## Report of the Activity

Name of the Coordinator	SHITOLE N.D.
Name of the Department	M.S.S.
Nature of the activity	Guest lecture Seminar Workshop
(Please tick appropriate column)	Presentation Visit Any Other
In case of 'Any Other' please specify the nature of activity	Savitaibai Phule Javanti
Brief information about the activity	savitaibai phule Jayanti
Date and day of the activity	03.01.2022
Name of the Resource Person / Institution	prof. Thorat s.K.
Classes participated in the activity	M.S.S. Dept.
Total number of participated students	. 27
Name of the associate teacher	Pandarkar B.R.
Name of the non teaching staff	Jagtap N.S.
Supporting documents available	yes bearing

Signature of the Coordinator

Date: 3 - 01-2022

Please submit copies of this report to:-

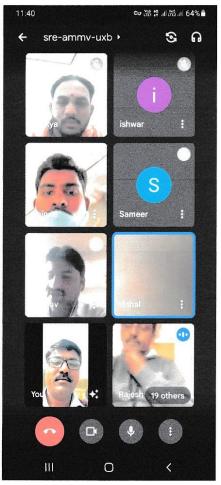
- > HOD, Concerned Department
- > Documentation Cell
- > Office of the Coordinator, IQAC
- > Convener, Magazine Committee

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## Savitribai Phule Jayanti - Photo - Date - 03-01-2022





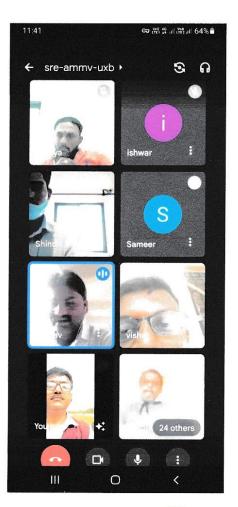
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Programme Officer
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