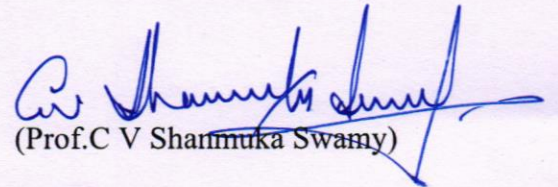
With subject to the above, we have planned to conduct one day workshop for Non-Teaching staff on “**COMPUTER LITERACY**” on 04/01/2019 . So we kindly request you to grant permission for the same.

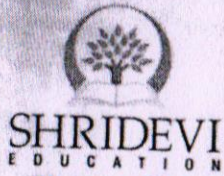
Thanking you Sir

Yours faithfully



  
02/01/2019

  
(Prof.C V Shanmuka Swamy)



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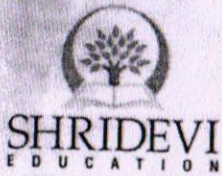
This is to certify that Mr. / Ms. ✓ JAYAKEERTHI. L  
has participated Workshop on **Computer Literacy**  
Organised by Department of CSE, SIET, Tumakuru  
on **04th January, 2019.**

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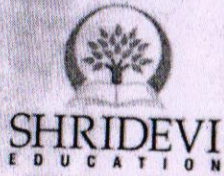
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. GURLINGAKEERTHI D  
has participated Workshop on **Computer Literacy**  
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### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. MANJUNATHI D N

has participated Workshop on **Computer Literacy**

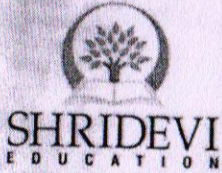
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This is to certify that Mr. / Ms. T. T LOKESH MURTHY

has participated Workshop on **Computer Literacy**

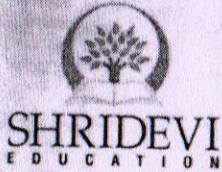
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This is to certify that Mr. / Ms. GOVINDARAJU M

has participated Workshop on **Computer Literacy**

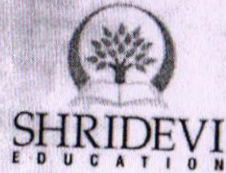
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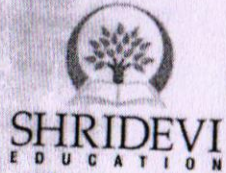
Workshop on  
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This is to certify that Mr. / Ms. HEMAVATHI H R  
has participated Workshop on **Computer Literacy**  
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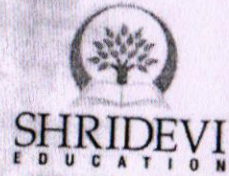
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / <sup>✓</sup>Ms. AKSHATHA V  
has participated Workshop on **Computer Literacy**  
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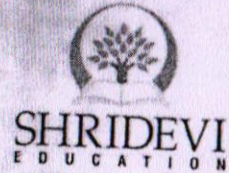
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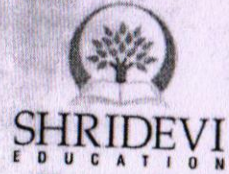
This is to certify that Mr. / Ms. ✓ RAGAVENDRA N  
has participated Workshop on **Computer Literacy**  
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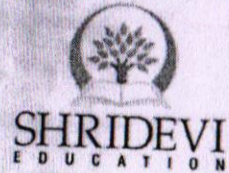
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. ✓ BHAGYAMMA N  
has participated Workshop on **Computer Literacy**  
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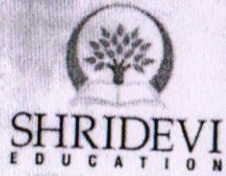
# *Certificate*

This is to certify that Mr. / Ms. SOWMYA S  
has participated Workshop on **Computer Literacy**  
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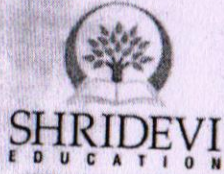
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. RAVISHA C V  
has participated Workshop on **Computer Literacy**  
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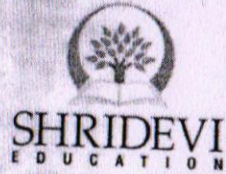
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. ✓ GOPAL S  
has participated Workshop on **Computer Literacy**  
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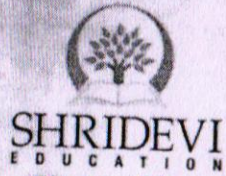
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. ✓ SATHISH C A  
has participated Workshop on **Computer Literacy**  
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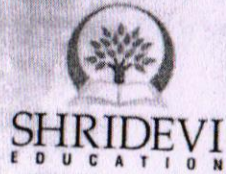
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. ARAVINDA REDDY  
has participated Workshop on **Computer Literacy**  
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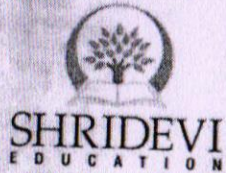
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. NALINA B R  
has participated Workshop on **Computer Literacy**  
Organised by Department of CSE, SIET, Tumakuru  
on **04th January, 2019.**

HOD

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*Certificate*

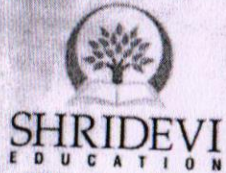
This is to certify that Mr. / Ms. RAJU T  
has participated Workshop on **Computer Literacy**  
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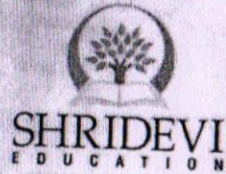
Workshop on  
**COMPUTER LITERACY**  
*Certificate*

This is to certify that Mr. / Ms. SHANKAR D S  
has participated Workshop on **Computer Literacy**  
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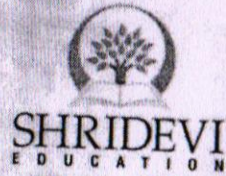
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. VAGEESH R M  
has participated Workshop on **Computer Literacy**  
Organised by Department of CSE, SIET, Tumakuru  
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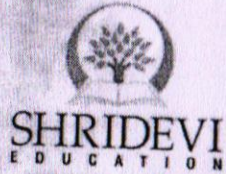
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. ✓ Devika Rani G S  
has participated Workshop on **Computer Literacy**  
Organised by Department of CSE, SIET, Tumakuru  
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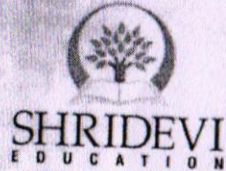
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. YASHWANTH S  
has participated Workshop on **Computer Literacy**  
Organised by Department of CSE, SIET, Tumakuru  
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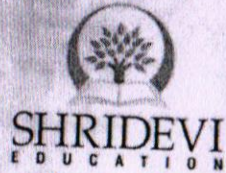
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. ✓ SHALINI A R  
has participated Workshop on **Computer Literacy**  
Organised by Department of CSE, SIET, Tumakuru  
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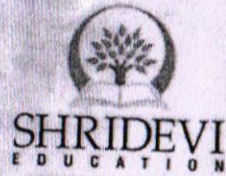
### Workshop on **COMPUTER LITERACY** *Certificate*

This is to certify that Mr. / Ms. ✓ RAMESH H  
has participated Workshop on **Computer Literacy**  
Organised by Department of CSE, SIET, Tumakuru  
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has participated Workshop on **Computer Literacy**  
Organised by Department of CSE, SIET, Tumakuru  
on **04th January, 2019.**

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NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr.

RAVISHA C.V

Department:

Civil

Designation:

Lab Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

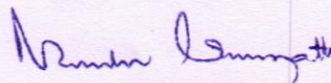
Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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



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SIET., TUMAKURU



## NON-TEACHING Workshop – FEEDBACK

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

Department: ISE Designation: Instructor

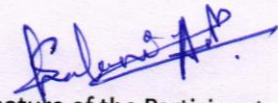
Name of Institution: Shridevi Institute of Engineering and Technology

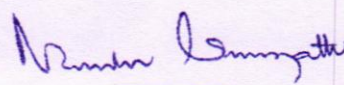
Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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. Yashwanth S

Department: Civil Designation: Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Computer Literacy

Dates of Training: 04/01/2019

Duration: 01 Day

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

Signature of the Participant

*Principals Signature*

PRINCIPAL  
SIET., TUMAKURU.

## NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. Sowmya.S

Department: CSE Designation: Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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	✓				

Sowmya.S.  
Signature of the Participant

Manjunath  
PRINCIPAL  
SIET., TUMAKURU.

**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. S. Umivasa A/c.

Department: Chemistry Designation: Instructor

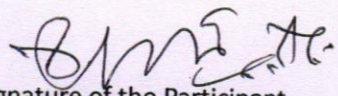
Name of Institution: Shridevi Institute of Engineering and Technology

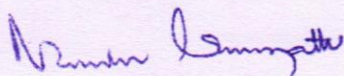
Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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  
SIET., TUMAKURU.

**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. Ramesh Haralappa . K.

Department: Civil Designation: Asst Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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	✓				

Ramesh Haralappa  
Signature of the Participant

Ramesh Haralappa  
PRINCIPAL  
SIET., TUMAKURU.

## NON-TEACHING Workshop – FEEDBACK

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

Department: CSE Designation: Lab Instructor

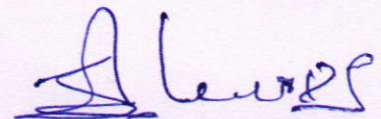
Name of Institution: Shridevi Institute of Engineering and Technology

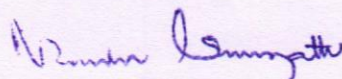
Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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  
SIET., TUMAKURU.

**NON-TEACHING Workshop – FEEDBACK**

Name of Staff: Ms/Mr. Gowinda Rastu. M.

Department: EC Designation: Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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	✓				

G.:  
Signature of the Participant

Manjunath  
PRINCIPAL  
SIET., TUMAKURU.

## NON-TEACHING Workshop – FEEDBACK

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

Department: ECE Designation: Tech. helpers

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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. Devicka Ram!

Department: CSE Designation: Instructor

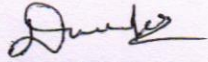
Name of Institution: Shridevi Institute of Engineering and Technology

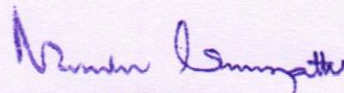
Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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 checked="" type="checkbox"/>	<input 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

  
PRINCIPAL  
SIET., TUMAKURU.

**NON-TEACHING Workshop – FEEDBACK**

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

Department: ECE Designation: Instructor

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Computer Literacy

Dates of Training: 04/01/2019

Duration: 01 Day

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

Hemayathi  
Signature of the Participant

Principals Signature  
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: Computer Literacy

Dates of Training: 04/01/2019

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	✓				

*Akshatha V*  
Signature of the Participant

*Principals*  
PRINCIPAL  
TUMAKURU

## NON-TEACHING Workshop – FEEDBACK

Name of Staff: Ms/Mr. ARAVINDA REDDY

Department: CM7 Designation: PROGRAMMER

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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

Principals Signature  
PRINCIPAL  
SIET., TUMAKURU

**NON-TEACHING Workshop – FEEDBACK**

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

Department:     Physica     Designation:     Instructor    

Name of Institution: Shridevi Institute of Engineering and Technology

Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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. GOPAL S KOOLI

Department: ECE Designation: Asst. Instructor.


Name of Institution: Shridevi Institute of Engineering and Technology

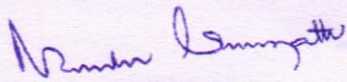
Title of Training: Computer Literacy

Dates of Training: 04/01/2019

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  
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: Computer Literacy

Dates of Training: 04/01/2019

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		✓			

*H.S. Sathish*

Signature of the Participant

*Principals Signature*

PRINCIPAL  
SIET., TUMAKURU.