## **Event / Activity Report**

- 1. Name of Department / Committee / Cell: HUMAN DEVELOPMENT
- 2. Name of the Event / Activity: World Autism Awareness Day
- 3. Mode of Event/Activity(Online/Offline): offline
- 4. Date(s)& Time of the event: 06/04/2023
- 5. Venue of the Event: **SREE CHAITANYA MAHAVIDYALAYA**
- 6. Nature of the Activity (Tick / underline the applicable choice): programme / function / event / competition / lecture / exhibition / camp / workshop / training / extension activity / rally / campaign / drive / celebration of days / extending help in terms of students, expertise, experience, etc.
- 7. Financial Details: N.A.
- 8. Level of the activity (Tick / underline the applicable choice): International / National / State / University / District / College / Local / Village / Gram Panchayet
- 9. Name of the Sponsor: COLLEGE FUND
- 10. Name of the Collaborator, if any: N.A
- 11. Purpose / Aims / Objectives of the event:
  - To dealing with an autistic child.
  - To get rehabilitation of autistic child.
  - To learn about the symptoms of Autism spectrum Disorder.
- 12. Names and designations / professions of dignitaries, guests, participants:

Capacity	Name	Designation / Profession / Affiliating Institute / Organization
Chairperson/Patron	DR SUBRATA CHATTERJEE	PRINCIPAL, SCM
Inaugurator	DR SUBRATA CHATTERJEE	PRINCIPAL, SCM
Resource Person(s)	MRS. RINKU ROY	SPECIAL EDUCATOR

- 13. Name(s) of the Anchor(s): Mrs. TANUSREE BISWS NAG
- 14. Mode of involvement of Support Staff/Students in the organization of the event: offline
- 15. Beneficiaries / participants / audience (Type and/or number): approx 80
- 16. Outcome of the activity with Methodology [Tick or underline the suitable alternative(s) and give details]: *Awareness / prizes won / social service / personality development (name the aspects) / skill testing or development, etc.*
- 17. Quantitative information: Number of teachers, students, participants, teams, events, categories, colleges, universities involved in the organization of the event:
- 18. Any other information/report/remarks/comments: GOOD

19. Photographs (with captions &/or Geo tag ) submitted (number):1



20. Documents produced (List of Participants, Programme Schedule, Certificates, letters, newspaper cuttings, data base soft copy, etc.):



TANUSREE BISWAS NAG

Signature & Name of Teacher/Person Submitting the Report with Date