

## Report of the Activity

Name of the Coordinator	Dr. R.D. Shieke		
Name of the Department	physical Education & sports		
Nature of the activity  (Please tick appropriate column)	Guest lecture	Seminar	Workshop
	Presentation	Visit	Any Other
In case of 'Any Other' please specify the nature of activity	Taekwondo Training Camp		
Brief information about the activity	Taekwondo Training Camp for Girls		
Date and day of the activity	01/01/2018 to 15-01-2018		
Name of the Resource Person / Institution	Dr. R.D. Shieke		
Classes participated in the activity	F.Y.B.A , S.Y.B.A		
Total number of participated students	22		
Name of the associate teacher	Mr. S.M. Takawane		
Name of the non teaching staff	Mr. A.R. Bhosale		
Supporting documents available			

Please submit copies of this report to:-

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



*(Signature)*

Signature of the Coordinator

Date: 15-01-2018

*(Signature)*

**PRINCIPAL**

**Savitribai College of Arts**  
Pimpalgaon Pise, Tal. Shrigonda, Dist. A.Nagar