

## Event /Activity Report Department of Physical Education

1. **Name of the Department** : Physical Education
2. **Name of the Event/Activity** : Celebration of International Yoga Day-2024
3. **Mode of Event/Activity** : offline
4. **Date(s)& Time of the event** : 21-06-2024
5. **Venue of the Event** : Sree Chaitanya Mahavidyalaya Playground
6. **Nature of the Activity** : Performance
7. **Financial Details** : WBSU
8. **Level of the activity** : College Level
9. **Name of the Sponsor** : NO
10. **Name of the Collaborator, if any** :Dept. of Physical Education & IQAC of Sree Chsitanya Mahavidyalya.
11. **Objectives: To promote and protect the competition process.**
12. **Names and designations / professions of dignitaries, guests, participants:**

| Capacity  | Name                         | Designation / Profession / Affiliating Institute / Organization |
|---|------------------------------|---|
| <b>Chairperson/Patron</b>                           | Dr. Subrata Chaterjee        | Principal, SCM  |
| <b>Inaugurator</b>                                  | Dr. Manabendra Sekhar Bhadra | Secretary of District Teacher cell                              |
| <b>Resource Person(s) &amp; Invited Speaker (s)</b> | Dr. Piyali De Maitra         | Associate Professor,Dept. of Bengali                            |
|   | Dr. Sanjib Talukdar          | Bar Sar   |
| <b>Vote of Thanks</b>                               | Dr. Pulakesh Sen             | Co-ordinator, SCM   |

13. **Name of the Anchor** Dr. Biswabandhu Nayek, Mrs. Moumita Mitrar.
14. **Mode of involvement of Support Staff/Students in the organization of the event:**  
offline
15. **Beneficiaries / participants / audience (Type and/or number):**120
16. **Outcome of the activity with Methodology:** Satisfactory
17. **Quantitative information:**
18. **Photographs :**yes
19. **Documents produced: Provide programme schedule all students by notice**
20. **Any other information/report/remarks/comments:** we organized successful event.

