



KONGU ARTS AND SCIENCE COLLEGE

(An Autonomous Institution, Affiliated to Bharathiar University, Coimbatore)

ERODE – 638 107

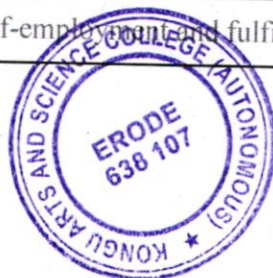
DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20BBBBP – BASIC BUSINESS PRACTICES – REPORT

Name of the Value Added Course	BASIC BUSINESS PRACTICES
Course code	20VBBBBP
Course Coordinator	Ms.G.Manju/ Associate Professor BBA(CA)
Date	Starting Date: 25.10.2021 Ending Date: 20.01.2022
Duration of the Course	40 Hours
Total participants Enrolled	178
Successfully Completed	162
Type of Assessment	Descriptive -Fill ups the various forms
Course Outcome	On Completion of this course the students will be able to <ul style="list-style-type: none">❖ Identify and apply various types of business loan forms.❖ Gain the knowledge of GST registration and Income tax ITR forms❖ Understand the basic concepts of various public utility sector forms.❖ Learn about the process of various E-payments
Outcome Attainment	155 out of 162 Students scored above 60% of Marks

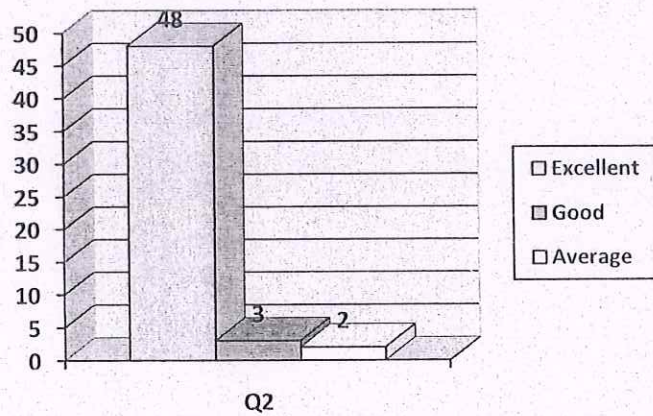
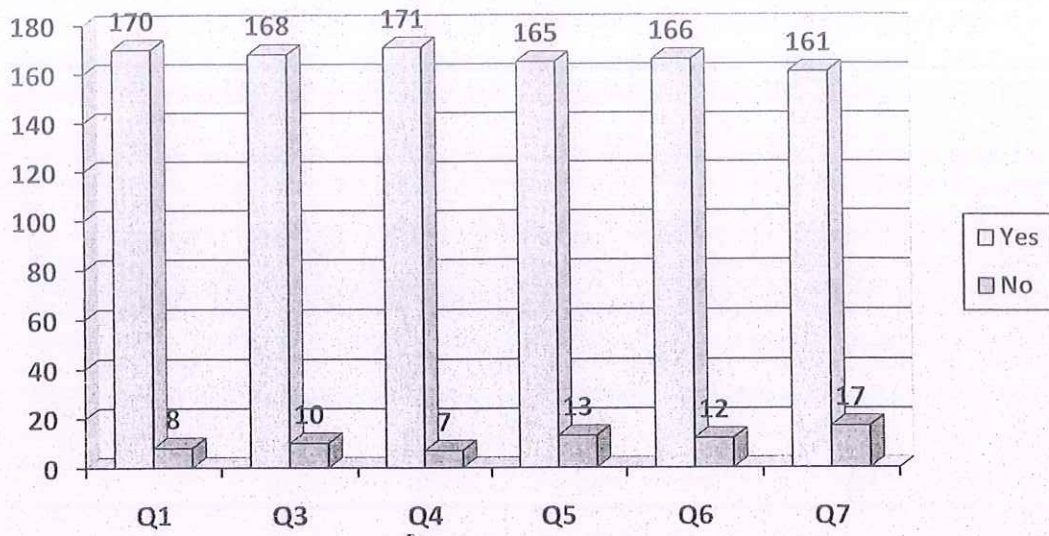
Feedback Question Analysis–Questions Asked


Q. No.	Parameters
Q1	The Course content was in line with my expectations
Q2	General content of the Course
Q3	The Course provided additional knowledge and skill
Q4	Well-designed Practical sessions
Q5	Schedule of the classes and other relevant details have been informed promptly
Q6	Course materials provided were useful
Q7	Provides scope for self-employment and fulfills the industrial needs

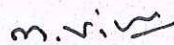



Dr. N. RAMAN
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FEEDBACK RATINGS





Course Coordinator


HOD/BBA(CA)


Principal
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DEPARTMENT OF BUSINESS ADMINISTRATION (CA) VALUE ADDED COURSE (2021- 2022) – PROPOSAL

Date: 25.05.2021

Submitted to the Principal

We are planning to conduct a Value Added Course titled “20VBBBP–BASIC BUSINESS PRACTICES” for all Department Students. The course will be benefitting the students for their career and placement activities. We kindly request you to grant permission for conducting the same.

COURSE DETAILS:

Name of the Course	20VBBBP–BASIC BUSINESS PRACTICES	
Duration of the Course	40 Hours	
Conducting Department	BUSINESS ADMINISTRATION (CA)	
Course Coordinator(s)	Ms. G.Manju / BBA(CA)	
Assessment Type (Total :100Marks)	Section A Answer all various types of forms questions (5 x 20=100 Marks)	

OUTCOMES:

On Completion of this course the students will be able to

- ❖ Identify and apply various types of business loan forms.
- ❖ Gain the knowledge of GST registration and Income tax ITR forms
- ❖ Understand the basic concepts of various public utility sector forms.
- ❖ Learn about the process of various E-payments



Course Coordinator

HOD/ BBA(CA)

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Principal
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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

VALUE ADDED COURSE - CIRCULAR

Date:27.07.2021

Ref.No.:KASC-AE/CA/VAC/2021-22/02

It is informed that Value Added Course on "20VBBBP-BASIC BUSINESS PRACTICES" will be conducted from 23.10.2021 (Saturday). Registration will be on First-Come First-Serve basis. Students are asked to enroll your names for the above mentioned course in the following link.

III Year	II Year	I Year
https://tinyurl.com/yybu26kr	https://tinyurl.com/4w595scu	https://tinyurl.com/3zafffr5
Last date for Registration :	Last date for Registration :	Last date for Registration :
29.07.2021	05.08.2021	15.10.2021

HoDs and respective Department Staff Members are instructed to follow-up the same. Your whole hearted co-operation is needed to conduct the sessions in a gentle manner.

Total instruction Hours : 40 Hours
Course Coordinator : Ms.G.MANJU
Associate Professor/BBA(CA)
Mail-id :manjukongu@gmail.com

m.v.v
HOD/ BBA(CA) OF THE DEPARTMENT
DEPARTMENT OF BUSINESS ADMINISTRATION (CA)
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All Departments In-charge Board



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KASC ACADEMY OF EXCELLENCE
ACADEMIC YEAR 2021-2022

ORGANISED BY
DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

Value added course on:

BASIC BUSINESS PRACTICES

COURSE CONTENT

- BANKING SECTOR
- VARIOUS LOAN APPLICATIONS
- GOODS AND SERVICES TAX
- NEW VENTURE
- INCOME TAX RETURN
- POST OFFICE SECTOR
- RAILWAY SECTOR
- EMPLOYMENT ORGANISATION
- INSURANCE ORGANISATION

Course Outcome

- Identify and apply various types of business loan forms
- Gain the knowledge of GST registration and Income tax ITR forms
- Understand the basic concepts of various public utility sector forms
- Learn about the process of various E-payments

Course Duration:

Theory - 40 Hours

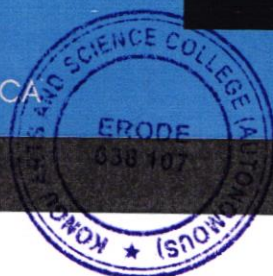
For Whom:

All the UG Students

Course Coordinator

Ms.G.Manju

Associate Professor/ BBA CA



KONGU
Assuring the Best

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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

VALUE ADDED COURSE – SYLLABUS

20VBBBP–BASIC BUSINESS PRACTICES

Course Objective: The objective of this course will give students the business skills they need to survive in our technology-based world.

PAPER 1: BUSINESS PRACTICES - I		
UNIT I	Banking Sector	4 Hours
Bank Transactions – Account Opening forms – Deposit forms.		
UNIT II	Various Loan applications	4 Hours
Loan applications - Personal Loan - Traders Loan - MSME Loan		
UNIT III	Goods and Services Tax	4 Hours
GST IN Registration - Requisition Letters - Service – RTGS		
UNIT IV	New Venture	4 Hours
Business start up forms - Individual – Partnership - Small Scale		
UNIT V	Income Tax Return	4 Hours
Income Tax ITR forms		
Total Hours		20 Hours



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

VALUE ADDED COURSE – SYLLABUS

20VBBBP–BASIC BUSINESS PRACTICES

PAPER II: BUSINESS PRACTICES – II		
UNIT I	Post office Sector	4 Hours
Post office forms		
UNIT II	Railway Sector	4 Hours
Railways forms		
UNIT III	Employment Organisation	4 Hours
Employment forms		
UNIT IV	Insurance Organisation	4 Hours
Insurance forms		
UNIT V	Online payment	4 Hours
Online payment in E - business – Google pay- Paytm –Amazon pay		
Total Hours		20 Hours
Both (Paper-I and Paper II) Total Hours		40 Hours

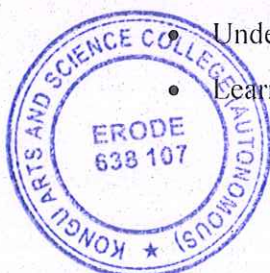
Reference website:

➤ www.google.com

Course Outcome: On Completion of this course the students will be able to

- Identify and apply various types of business loan forms.
- Gain the knowledge of GST registration and Income tax ITR forms

- Understand the basic concepts of various public utility sector forms
- Learn about the process of various E-payments



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

ACADEMIC YEAR: 2021- 2022

20VBBBP – BASIC BUSINESS PRACTICES - FINAL ENROLMENT LIST

S. No.	REG. NO.	NAME OF THE STUDENT	CLASS
SECTION A			
1	20UBAC001	AJHAI.V.P	II BBA(CA)
2	20UBAC002	AKSHAI.V	II BBA(CA)
3	20UBAC003	ANEESHVELAN. S	II BBA(CA)
4	20UBAC005	ASHWINI.E	II BBA(CA)
5	20UBAC006	BAVADHARANI. A	II BBA(CA)
6	20UBAC008	CHHAVIGOLCHHA	II BBA(CA)
7	20UBAC009	DHARSHINI.N	II BBA(CA)
8	20UBAC010	DHIVAKAR.K.S	II BBA(CA)
9	20UBAC011	DINESHKUMARAN.R	II BBA(CA)
10	20UBAC013	ENIYA.V	II BBA(CA)
11	20UBAC014	GAYATHIRI.K	II BBA(CA)
12	20UBAC015	GOMATHI.G	II BBA(CA)
13	20UBAC021	KAVINKUMAR.K	II BBA(CA)
14	20UBAC023	KAVINKUMAR.N	II BBA(CA)
15	20UBAC024	KIRAN.S	II BBA(CA)
16	20UBAC027	KRISHNAPRAKASH.E	II BBA(CA)
17	20UBAC036	PRABHAKARAN.A	II BBA(CA)
18	20UBAC037	PRADEEP.V.S	II BBA(CA)
19	20UBAC038	PRAVEEN.R	II BBA(CA)
20	20UBAC039	PRIYANKA.V	II BBA(CA)
21	20UBAC040	RITHANYA.M	II BBA(CA)
22	20UBAC042	SAGANA.S	II BBA(CA)
23	20UBAC043	SAKTHIVEL.N	II BBA(CA)
24	20UBAC045	SANTHOESH.S	II BBA(CA)
25	20UBAC047	SRINATHIN.R	II BBA(CA)



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ACADEMIC YEAR: 2021- 2022

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S.NO.	REG. NO.	NAME	CLASS
26	20UBAC048	SUBASH.R	II BBA(CA)
27	20UBAC050	SWAGATH.J	II BBA(CA)
28	20UBAC051	SWETHA.S	II BBA(CA)
29	20UBAC052	SWETHAYADAV .M	II BBA(CA)
30	20UBAC053	VARSHNEES.K	II BBA(CA)
31	20UBAC055	VIDHYASREE.V.S	II BBA(CA)
32	20UBAC059	YAMUNA.R	II BBA(CA)
33	20UBAC060	YOGANATHAN.S	II BBA(CA)
34	21UBAC001	ASHOKKUMAR.R	I BBA(CA)
35	21UBAC002	ASWIN.T	I BBA(CA)
36	21UBAC003	BATUL.M.K	I BBA(CA)
37	21UBAC004	BHARANI.K	I BBA(CA)
38	21UBAC005	BHARANIDHARAN.N.A	I BBA(CA)
39	21UBAC006	CHANDRU.S.S	I BBA(CA)
40	21UBAC007	DEVAKI.V.S	I BBA(CA)
41	21UBAC009	DHANUSH.S.V	I BBA(CA)
42	21UBAC010	DINESHKUMAR.C	I BBA(CA)
43	21UBAC011	DIVYA.A	I BBA(CA)
44	21UBAC012	GIRIDHARAN.M.S	I BBA(CA)
45	21UBAC013	GOKUL.R	I BBA(CA)
46	21UBAC014	GOKUL.S	I BBA(CA)
47	21UBAC016	GOWSHICK.S	I BBA(CA)
48	21UBAC017	GURUPRASAD.N	I BBA(CA)
49	21UBAC018	HARIHARAN.R	I BBA(CA)
50	21UBAC019	HARINI.M	I BBA(CA)



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20VBBBP – BASIC BUSINESS PRACTICES - FINAL ENROLMENT LIST

S.NO.	REG. NO.	NAME	CLASS
51	21UBAC020	HARISATHIYA.K	I BBA(CA)
52	21UBAC021	HARSHINI.D	I BBA(CA)
53	21UBAC022	JANANI.B	I BBA(CA)
54	21UBAC023	JENIFER.V	I BBA(CA)
55	21UBAC024	KAMALESH.J	I BBA(CA)
56	21UBAC026	KARTHIKEYAN.S	I BBA(CA)
57	21UBAC027	KAVINBHUVAN.S	I BBA(CA)
58	21UBAC028	KAVIN.T	I BBA(CA)
59	21UBAC029	KUMARESAN.K	I BBA(CA)
60	21UBAC030	KUMARESAN.S	I BBA(CA)
61	21UBAC031	LEHAAN.T	I BBA(CA)
62	21UBAC032	LEKITHA.K	I BBA(CA)
63	21UBAC034	MADIVISNU.K	I BBA(CA)
64	21UBAC036	MONISHA.K	I BBA(CA)
65	21UBAC037	MUKESH.N.S	I BBA(CA)
66	21UBAC038	NISHAANTH.K.K	I BBA(CA)
67	21UBAC039	NITHYAPRAKASH.S	I BBA(CA)
68	21UBAC040	NITISH.M	I BBA(CA)
69	21UBAC041	PRADEEPA.N	I BBA(CA)
70	21UBAC042	PRADEEPAN.R	I BBA(CA)
71	21UBAC043	PRADEEPAKUMAR.S	I BBA(CA)
72	21UBAC044	PRAKASH.K	I BBA(CA)
73	21UBAC045	PRASATH.S	I BBA(CA)
74	21UBAC046	ROSHINI.R	I BBA(CA)
75	21UBAC047	RUBINI.K	I BBA(CA)



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S.NO.	REG. NO.	NAME	CLASS
76	21UBAC048	SANJAY.M.S	I BBA(CA)
77	21UBAC049	SANJITH.R	I BBA(CA)
78	21UBAC050	SANTHOSHKUMAR.S	I BBA(CA)
79	21UBAC051	SELVASIVAKUMAR.T	I BBA(CA)
80	21UBAC052	SIVARAM.P	I BBA(CA)
81	21UBAC053	SURENDRAN.K	I BBA(CA)
82	21UBAC054	VAITHEES.R	I BBA(CA)
83	21UBAC055	VARUN.S	I BBA(CA)
84	21UBAC056	VESHALINI.S	I BBA(CA)
85	21UBAC057	VIKAS.R	I BBA(CA)
86	21UBAC058	VISHAL.M	I BBA(CA)
87	21UBAC059	YALINI.N	I BBA(CA)
88	21UBAC060	YAMUNA.S	I BBA(CA)
SECTION B			
89	19UTAM002	DINESHKUMAR.M	III B.A TAMIL LITERATURE
90	19UTAM006	KAVIBHARATHI.B	III B.A TAMIL LITERATURE
91	19UTAM013	SANGEETH.C	III B.A TAMIL LITERATURE
92	19UENG005	ARUNPRASAD.P	III B.A. ENGLISH LITERATURE
93	19UENG033	MUTHUKUMAR.R	III B.A. ENGLISH LITERATURE
94	19UBAC038	SANJAY.C	III BBA(CA)
95	19UCDV009	KARANKUMAR.V	III B.Sc COSTUME & FASHION (VOCATIONAL)
96	19UCDV011	MOHAMMADIDREES.K	III B.Sc COSTUME & FASHION (VOCATIONAL)
97	19UCDV024	SIVANESWARAN.S	III B.Sc COSTUME & FASHION (VOCATIONAL)
98	19UMAT110	SOWNDARYA.S	III B.Sc MATHEMATICS
99	19UCCA075	GOMATHI.T	III B.COM(CA)
100	19UCCA086	KAVINKUMAR.S	III B.COM(CA)



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ACADEMIC YEAR: 2021- 2022

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S.NO.	REG. NO.	NAME	CLASS
101	19UCCA097	NEELAVENI.R	III B.COM(CA)
102	21UCCA111	SIVASAKHIS	III B.COM(CA)
103	19UCSC024	MAHALINGAM.K	III B.COM CORPORATE SECRETARSHIP(CA)
104	19UCSC032	NAVINPRABAKAR.K.K	III B.COM CORPORATE SECRETARSHIP(CA)
105	19UCSC056	SUDHAKARAN.D	III B.COM CORPORATE SECRETARSHIP(CA)
106	19UBCA015	GOBIKOUSICK.B	III BCA
107	19UBCA022	KAMALEESH.M	III BCA
108	19UBCA033	MOUNESH.S	III BCA
109	19UBCA037	PRABURAJA.M	III BCA
110	19UBCA051	SHARUKKHAN.S	III BCA
111	19UBCA052	SIVASHANMUGAM.S	III BCA
112	19UBCA006	ARUNKUMAR.S	III BCA
113	19UBCA020	HARIHARAN.K	III BCA
114	19UBCA046	SANJAY.M	III BCA
115	20UCOS028	NAVEENPRABU.R.S	III B.COMCORPORATE SECRETARSHIP (CA)
116	20UBAA005	DEVENDRAN.M	II BBA
117	21UBBA007	DHILIP.K	I BBA
118	21UBBA011	GOPIKA.B	I BBA
119	21UBBA019	KARTHIKRAJA.V.N	I BBA
120	21UBBA022	KAVYA.S	I BBA
121	21UBBA025	KUMARANANTH.S	I BBA
122	21UBBA030	MOHAMEDMOWFEEQHANIFAM	I BBA
123	21UBBA037	PRAVEENKANTH.J	I BBA
124	21UBBA040	SANJEEV.M.S	I BBA
125	21UBBA039	VETRIVELS	I BBA



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S.NO.	REG. NO.	NAME	CLASS
126	21UBBA050	VIDHYASUVETHA.S	I BBA
127	21UBBA058	DHARSHINI.V	I BBA
128	21UBBA061	GOBINATH.R	I BBA
129	21UBBA066	GOWTHAM.G	I BBA
130	21UBBA069	JEEVITHA.M	I BBA
131	21UBBA073	KEERTHI.S	I BBA
132	21UBBA087	SARANYA.J	I BBA
133	21UBBA091	SHREESELVAABHISHEK.V.M	I BBA
134	21UBBA092	SHUBHASHREE.P	I BBA
135	21UBBA098	SUBASREE.G	I BBA
136	21UBBA103	SWETHA.S	I BBA
137	21UCOM001	AKASHRAMANAN.P.A.A	I B.COM
138	21UCOM016	IMAYAN.K	I B.COM
139	21UCOM021	KAUSIKAN.R	I B.COM
140	21UCOM027	MADHUMITHA.G	I B.COM
141	21UCOM046	SHAKILKUMAR.P	I B.COM
142	21UCOM061	ABINAV.A	I B.COM
143	21UCOM077	HAFSAG.R	I B.COM
144	21UCOM083	JERLINRAKSHAN.J	I B.COM
145	21UCOM086	KARTHICKHARI.R	I B.COM
146	21UCOM087	KEERTHANA.R	I B.COM
147	21UCOM089	KISHOREPRASATH .M.K	I B.COM
148	21UCOM091	MAHAASHREEK.S	I B.COM
149	21UCOM098	PRANITHA.D	I B.COM
150	21UCOM107	SARAN.K	I B.COM



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20VBBBP – BASIC BUSINESS PRACTICES - FINAL ENROLMENT LIST

S.NO.	REG. NO.	NAME	CLASS
151	21UCOM112	SUBBULAKSHMI.A	I B.COM
152	21UCCA103	SANGAMESHWARAN.R	I B.COM(CA)
153	21UCCA109	SIBIVENKATESH.S	I B.COM(CA)
154	21UCBI002	ARAVINDRAJ.P.R	I B.COM (BANKING & INSURANCE)
155	21UCBI004	AJITHKUMAR.S	I B.COM (BANKING & INSURANCE)
156	21UCBI011	DEVAPRASAD.R	I B.COM (BANKING & INSURANCE)
157	21UCBI012	DHARAN.V	I B.COM (BANKING & INSURANCE)
158	21UCBI014	DIVYA.R	I B.COM (BANKING & INSURANCE)
159	21UCBI020	KARANJAIN.P	I B.COM (BANKING & INSURANCE)
160	21UCBI034	POOVARASAN.S	I B.COM (BANKING & INSURANCE)
161	21UCBI038	SANTHOSH.M	I B.COM (BANKING & INSURANCE)
162	21UCBI042	SIVAMALLIGARJUNAN.K	I B.COM (BANKING & INSURANCE)
163	21UCBI049	THRISHA.R	I B.COM (BANKING & INSURANCE)
164	21UCBI053	VEDHAVYAAS.S	I B.COM (BANKING & INSURANCE)
165	21UCSC001	AATHISH.L	I B.COM CORPORATE SECRETARSHIP(CA)
166	21UCSC009	DINESHKUMAAR.C	I B.COM CORPORATE SECRETARSHIP(CA)
167	21UCSC044	SANTHEEP.K	I B.COM CORPORATE SECRETARSHIP(CA)
168	21UCSC046	SIVADHARSHAN.S	I B.COM CORPORATE SECRETARSHIP(CA)
169	21UCPA002	AKTSHAYA.S.S	I B.COM CORPORATE SECRETARSHIP(CA)
170	21UCPA008	ASHIKA.N	I B.COM PROFESSIONAL ACCOUNTING
171	21UCPA014	DHARANIJ.M	I B.COM PROFESSIONAL ACCOUNTING
172	21UCPA016	GNANASRI.S	I B.COM PROFESSIONAL ACCOUNTING
173	21UCPA021	INETHASRI.R	I B.COM PROFESSIONAL ACCOUNTING
174	21UCPA027	MADHUMITA.S	I B.COM PROFESSIONAL ACCOUNTING
175	21UCPA030	NABASINDHU.S	I B.COM PROFESSIONAL ACCOUNTING



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ERODE – 638 107

DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

ACADEMIC YEAR: 2021- 2022

20VBBBP – BASIC BUSINESS PRACTICES - FINAL ENROLMENT LIST

S.NO.	REG. NO.	NAME	CLASS
176	21UCPA047	SIVABALAJI.P	I B.COM PROFESSIONAL ACCOUNTING
177	21UBIT004	BAHUMATI.G	I B.Sc BIOTECHNOLOGY
178	21UBIT022	NISHA.R	I B.Sc BIOTECHNOLOGY



L
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(Signature)
Course Coordinator

m.rim
HOD/BBA(CA)
HEAD OF THE DEPARTMENT
DEPARTMENT OF BUSINESS ADMINISTRATION
KONGU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS)
ERODE - 638 107.

(Signature)
Principal
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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

ACADEMIC YEAR: 2021- 2022

SCHEDULE FOR THE VALUE ADDED COURSE

20VBBBP – BASIC BUSINESS PRACTICES

S. No.	Date	Time	Topics Covered	Theory Hours
1	23.10.2021	9.00 -10.00	Bank Transactions introduction	1
2	23.10.2021	10.00 -11.00	Account Opening forms	1
3	23.10.2021	11.00 -12.00	Deposit forms	1
4	23.10.2021	12.00 -01.00	Various deposit forms	1
5	25.10.2021	9.00 -10.00	Loan applications	1
6	26.10.2021	9.00 -10.00	Personal Loan	1
7	27.10.2021	9.00 -10.00	Traders Loan	1
8	28.10.2021	9.00 -10.00	MSME Loan	1
9	29.10.2021	9.00 -10.00	GST IN Registration	1
10	30.10.2021	9.00 -10.00	Requisition Letters	1
11	30.10.2021	10.00 -11.00	Service	1
12	30.10.2021	11.00 -12.00	RTGS	1
13	01.11.2021	9.00 -10.00	Business start up forms	1
14	02.11.2021	9.00 -10.00	Individual	1
15	06.11.2021	9.00 -10.00	Partnership	1
16	06.11.2021	10.00 -11.00	Small Scale	1
17	06.11.2021	11.00 -12.00	Income Tax ITR forms	1
18	08.11.2021	9.00 -10.00	ITR-3 Individuals or HUFs	1
19	09.11.2021	9.00 -10.00	ITR-4 applies to individuals and HUFs, Partnership firms (other than LLPs)	1
20	10.11.2021	9.00 -10.00	ITR-6 Company	1
21	11.11.2021	9.00 -10.00	Post office forms introduction	1
22	11.11.2021	10.00 -11.00	post office savings bank opening	1
23	11.11.2021	11.00 -12.00	Postal Life Insurance	1
24	11.11.2021	9.00 -10.00	Application for extension of RD/NSC	1



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

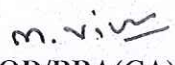
ACADEMIC YEAR: 2021- 2022


SCHEDULE FOR THE VALUE ADDED COURSE

20VBBBP – BASIC BUSINESS PRACTICES

S. No.	Date	Time	Topics Covered	Theory Hours
25	13.11.2021	9.00 -10.00	Railways forms introduction	1
26	27.11.2021	9.00 -10.00	Reservation forms	1
27	27.11.2021	10.00 -11.00	Cancellation forms	1
28	27.11.2021	11.00 -12.00	Concession forms	1
29	29.11.2021	9.00 -10.00	Employment forms introduction	1
30	30.11.2021	9.00 -10.00	Job application forms	1
31	04.12.2021	9.00 -10.00	Online,Job Applications	1
32	04.12.2021	10.00 -11.00	In-Person Job Applications	1
33	04.12.2021	11.00 -12.00	Insurance forms introduction	1
34	17.01.2022	9.00 -10.00	Life insurance forms	1
35	17.01.2022	10.00 -11.00	General insurance forms	1
36	19.01.2022	9.00 -10.00	Health insurance forms	1
37	19.01.2022	10.00 -11.00	Online payment in E - business	1
38	20.01.2022	9.00 -10.00	Google pay	1
39	20.01.2022	10.00 -11.00	Paytm	1
40	21.01.2022	9.00 -10.00	Amazon pay	1
Total				40
Total Hours (Theory)				40
Assessment Date & Time		:02.04.2022 & 09.04.2022 10:00am to 01:00 pm		
Type of Assessment		: Descriptive - Fill up the various forms		


Course Coordinator


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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

10VBBCP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	23.10.2021	23.10.2021	23.10.2021	23.10.2021	25.10.2021	26.10.2021	27.10.2021	28.10.2021	29.10.2021	30.10.2021
			9.00-10.00	10.00-11.00	11.00-12.00	12.00-01.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00
SECTION A												
1	20UBAC001	AJHAL.V.P	/	/	/	/	A	A	A	/	A	/
2	20UBAC002	AKSHAI.V	A	A	A	A	A	A	A	A	A	/
3	20UBAC003	ANEESHVELAN. S	/	/	/	/	/	/	/	A	A	A
4	20UBAC005	ASHWINI.E	/	/	/	/	/	A	A	/	/	A
5	20UBAC006	BAVADHARANI. A	/	/	/	/	/	/	A	A	A	A
6	20UBAC008	CHHAVIGOLCHHA	/	/	/	/	/	A	/	/	A	/
7	20UBAC009	DHARSHINI.N	/	/	/	/	/	/	/	/	/	/
8	20UBAC010	DHIVAKAR.K.S	/	/	/	/	/	A	/	A	A	/
9	20UBAC011	DINESHKUMARAN.R	/	/	/	/	/	/	/	/	/	/
10	20UBAC013	ENIYA.V	/	/	/	/	/	/	/	/	/	/
11	20UBAC014	GAYATHIRI.K	/	/	/	/	/	/	/	/	/	/
12	20UBAC015	GOMATHI.G	/	/	/	/	/	/	/	/	/	/
13	20UBAC021	KAVINKUMAR.K	/	/	/	/	/	/	/	/	/	/
14	20UBAC023	KAVINKUMAR.N	/	/	/	/	/	/	/	/	/	/
15	20UBAC024	KIRAN.S	/	/	/	/	/	/	/	/	/	/
16	20UBAC027	KRISHNAPRAKASH.E	/	/	/	/	/	/	/	/	A	/
17	20UBAC036	PRABHAKARAN.A	/	/	/	/	/	/	A	/	/	A
18	20UBAC037	PRADEEP.V.S	A	A	A	A	/	/	A	/	A	/
19	20UBAC038	PRAVEEN.R	/	/	/	/	/	/	/	/	/	/
20	20UBAC039	PRIYANKA.V	/	/	/	/	/	/	/	/	/	/
21	20UBAC040	RITHANYA.M	/	/	/	/	/	/	/	/	/	/
22	20UBAC042	SAGANA.S	/	/	/	/	/	/	/	A	/	/
23	20UBAC043	SAKTHIVEL.N	/	/	/	/	/	/	/	A	/	/
24	20UBAC045	SANTHOESH.S	/	/	/	/	/	/	/	/	/	/
25	20UBAC047	SRINATHIN.R	/	/	/	/	/	/	/	/	/	/



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20VBBBP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	23.10.2021	23.10.2021	23.10.2021	23.10.2021	25.10.2021	26.10.2021	27.10.2021	28.10.2021	29.10.2021	30.10.2021
			9.00-10.00	10.00-11.00	11.00-12.00	12.00-01.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00
26	20UBAC048	SUBASH.R	/	/	/	/	/	/	/	/	/	/
27	20UBAC050	SWAGATH.J	/	/	/	/	/	/	/	/	/	/
28	20UBAC051	SWETHA.S	/	/	/	/	/	/	/	/	/	/
29	20UBAC052	SWETHAYADAV .M	/	/	/	/	/	/	/	/	/	/
30	20UBAC053	VARSHNEES.K	/	/	/	/	/	/	/	/	/	/
31	20UBAC055	VIDHYASREE.V.S	/	/	/	/	/	A	/	/	/	/
32	20UBAC059	YAMUNA.R	/	/	/	/	/	A	/	/	/	/
33	20UBAC060	YOGANATHAN.S	/	/	/	/	/	A	/	/	/	A
34	21UBAC001	ASHOKKUMAR.R	/	/	/	/	/	/	/	/	/	/
35	21UBAC002	ASWIN.T	/	/	/	/	/	/	/	/	/	/
36	21UBAC003	BATUL.M.K	/	/	/	/	A	/	/	A	/	/
37	21UBAC004	BHARANI.K	/	/	/	/	/	/	/	/	/	/
38	21UBAC005	BHARANIDHARAN.N.A	/	/	/	/	A	/	A	A	/	/
39	21UBAC006	CHANDRU.S.S	/	/	/	/	/	A	/	/	/	P
40	21UBAC007	DEVAKI.V.S	/	/	/	/	A	/	/	/	/	/
41	21UBAC009	DHANUSH.S.V	/	/	/	/	A	A	A	A	A	/
42	21UBAC010	DINESHKUMAR.C	/	/	/	/	/	/	/	/	/	/
43	21UBAC011	DIVYA.A	/	/	/	/	/	/	/	/	/	/
44	21UBAC012	GIRIDHARAN.M.S	/	/	/	/	/	/	/	/	/	/
45	21UBAC013	GOKUL.R	A	A	/	/	/	/	A	/	/	/
46	21UBAC014	GOKUL.S	/	/	/	/	/	/	/	/	/	/
47	21UBAC016	GOWSHICK.S	/	/	/	/	A	A	A	A	A	A
48	21UBAC017	GURUPRASAD.N	/	/	/	/	/	/	/	/	A	/
49	21UBAC018	HARIHARAN.R	/	/	/	/	/	A	/	/	A	/
50	21UBAC019	HARINI.M	/	/	/	/	/	A	/	/	A	/



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20VBBBP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	23.10.2021	23.10.2021	23.10.2021	23.10.2021	25.10.2021	26.10.2021	27.10.2021	28.10.2021	29.10.2021	30.10.2021
			9.00-10.00	10.00-11.00	11.00-12.00	12.00-01.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00
51	21UBAC020	HARISATHIYA.K	/	/	/	/	/	/	/	/	/	/
52	21UBAC021	HARSHINI.D	/	/	/	/	/	/	/	/	/	/
53	21UBAC022	JANANI.B	/	/	/	/	/	/	/	/	/	/
54	21UBAC023	JENIFER.V	/	/	/	/	/	/	/	/	/	/
55	21UBAC024	KAMALESH.J	/	/	/	/	/	/	/	/	A	/
56	21UBAC026	KARTHIKEYAN.S	/	/	/	/	A	A	A	A	/	/
57	21UBAC027	KAVINBHUVAN.S	/	/	/	/	/	/	/	/	/	/
58	21UBAC028	KAVIN.T	/	/	/	/	/	/	/	/	/	/
59	21UBAC029	KUMARESAN.K	/	/	/	/	/	/	/	A	A	/
60	21UBAC030	KUMARESAN.S	/	/	/	/	/	/	A	A	/	A
61	21UBAC031	LEHAAN.T	/	/	/	/	/	A	A	A	/	/
62	21UBAC032	LEKITHA.K	/	/	/	/	/	/	/	/	/	/
63	21UBAC034	MADIVISNU.K	/	/	/	/	A	A	A	A	A	/
64	21UBAC036	MONISHA.K	/	/	/	/	/	A	A	/	/	/
65	21UBAC037	MUKESH.N.S	A	A	A	A	A	A	A	A	A	A
66	21UBAC038	NISHAANTH.K.K	/	/	/	/	/	/	/	A	/	/
67	21UBAC039	NITHYAPRAKASH.S	/	/	/	/	/	/	/	A	A	/
68	21UBAC040	NITISH.M	/	/	/	/	/	/	/	/	/	/
69	21UBAC041	PRADEEPA.N	/	/	/	/	/	/	/	/	A	/
70	21UBAC042	PRADEEPAN.R	/	/	/	/	/	A	A	/	A	/
71	21UBAC043	PRADEEPAKUMAR.S	/	/	/	/	/	A	/	/	A	/
72	21UBAC044	PRAKASH.K	/	/	/	/	A	/	/	/	/	/
73	21UBAC045	PRASATH.S	/	/	/	/	/	A	A	A	/	/
74	21UBAC046	ROSHINI.R	/	/	/	/	A	/	/	/	A	/
75	21UBAC047	RUBINI.K	/	/	/	/	A	/	/	/	/	/



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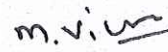
20VBBBP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	23.10.2021	23.10.2021	23.10.2021	23.10.2021	25.10.2021	26.10.2021	27.10.2021	28.10.2021	29.10.2021	30.10.2021
			9.00-10.00	10.00-11.00	11.00-12.00	12.00-01.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00
76	21UBAC048	SANJAY.M.S	/	/	/	A	/	/	/	/	/	/
77	21UBAC049	SANJITH.R	/	/	/	/	/	/	/	/	/	/
78	21UBAC050	SANTHOSHKUMAR.S	/	/	/	/	/	/	/	/	A	/
79	21UBAC051	SELVASIVAKUMAR.T	/	/	/	/	A	/	A	A	A	A
80	21UBAC052	SIVARAM.P	/	/	/	/	/	/	/	/	A	/
81	21UBAC053	SURENDRAN.K	/	/	/	/	/	/	/	/	/	/
82	21UBAC054	VAITHEES.R	/	/	/	/	/	/	/	/	/	/
83	21UBAC055	VARUN.S	/	/	/	/	/	A	/	/	/	/
84	21UBAC056	VESHALINI.S	/	/	/	/	/	/	/	/	A	/
85	21UBAC057	VIKAS.R	/	/	/	A	/	A	/	/	/	/
86	21UBAC058	VISHAL.M	/	/	/	/	/	A	A	A	A	/
87	21UBAC059	YALINI.N	A	A	A	A	A	A	/	A	/	/
88	21UBAC060	YAMUNA.S	/	/	/	/	/	/	/	/	/	/
FACULTY HANDLING THE CLASS:												
INITIALS			SS	SS	GM	GM	CK	GM	SV	GM	CK	GM
			S/S	S/S	GM	GM	CK	GM	SV	GM	CK	GM


PP - Dr.P.Poongodi, Professor/BBA(CA)
 GM - Ms.G.Manju, Associate Professor/BBA(CA)
 SV - Ms. S.Vanitha, Assistant Professor/BBA(CA)
 CK - Ms. C.Kalaman, Assistant Professor/BBA(CA)
 SS - Ms. S.Savitha, Assistant Professor/BBA(CA)


 Course Coordinator




 HOD/ BBA(CA)

HEAD OF THE DEPARTMENT
 DEPARTMENT OF BUSINESS ADMINISTRATION (CA)
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20VBBP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	30.10.2021	30.10.2021	01.11.2021	02.11.2021	06.11.2021	06.11.2021	06.11.2021	08.11.2021	09.11.2021	10.11.2021
			10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00
1	20UBAC001	AJHAI.V.P	/	/	/	/	A	A	A	P	P	A
2	20UBAC002	AKSHAI.V	A	A	/	/	/	/	/	A	A	A
3	20UBAC003	ANEESHVELAN. S	A	A	/	/	A	A	A	A	A	A
4	20UBAC005	ASHWINI.E	/	/	A	A	/	/	/	A	A	A
5	20UBAC006	BAVADHARANI. A	A	A	A	A	A	A	A	P	P	A
6	20UBAC008	CHHAVIGOLCHHA	/	/	/	/	/	/	/	A	A	A
7	20UBAC009	DHARSHINI.N	/	/	/	/	/	/	/	A	A	A
8	20UBAC010	DHIVAKAR.K.S	/	/	/	/	/	/	/	A	A	A
9	20UBAC011	DINESHKUMARAN.R	/	/	/	/	/	/	/	A	A	A
10	20UBAC013	ENIYA.V	/	/	/	/	/	/	/	A	A	A
11	20UBAC014	GAYATHIRI.K	/	/	/	/	/	/	/	A	A	A
12	20UBAC015	GOMATHI.G	/	/	/	/	/	/	/	A	A	A
13	20UBAC021	KAVINKUMAR.K	/	/	/	/	/	/	/	A	A	A
14	20UBAC023	KAVINKUMAR.N	/	/	/	/	/	/	/	A	A	A
15	20UBAC024	KIRAN.S	/	/	/	/	/	/	/	A	A	A
16	20UBAC027	KRISHNAPRAKASH.E	/	/	/	A	A	A	A	A	A	A
17	20UBAC036	PRABHAKARAN.A	/	/	/	/	A	A	A	A	A	A
18	20UBAC037	PRADEEP.V.S	/	/	/	/	/	/	/	A	A	A
19	20UBAC038	PRAVEEN.R	/	/	/	/	/	/	/	A	A	A
20	20UBAC039	PRIYANKA.V	/	/	/	/	/	/	/	A	A	A
21	20UBAC040	RITHANYA.M	/	/	/	/	/	/	/	A	A	A
22	20UBAC042	SAGANA.S	/	/	/	/	/	/	/	A	A	A
23	20UBAC043	SAKTHIVEL.N	/	/	/	/	A	A	A	A	A	A
24	20UBAC045	SANTHOESH.S	/	/	/	/	/	/	/	A	A	A
25	20UBAC047	SRINATHIN.R	/	/	/	/	A	A	A	A	A	A



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NANJANAPURAM, ERODE - 638 107.



KONGU ARTS AND SCIENCE COLLEGE

(An Autonomous Institution, Affiliated to Bharathiar University, Coimbatore)

ERODE - 638 107

DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	30.10.2021	30.10.2021	01.11.2021	02.11.2021	06.11.2021	06.11.2021	06.11.2021	08.11.2021	09.11.2021	10.11.2021
			10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00
26	20UBAC048	SUBASH.R	/	/	/	/	/	/	/	SUBASH	SUBASH	SUBASH
27	20UBAC050	SWAGATH.J	/	/	/	/	/	/	/	/	/	/
28	20UBAC051	SWETHA.S	/	/	/	/	/	/	/	/	/	/
29	20UBAC052	SWETHAYADAV .M	/	/	/	/	/	/	/	/	/	/
30	20UBAC053	VARSHNEES.K	/	/	/	/	/	/	/	A	A	A
31	20UBAC055	VIDHYASREE.V.S	/	/	/	/	A	A	A	A	A	A
32	20UBAC059	YAMUNA.R	/	/	/	/	/	/	/	Yamuna	Yamuna	Yamuna
33	20UBAC060	YOGANATHAN.S	A	A	/	/	A	A	/	Yoganathan	Yoganathan	A
34	21UBAC001	ASHOKKUMAR.R	/	/	/	/	/	/	/	ASHOK	ASHOK	ASHOK
35	21UBAC002	ASWIN.T	/	/	A	/	/	/	/	ASWIN	ASWIN	ASWIN
36	21UBAC003	BATUL.M.K	/	/	/	A	A	A	A	Batul	Batul	Batul
37	21UBAC004	BHARANI.K	/	/	/	/	/	/	/	Bharani	Bharani	Bharani
38	21UBAC005	BHARANIDHARAN.N.A	/	/	/	/	A	A	A	Bharani	Bharani	Bharani
39	21UBAC006	CHANDRU.S.S	P	P	/	/	A	A	A	CHANDRU	CHANDRU	P
40	21UBAC007	DEVAKI.V.S	/	/	A	/	/	/	/	DEVAKI	DEVAKI	DEVAKI
41	21UBAC009	DHANUSH.S.V	/	/	A	/	A	A	A	Dhanush	Dhanush	A
42	21UBAC010	DINESHKUMAR.C	/	/	/	/	/	/	/	Dinesh	Dinesh	Dinesh
43	21UBAC011	DIVYA.A	/	/	/	A	/	/	/	Divya	Divya	A
44	21UBAC012	GIRIDHARAN.M.S	/	/	/	A	A	A	A	Giridharan	Giridharan	Giridharan
45	21UBAC013	GOKUL.R	/	/	/	/	/	/	/	Gokul	Gokul	Gokul
46	21UBAC014	GOKUL.S	/	/	/	/	/	/	/	Gokul	Gokul	Gokul
47	21UBAC016	GOWSHICK.S	A	A	/	A	A	A	A	Gowshick	Gowshick	A
48	21UBAC017	GURUPRASAD.N	/	/	/	/	/	/	/	Guruprasad	Guruprasad	Guruprasad
49	21UBAC018	HARIHARAN.R	/	/	/	A	A	A	A	Hariharan	Hariharan	Hariharan
50	21UBAC019	HARINI.M	/	/	/	/	/	/	/	Harini	Harini	Harini



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S.No.	REG. NO.	NAME	30.10.2021	30.10.2021	01.11.2021	02.11.2021	06.11.2021	06.11.2021	06.11.2021	08.11.2021	09.11.2021	10.11.2021
			10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00
51	21UBAC020	HARISATHIYA.K	/	/	/	/	/	/	/	Rigini	Ritini	Ritini
52	21UBAC021	HARSHINI.D	/	/	/	/	/	/	/	Rif	Rif	Rif
53	21UBAC022	JANANI.B	/	/	/	/	/	/	/	Rif	Rif	Rif
54	21UBAC023	JENIFER.V	/	/	/	/	/	/	/	Jenifer	Jenifer	Jenifer
55	21UBAC024	KAMALESH.J	/	/	/	/	/	/	/	Jamla	Jamla	Jamla
56	21UBAC026	KARTHIKEYAN.S	A	A	/	A	A	A	A	Karthi	Karthi	Karthi
57	21UBAC027	KAVINBHUVAN.S	/	/	/	/	/	/	/	Kavin	Kavin	Kavin
58	21UBAC028	KAVIN.T	/	/	/	/	A	A	A	Kavin	Kavin	Kavin
59	21UBAC029	KUMARESAN.K	/	/	/	/	/	/	/	Kumaresan	Kumaresan	Kumaresan
60	21UBAC030	KUMARESAN.S	/	/	/	/	A	A	A	Kumaresan	Kumaresan	Kumaresan
61	21UBAC031	LEHAAN.T	/	/	/	/	A	A	A	Lehan	Lehan	Lehan
62	21UBAC032	LEKITHA.K	/	/	/	/	/	/	/	Lekitha	Lekitha	Lekitha
63	21UBAC034	MADIVISNU.K	/	/	/	/	A	A	A	Madivisnu	Madivisnu	Madivisnu
64	21UBAC036	MONISHA.K	/	/	/	/	/	/	/	Monisha	Monisha	Monisha
65	21UBAC037	MUKESH.N.S	A	A	/	/	A	A	A	Mukesh	Mukesh	Mukesh
66	21UBAC038	NISHAANTH.K.K	/	/	/	/	A	A	A	Nishaanth	Nishaanth	Nishaanth
67	21UBAC039	NITHYAPRAKASH.S	/	/	/	/	A	A	A	Nithyaprakash	Nithyaprakash	Nithyaprakash
68	21UBAC040	NITISH.M	/	/	/	/	/	/	/	Nitish	Nitish	Nitish
69	21UBAC041	PRADEEPA.N	/	/	/	/	/	/	/	Pradeepa	Pradeepa	Pradeepa
70	21UBAC042	PRADEEPAN.R	/	/	/	A	/	/	/	Pradeepan	Pradeepan	Pradeepan
71	21UBAC043	PRADEEPAKUMAR.S	/	/	/	/	/	/	/	Pradeepa	Pradeepa	Pradeepa
72	21UBAC044	PRAKASH.K	/	/	/	/	A	A	A	Prakash	Prakash	Prakash
73	21UBAC045	PRASATH.S	/	/	/	/	/	/	/	Prasath	Prasath	Prasath
74	21UBAC046	ROSHINI.R	/	/	/	/	/	/	/	Roshini	Roshini	Roshini
75	21UBAC047	RUBINI.K	/	/	/	/	/	/	/	Rubini	Rubini	Rubini



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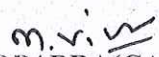
DEPARTMENT OF BUSINESS ADMINISTRATION (CA)


20VBBBP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	30.10.2021	30.10.2021	01.11.2021	02.11.2021	06.11.2021	06.11.2021	06.11.2021	08.11.2021	09.11.2021	10.11.2021
			10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00
76	21UBAC048	SANJAY.M.S	/	/	/	/	/	/	/	/	/	/
77	21UBAC049	SANJITH.R	/	/	/	/	/	/	/	/	/	A
78	21UBAC050	SANTHOSHKUMAR.S	/	/	/	/	/	/	/	/	/	/
79	21UBAC051	SELVASIVAKUMAR.T	/	/	/	/	A	A	A	A	A	A
80	21UBAC052	SIVARAM.P	/	/	/	A	A	A	A	A	A	A
81	21UBAC053	SURENDRAN.K	/	/	/	/	/	/	/	/	/	/
82	21UBAC054	VAITHEES.R	/	/	/	/	/	/	/	/	/	A
83	21UBAC055	VARUN.S	/	/	/	/	/	/	/	/	/	A
84	21UBAC056	VESHALINI.S	/	/	/	/	/	/	/	/	/	/
85	21UBAC057	VIKAS.R	/	/	/	/	/	/	/	/	/	/
86	21UBAC058	VISHAL.M	/	/	/	A	A	A	A	A	A	A
87	21UBAC059	YALINI.N	/	/	/	/	A	A	A	A	A	A
88	21UBAC060	YAMUNA.S	/	/	A	A	A	A	A	A	A	A
FACULTY HANDLING THE CLASS:												
INITIALS			GM	GM	PP	GM	GM	GM	GM	CK	GM	SV
			(M)	(M)	(P)	(M)	(M)	(M)	(M)	(C)	(M)	(S)

PP - Dr.P.Poongodi, Professor/BBA(CA)
 GM - Ms.G.Manju, Associate Professor/BBA(CA)
 SV - Ms. S.Vanitha, Assistant Professor/BBA(CA)
 CK - Ms. C.Kalamani, Assistant Professor/BBA(CA)
 SS - Ms. S.Savitha, Assistant Professor/BBA(CA)


 Course Coordinator


 HOD/ BBA(CA)


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 Principal



HEAD OF THE DEPARTMENT
 DEPARTMENT OF BUSINESS ADMINISTRATION (CA)
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20VBPPP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	11.11.2021	11.11.2021	11.11.2021	12.11.2021	13.11.2021	27.11.2021	27.11.2021	27.11.2021	29.11.2021	30.11.2021
			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00
1	20UBAC001	AJHAI.V.P	/	/	/	/	/	/	/	/	A	A
2	20UBAC002	AKSHAI.V	/	/	/	/	/	/	/	/	A	A
3	20UBAC003	ANEESHVELAN. S	/	/	/	/	/	/	/	/	A	A
4	20UBAC005	ASHWINI.E	/	/	/	/	/	/	/	/	A	A
5	20UBAC006	BAVADHARANI. A	/	/	/	/	/	/	/	/	A	A
6	20UBAC008	CHHAVIGOLCHHA	/	/	/	/	/	/	/	/	A	A
7	20UBAC009	DHARSHINI.N	/	/	/	/	/	/	/	/	A	A
8	20UBAC010	DHIVAKAR.K.S	/	/	/	/	/	/	/	/	A	A
9	20UBAC011	DINESHKUMARAN.R	/	/	/	/	/	/	/	/	A	A
10	20UBAC013	ENIYA.V	/	/	/	/	/	/	/	/	A	A
11	20UBAC014	GAYATHIRI.K	/	/	/	/	/	/	/	/	A	A
12	20UBAC015	GOMATHI.G	/	/	/	/	/	/	/	/	A	A
13	20UBAC021	KAVINKUMAR.K	/	/	/	/	/	/	/	/	A	A
14	20UBAC023	KAVINKUMAR.N	/	/	/	/	/	/	/	/	A	A
15	20UBAC024	KIRAN.S	/	/	/	/	/	/	/	/	A	A
16	20UBAC027	KRISHNAPRAKASH.E	/	/	/	/	/	/	/	/	A	A
17	20UBAC036	PRABHAKARAN.A	/	/	/	/	/	/	/	/	A	A
18	20UBAC037	PRADEEP.V.S	/	/	/	/	/	/	/	/	A	A
19	20UBAC038	PRAVEEN.R	/	/	/	/	/	/	/	/	A	A
20	20UBAC039	PRIYANKA.V	/	/	/	/	/	/	/	/	A	A
21	20UBAC040	RITHANYA.M	/	/	/	/	/	/	/	/	A	A
22	20UBAC042	SAGANA.S	/	/	/	/	/	/	/	/	A	A
23	20UBAC043	SAKTHIVEL.N	/	/	/	/	/	/	/	/	A	A
24	20UBAC045	SANTHOESH.S	/	/	/	/	/	/	/	/	A	A
25	20UBAC047	SRINATHIN.R	/	/	/	/	/	/	/	/	A	A



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			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00
26	20UBAC048	SUBASH.R	/	/	/	/	/	/	/	/	/	/
27	20UBAC050	SWAGATH.J	/	/	/	/	/	/	/	/	A	/
28	20UBAC051	SWETHA.S	/	/	/	/	/	/	/	/	/	/
29	20UBAC052	SWETHAYADAV .M	/	/	/	/	A	A	A	/	/	/
30	20UBAC053	VARSHNEES.K	/	/	/	/	A	/	/	/	/	/
31	20UBAC055	VIDHYASREE.V.S	/	/	/	/	/	/	/	/	/	/
32	20UBAC059	YAMUNA.R	/	/	/	/	A	/	/	/	A	/
33	20UBAC060	YOGANATHAN.S	A	A	A	/	A	/	/	/	/	/
34	21UBAC001	ASHOKKUMAR.R	/	/	/	/	/	/	/	/	/	/
35	21UBAC002	ASWIN.T	/	/	/	/	/	/	/	/	/	/
36	21UBAC003	BATUL.M.K	/	/	/	/	/	/	/	/	/	/
37	21UBAC004	BHARANI.K	/	/	/	/	/	/	/	/	/	/
38	21UBAC005	BHARANIDHARAN.N.A	/	/	/	/	/	/	/	/	/	A
39	21UBAC006	CHANDRU.S.S	A	A	A	/	A	/	/	/	/	/
40	21UBAC007	DEVAKI.V.S	/	/	/	A	A	/	/	/	/	/
41	21UBAC009	DHANUSH.S.V	A	A	A	A	/	/	/	/	/	/
42	21UBAC010	DINESHKUMAR.C	/	/	/	/	/	/	/	/	/	/
43	21UBAC011	DIVYA.A	/	/	/	/	/	/	/	/	/	/
44	21UBAC012	GIRIDHARAN.M.S	/	/	/	/	/	/	/	/	/	/
45	21UBAC013	GOKUL.R	/	/	/	/	/	/	/	/	/	/
46	21UBAC014	GOKUL.S	/	/	/	/	/	/	/	/	/	/
47	21UBAC016	GOWSHICK.S	/	/	/	/	/	/	/	/	/	/
48	21UBAC017	GURUPRASAD.N	/	/	/	/	/	/	/	/	/	/
49	21UBAC018	HARIHARAN.R	A	A	A	/	A	/	/	/	/	/
50	21UBAC019	HARINI.M	A	A	A	/	A	/	/	/	/	/



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			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00
51	21UBAC020	HARISATHIYA.K	A	A	A	/	/	/	/	/	K.K.	K.K.
52	21UBAC021	HARSHINI.D	/	/	/	/	/	/	/	/	A	A
53	21UBAC022	JANANLB	/	/	/	/	/	/	/	/	J.J.	J.J.
54	21UBAC023	JENIFER.V	/	/	/	/	/	/	/	/	A	J.J.
55	21UBAC024	KAMALESH.J	/	/	/	/	A	/	/	/	J.J.	J.J.
56	21UBAC026	KARTHIKEYAN.S	A	A	A	/	A	/	/	/	A	J.J.
57	21UBAC027	KAVINBHUVAN.S	/	/	/	A	A	/	/	/	D.K.	D.K.
58	21UBAC028	KAVIN.T	A	A	A	/	/	/	/	/	T.K.	T.K.
59	21UBAC029	KUMARESAN.K	A	A	A	A	A	/	/	/	K.K.	K.K.
60	21UBAC030	KUMARESAN.S	/	/	/	/	/	/	/	/	K.K.	K.K.
61	21UBAC031	LEHAAN.T	A	A	A	/	/	/	/	/	W.	W.
62	21UBAC032	LEKITHA.K	/	/	/	/	/	A	A	/	L.K.	L.K.
63	21UBAC034	MADIVISNU.K	/	/	/	/	/	/	/	/	M.K.	M.K.
64	21UBAC036	MONISHA.K	/	/	/	/	/	/	/	/	M.K.	M.K.
65	21UBAC037	MUKESH.N.S	A	A	A	/	A	/	/	/	M.K.	M.K.
66	21UBAC038	NISHAANTH.K.K	A	A	A	/	/	/	/	/	N.K.	N.K.
67	21UBAC039	NITHYAPRAKASH.S	A	A	A	/	/	/	/	/	N.K.	N.K.
68	21UBAC040	NITISH.M	/	/	/	/	/	/	/	/	N.M.	N.M.
69	21UBAC041	PRADEEPA.N	/	/	/	/	/	/	/	/	P.N.	P.N.
70	21UBAC042	PRADEEPAN.R	A	A	A	/	A	/	/	/	P.R.	P.R.
71	21UBAC043	PRADEEPKUMAR.S	A	A	A	A	A	/	/	/	P.S.	P.S.
72	21UBAC044	PRAKASH.K	/	/	/	A	A	/	/	/	A	P.K.
73	21UBAC045	PRASATH.S	/	/	/	/	A	/	/	/	A	P.S.
74	21UBAC046	ROSHINI.R	/	/	/	A	/	/	/	/	R.R.	R.R.
75	21UBAC047	RUBINI.K	/	/	/	/	/	/	/	/	R.K.	R.K.



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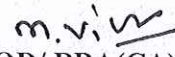
DEPARTMENT OF BUSINESS ADMINISTRATION (CA)


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76	21UBAC048	SANJAY.M.S	A	A	A	A	A	/	/	/	A	A
77	21UBAC049	SANJITH.R	/	/	/	/	A	/	/	/	A	A
78	21UBAC050	SANTHOSHKUMAR.S	/	/	/	/	/	/	/	/	A	A
79	21UBAC051	SELVASIVAKUMAR.T	A	A	A	A	A	/	/	/	A	A
80	21UBAC052	SIVARAM.P	A	A	A	/	/	/	/	/	A	A
81	21UBAC053	SURENDRAN.K	/	/	/	/	/	/	/	/	A	A
82	21UBAC054	VAITHEES.R	/	/	/	A	/	/	/	/	A	A
83	21UBAC055	VARUN.S	A	A	A	/	/	/	/	/	A	A
84	21UBAC056	VESHALINI.S	/	/	/	/	/	/	/	/	A	A
85	21UBAC057	VIKAS.R	/	/	/	/	/	/	/	/	A	A
86	21UBAC058	VISHAL.M	A	A	A	/	/	/	/	/	A	A
87	21UBAC059	YALINI.N	/	/	/	/	/	/	/	/	A	A
88	21UBAC060	YAMUNA.S	/	/	/	/	/	/	/	/	A	A
FACULTY HANDLING THE CLASS:												
INITIALS			SV	SV	SV	GM	SV	CK	CK	SS	PP	GM
			SV	SV	SV	GM	SV	CK	CK	SS	PP	GM

PP – Dr.P.Poongodi, Professor/BBA(CA)
 GM – Ms.G.Manju, Associate Professor/BBA(CA)
 SV – Ms. S.Vanitha, Assistant Professor/BBA(CA)
 CK – Ms. C.Kalamani, Assistant Professor/BBA(CA)
 SS – Ms. S.Savitha, Assistant Professor/BBA(CA)


 Course Coordinator



 HOD/ BBA(CA)


 Principal
 Dr. N. RAMAN



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBPPP – BASIC BUSINESS PRACTICES – ATTENDANCE

S.No.	REG. NO.	NAME	04.12.2021	04.12.2021	04.12.2021	17.01.2022	17.01.2022	19.01.2022	19.01.2022	20.01.2022	20.01.2022	21.01.2022
			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	10.00-11.00	9.00-10.00	10.00-11.00	10.00-11.00	9.00-10.00	9.00-10.00
1	20UBAC001	AJHAI.V.P	A	A	A	A	A	A	A	/	/	A
2	20UBAC002	AKSHAI.V	/	/	/	/	/	A	A	A	A	A
3	20UBAC003	ANEESHVELAN. S	/	/	/	A	A	/	/	/	/	
4	20UBAC005	ASHWINLE	/	/	/	A	A	A	A	A	A	A
5	20UBAC006	BAVADHARANI. A	/	/	/	/	/	/	A	/	/	A
6	20UBAC008	CHHAVIGOLCHHA	/	/	/	/	/	/	/	/	/	/
7	20UBAC009	DHARSHINI.N	/	/	/	/	/	/	/	/	/	/
8	20UBAC010	DHIVAKAR.K.S	A	A	A	/	/	/	/	/	/	/
9	20UBAC011	DINESHKUMARAN.R	A	A	A	/	/	/	/	/	/	A
10	20UBAC013	ENIYA.V	/	/	/	/	/	/	/	/	/	/
11	20UBAC014	GAYATHIRI.K	/	/	/	A	A	A	A	/	/	A
12	20UBAC015	GOMATHI.G	/	/	/	A	A	/	/	/	/	A
13	20UBAC021	KAVINKUMAR.K	A	A	A	/	/	/	/	/	/	A
14	20UBAC023	KAVINKUMAR.N	/	/	/	/	/	/	/	/	/	/
15	20UBAC024	KIRAN.S	A	A	A	/	/	/	/	/	/	/
16	20UBAC027	KRISHNAPRAKASH.E	/	/	/	/	/	A	A	A	A	/
17	20UBAC036	PRABHAKARAN.A	/	/	/	A	A	A	A	A	A	A
18	20UBAC037	PRADEEP.V.S	/	/	/	A	A	A	A	/	/	A
19	20UBAC038	PRAVEEN.R	/	/	/	A	A	A	A	/	/	/
20	20UBAC039	PRIYANKA.V	/	/	/	A	A	/	/	/	/	/
21	20UBAC040	RITHANYA.M	/	/	/	/	/	/	/	/	/	/
22	20UBAC042	SAGANA.S	/	/	/	/	/	/	/	/	/	/
23	20UBAC043	SAKTHIVEL.N	/	/	/	A	A	A	A	/	/	/
24	20UBAC045	SANTHOESH.S	A	A	A	/	/	/	/	/	/	A
25	20UBAC047	SRINATHIN.R	/	/	/	/	/	/	/	A	A	A



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ERODE - 638 107

DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	04.12.2021	04.12.2021	04.12.2021	17.01.2022	17.01.2022	19.01.2022	19.01.2022	20.01.2022	20.01.2022	21.01.2022
			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	10.00-11.00	9.00-10.00	10.00-11.00	10.00-11.00	9.00-10.00	9.00-10.00
26	20UBAC048	SUBASH.R	/	/	/	/	/	/	/	/	/	A
27	20UBAC050	SWAGATH.J	/	/	/	A	A	/	/	/	/	/
28	20UBAC051	SWETHA.S	/	/	/	/	/	/	/	A	A	/
29	20UBAC052	SWETHAYADAV .M	/	/	/	/	/	/	/	/	/	/
30	20UBAC053	VARSHNEES.K	/	/	/	/	/	/	/	/	/	/
31	20UBAC055	VIDHYASREE.V.S	/	/	/	/	/	/	/	/	/	A
32	20UBAC059	YAMUNA.R	/	/	/	/	/	/	/	/	/	/
33	20UBAC060	YOGANATHAN.S	/	/	/	A	A	A	A	A	A	/
34	21UBAC001	ASHOKKUMAR.R	/	/	/	/	/	/	/	/	/	/
35	21UBAC002	ASWIN.T	/	/	/	/	/	/	/	/	/	A
36	21UBAC003	BATUL.M.K	/	/	/	/	/	/	/	/	/	/
37	21UBAC004	BHARANI.K	/	/	/	/	/	/	/	/	/	/
38	21UBAC005	BHARANIDHARAN.N.A	A	A	A	/	/	/	/	A	A	A
39	21UBAC006	CHANDRU.S.S	/	/	/	A	A	A	A	A	A	A
40	21UBAC007	DEVAKI.V.S	/	/	/	/	/	/	/	/	/	/
41	21UBAC009	DHANUSH.S.V	/	/	/	A	A	A	A	A	A	A
42	21UBAC010	DINESHKUMAR.C	/	/	/	/	/	/	/	/	/	A
43	21UBAC011	DIVYA.A	/	/	/	/	/	A	A	/	/	/
44	21UBAC012	GIRIDHARAN.M.S	/	/	/	/	/	A	A	A	A	A
45	21UBAC013	GOKUL.R	/	/	/	A	A	/	/	/	/	/
46	21UBAC014	GOKUL.S	/	/	/	/	/	/	/	/	/	A
47	21UBAC016	GOWSHICK.S	/	/	/	A	A	A	A	A	A	/
48	21UBAC017	GURUPRASAD.N	/	/	/	A	A	A	A	/	/	/
49	21UBAC018	HARIHARAN.R	/	/	/	A	A	A	A	A	A	A
50	21UBAC019	HARINI.M	/	/	/	/	/	/	/	/	/	/



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBPPP – BASIC BUSINESS PRACTICES – ATTENDANCE

S.No.	REG. NO.	NAME	04.12.2021	04.12.2021	04.12.2021	17.01.2022	17.01.2022	19.01.2022	19.01.2022	20.01.2022	20.01.2022	21.01.2022
			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	10.00-11.00	9.00-10.00	10.00-11.00	10.00-11.00	9.00-10.00	9.00-10.00
51	21UBAC020	HARISATHIYA.K	/	/	/	/	A	/	A	A	A	A
52	21UBAC021	HARSHINI.D	A	A	A	/	/	/	/	/	/	/
53	21UBAC022	JANANI.B	/	/	/	/	/	/	/	/	/	/
54	21UBAC023	JENIFER.V	/	/	/	/	/	/	A	A	/	/
55	21UBAC024	KAMALESH.J	/	/	/	/	/	/	/	/	/	/
56	21UBAC026	KARTHIKEYAN.S	/	/	/	A	A	A	A	A	A	/
57	21UBAC027	KAVINBHUVAN.S	/	/	/	/	/	A	A	/	/	/
58	21UBAC028	KAVIN.T	/	/	/	A	A	A	A	A	A	A
59	21UBAC029	KUMARESAN.K	/	/	/	/	/	A	A	A	A	A
60	21UBAC030	KUMARESAN.S	/	/	/	A	A	/	/	/	/	/
61	21UBAC031	LEHAAN.T	/	/	/	/	/	/	/	/	/	/
62	21UBAC032	LEKITHA.K	/	/	/	/	/	/	/	/	/	/
63	21UBAC034	MADIVISNU.K	/	/	/	A	A	A	A	A	A	A
64	21UBAC036	MONISHA.K	/	/	/	/	/	/	/	/	/	/
65	21UBAC037	MUKESH.N	/	/	/	/	A	/	/	/	/	/
66	21UBAC038	NISHAANTH.K.K	/	/	/	A	A	A	A	A	A	A
67	21UBAC039	NITHYAPRAKASH.S	/	/	/	A	A	/	/	/	/	/
68	21UBAC040	NITISH.M	/	/	/	A	A	/	/	/	/	A
69	21UBAC041	PRADEEPA.N	/	/	/	/	/	A	A	A	A	/
70	21UBAC042	PRADEEPAN.R	/	/	/	A	A	A	A	A	A	A
71	21UBAC043	PRADEEPAKUMAR.S	/	/	/	A	A	/	/	/	/	/
72	21UBAC044	PRAKASH.K	/	/	/	A	A	A	A	A	A	A
73	21UBAC045	PRASATH.S	/	/	/	A	A	A	A	A	A	A
74	21UBAC046	ROSHINI.R	/	/	/	/	/	/	/	/	/	/
75	21UBAC047	RUBINI.K	/	/	/	/	/	/	/	A	A	A



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBPPP – BASIC BUSINESS PRACTICES – ATTENDANCE

S.No.	REG. NO.	NAME	04.12.2021	04.12.2021	04.12.2021	17.01.2022	17.01.2022	19.01.2022	19.01.2022	20.01.2022	20.01.2022	21.01.2022
			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	10.00-11.00	9.00-10.00	10.00-11.00	10.00-11.00	9.00-10.00	9.00-10.00
76	21UBAC048	SANJAY.M.S	/	/	/	/	/	/	/	/	/	A
77	21UBAC049	SANJITH.R	/	/	/	/	/	/	/	/	/	/
78	21UBAC050	SANTHOSHKUMAR.S	/	/	/	/	/	A	A	/	/	/
79	21UBAC051	SELVASIVAKUMAR.T	/	/	/	A	A	/	/	A	A	/
80	21UBAC052	SIVARAM.P	/	/	/	/	/	/	/	/	/	/
81	21UBAC053	SURENDRAN.K	/	/	/	/	/	/	/	/	/	/
82	21UBAC054	VAITHEES.R	/	/	/	/	/	/	/	/	/	/
83	21UBAC055	VARUN.S	/	/	/	A	A	A	A	A	A	A
84	21UBAC056	VESHALINI.S	/	/	/	/	/	/	/	/	/	/
85	21UBAC057	VIKAS.R	/	/	/	/	/	/	/	/	/	/
86	21UBAC058	VISHAL.M	/	/	/	A	A	/	/	A	A	A
87	21UBAC059	YALINI.N	/	/	/	/	/	/	/	/	/	/
88	21UBAC060	YAMUNA.S	/	/	/	/	/	/	/	/	/	A
FACULTY HANDLING THE CLASS:												
INITIALS			GM	GM	GM	SS	SS	SV	SV	SV	SV	PP
			GM	GM	GM	SS	SS	SV	SV	SV	SV	PP

PP – Dr.P.Poongodi, Professor/BBA(CA)
 GM – Ms.G.Manju, Associate Professor/BBA(CA)
 SV – Ms. S.Vanitha, Assistant Professor/BBA(CA)
 CK – Ms. C.Kalamani, Assistant Professor/BBA(CA)
 SS – Ms. S.Savitha, Assistant Professor/BBA(CA)


 Course Coordinator

HOD/ BBA(CA)

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 ERODE - 638 107.


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Principal
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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	23.10.2021	23.10.2021	23.10.2021	23.10.2021	25.10.2021	26.10.2021	27.10.2021	28.10.2021	29.10.2021	30.10.2021
			9.00-10.00	10.00-11.00	11.00-12.00	12.00-01.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00
SECTION B												
89	19UTAM002	DINESHKUMAR.M	/	/	/	/	/	/	/	/	/	/
90	19UTAM006	KAVIBHARATHI.B	/	/	/	/	/	/	/	/	/	/
91	19UTAM013	SANGEETH.C	/	/	/	/	/	/	/	/	A	/
92	19UENG005	ARUNPRASAD.P	A	A	A	A	/	/	/	/	A	A
93	19UENG033	MUTHUKUMAR.R	A	A	A	A	/	A	/	/	A	A
94	19UBAC038	SANJAY.C	A	A	A	A	A	A	A	A	A	A
95	19UCDV009	KARANKUMAR.V	/	/	/	/	/	/	P	A	/	A
96	19UCDV011	MOHAMMADIDREES.K	/	/	/	/	/	/	P	A	/	A
97	19UCDV024	SIVANESWARAN.S	A	A	A	A	/	/	P	/	A	A
98	19UMAT110	SOWNDARYA.S	A	A	A	A	A	A	A	/	/	/
99	19UCCA075	GOMATHI.T	/	/	/	/	/	/	/	/	/	A
100	19UCCA086	KAVINKUMAR.S	/	/	/	/	A	/	/	A	A	/
101	19UCCA097	NEELAVENI.R	/	/	/	/	/	/	/	/	/	/
102	21UCCA111	SIVASAKHI.S	/	/	/	/	/	/	/	/	/	/
103	19UCSC024	MAHALINGAM.K	A	A	A	A	/	/	/	/	A	A
104	19UCSC032	NAVINPRABAKAR.K.K	A	A	A	A	/	/	/	/	A	/
105	19UCSC056	SUDHAKARAN.D	A	A	A	A	/	/	/	/	A	/
106	19UBCA015	GOBIKOUSICK.B	/	/	/	/	/	/	/	/	/	/
107	19UBCA022	KAMALEESH.M	/	/	/	/	/	/	A	/	A	/
108	19UBCA033	MOUNESH.S	/	/	/	/	/	/	/	/	/	A
109	19UBCA037	PRABURAJA.M	/	/	/	/	/	/	/	/	/	/
110	19UBCA051	SHARUKKHAN.S	/	/	/	/	/	/	/	/	/	/
111	19UBCA052	SIVASHANMUGAM.S	/	/	/	/	/	/	A	/	/	A
112	19UBCA006	ARUNKUMAR.S	/	/	/	/	/	/	/	/	/	/
113	19UBCA020	HARIHARAN.K	/	/	/	/	/	/	/	/	/	/



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20VBPPP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	23.10.2021	23.10.2021	23.10.2021	23.10.2021	25.10.2021	26.10.2021	27.10.2021	28.10.2021	29.10.2021	30.10.2021
			9.00-10.00	10.00-11.00	11.00-12.00	12.00-01.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00
114	19UBCA046	SANJAY.M	/	/	/	/	/	/	/	/	/	/
115	20UCOS028	NAVEENPRABU.R.S	/	/	/	/	/	/	/	/	A	A
116	20UBAA005	DEVENDRAN.M	/	/	/	/	A	A	A	A	/	A
117	21UBBA007	DHILIP.K	A	A	A	A	A	A	A	A	A	A
118	21UBBA011	GOPIKA.B	/	/	/	/	/	/	/	/	A	/
119	21UBBA019	KARTHIKRAJA.V.N	/	/	/	/	/	/	/	/	/	/
120	21UBBA022	KAVYA.S	A	A	A	A	A	/	/	/	A	/
121	21UBBA025	KUMARANANTH.S	/	/	/	/	A	/	/	A	/	A
122	21UBBA030	MOHAMED MOWFEEQHANIFA M	/	/	/	/	A	/	/	A	/	/
123	21UBBA037	PRAVEENKANTH.J	/	/	/	/	/	A	A	/	/	A
124	21UBBA040	SANJEEVM.S	/	/	/	/	A	/	A	A	A	A
125	21UBBA049	VETRIVEL.S	/	/	/	/	A	/	/	A	/	A
126	21UBBA050	VIDHYASUVETHA.S	/	/	/	/	/	/	/	/	/	/
127	21UBBA058	DHARSHINI.V	/	/	A	A	A	/	A	A	/	A
128	21UBBA061	GOBINATH.R	/	/	/	/	/	/	/	/	/	/
129	21UBBA066	GOWTHAM.G	/	/	/	/	/	/	/	/	/	/
130	21UBBA069	JEEVITHA.M	/	/	/	/	/	/	/	/	/	/
131	21UBBA073	KEERTHI.S	/	/	/	/	/	/	/	/	/	/
132	21UBBA087	SARANYA.J	/	/	/	/	/	/	/	/	/	/
133	21UBBA091	SHREESELVAABHISHEK.V.M	/	/	/	/	/	/	/	/	/	/
134	21UBBA092	SHUBHASHREE.P	/	/	/	/	A	A	/	/	/	/
135	21UBBA098	SUBASREE.G	/	/	/	/	/	/	/	/	/	/
136	21UBBA103	SWETHA.S	/	/	/	/	/	/	/	/	/	/
137	21UCOM001	AKASHRAMANAN.P.A.A	/	/	A	A	/	/	/	A	/	/
138	21UCOM016	IMAYAN.K	/	/	A	A	/	/	/	A	/	/



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

10VBPPP – BASIC BUSINESS PRACTICES – ATTENDANCE

S.No.	REG. NO.	NAME	23.10.2021	23.10.2021	23.10.2021	23.10.2021	25.10.2021	26.10.2021	27.10.2021	28.10.2021	29.10.2021	30.10.2021
			9.00-10.00	10.00-11.00	11.00-12.00	12.00-01.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00
139	21UCOM021	KAUSIKAN.R	/	/	A	A	/	/	/	A	/	/
140	21UCOM027	MADHUMITHA.G	/	/	/	/	/	/	/	A	/	/
141	21UCOM046	SHAKILKUMAR.P	/	/	/	/	/	A	/	A	/	/
142	21UCOM061	ABINAV.A	/	/	/	/	/	/	/	/	/	/
143	21UCOM077	HAFSAG.R	/	/	/	/	/	/	A	/	/	/
144	21UCOM083	JERLINRAKSHAN.J	/	/	/	/	/	/	A	/	A	/
145	21UCOM086	KARTHICKHARI.R	/	/	/	/	/	/	/	/	/	/
146	21UCOM087	KEERTHANA.R	A	A	A	A	/	/	/	/	A	/
147	21UCOM089	KISHOREPRASATH .M.K	/	/	/	/	/	A	/	/	/	/
148	21UCOM091	MAHAASHREEK.S	/	/	/	/	/	/	A	/	/	/
149	21UCOM098	PRANITHA.D	/	/	/	/	/	/	/	/	/	/
150	21UCOM107	SARAN.K	/	/	/	/	/	/	/	/	/	/
151	21UCOM112	SUBBULAKSHMI.A	A	A	A	A	/	/	/	/	/	A
152	21UCCA 103	SANGAMESHWARAN.R	/	/	/	/	/	/	/	/	A	/
153	21UCCA 109	SIBIVENKATESH.S	A	A	A	A	/	/	/	/	A	/
154	21UCBI002	ARAVINDRAJ.P.R	A	A	A	A	A	A	A	/	A	/
155	21UCBI004	AJITHKUMAR.S	/	/	/	/	/	/	/	/	/	/
156	21UCBI011	DEVAPRASAD.R	/	/	/	/	/	/	/	/	/	/
157	21UCBI012	DHARAN.V	/	/	/	/	A	/	/	/	A	/
158	21UCBI014	DIVYA.R	/	/	A	A	/	/	A	/	/	/
159	21UCBI020	KARANJAIN.P	/	/	/	/	/	/	/	/	/	/
160	21UCBI034	POOVARASAN.S	/	/	/	/	/	/	A	A	/	/
161	21UCBI038	SANTHOSH.M	/	/	/	/	/	A	/	A	/	/
162	21UCBI042	SIVAMALLIGARJUNAN.K	/	/	/	/	/	/	/	/	/	/
163	21UCBI049	THRISHA.R	/	/	/	/	/	A	/	/	/	/



Dr. N. RAMAN
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ERODE - 638 107


DEPARTMENT OF BUSINESS ADMINISTRATION (CA)


10VBPPP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	23.10.2021	23.10.2021	23.10.2021	23.10.2021	25.10.2021	26.10.2021	27.10.2021	28.10.2021	29.10.2021	30.10.2021
			9.00-10.00	10.00-11.00	11.00-12.00	12.00-01.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00	9.00-10.00
164	21UCBI053	VEDHAVYAAS.S	/	/	/	/	A	A	A	/	/	/
165	21UCSC001	AATHISH.L	A	A	A	A	A	A	A	A	A	/
166	21UCSC009	DINESHKUMAAR.C	A	A	A	A	/	/	/	A	A	/
167	21UCSC044	SANTHEEP.K	A	A	A	A	A	A	A	A	A	A
168	21UCSC046	SIVADHARSHAN.S	/	/	/	/	/	/	/	/	/	/
169	21UCPA002	AKTSHAYA.S.S	/	/	/	/	/	/	/	A	A	/
170	21UCPA008	ASHIKA.N	A	A	A	A	/	/	/	A	A	/
171	21UCPA014	DHARANI. J.M	A	A	A	A	/	/	/	/	A	/
172	21UCPA016	GNANASRI.S	A	A	A	A	/	/	A	A	A	A
173	21UCPA021	INETHASRI.R	A	A	A	A	/	/	/	A	A	A
174	21UCPA027	MADHUMITA.S	/	/	/	/	/	/	/	A	/	/
175	21UCPA030	NABASINDHUS	A	A	A	A	/	A	/	A	A	/
176	21UCPA047	SIVABALAJI.P	/	/	/	/	/	/	/	A	A	/
177	21UBIT004	BAHUMATI.G	A	A	A	A	/	/	/	/	A	/
178	21UBIT022	NISHA.R	A	A	A	A	/	/	/	/	A	/
FACULTY HANDLING THE CLASS:												
INITIALS			GM	GM	SS	SS	GM	CK	GM	SS	GM	CK
			(m)	(m)	SN	SN	(m)	CK	(m)	SN	(m)	CK

PP - Dr.P.Poongodi, Professor/BBA(CA)
 GM - Ms.G.Manju, Associate Professor/BBA(CA)
 SV - Ms. S.Vanitha, Assistant Professor/BBA(CA)
 CK - Ms. C.Kalamani, Assistant Professor/BBA(CA)
 SS - Ms. S.Savitha, Assistant Professor/BBA(CA)

Course Coordinator


 HEAD OF THE DEPARTMENT
 DEPARTMENT OF BUSINESS ADMINISTRATION (CA)
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 NANJANAPURAM, ERODE - 638 107.
 Principal
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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBCP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	30.10.2021	30.10.2021	01.11.2021	02.11.2021	06.11.2021	06.11.2021	06.11.2021	08.11.2021	09.11.2021	10.11.2021
			10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00
SECTION B												
89	19UTAM002	DINESHKUMAR.M	/	/	/	/	/	/	/	A		
91	19UTAM013	SANGEETH.C	/	/	/	/	/	/	/	A		
92	19UENG005	ARUNPRASAD.P	A	A	/	/	A	A	A	A	A	A
93	19UENG033	MUTHUKUMAR.R	A	A	/	/	A	A	A	A	A	A
94	19UBAC038	SANJAY.C	A	A	/	/	A	A	A	A		A
95	19UCDV009	KARANKUMAR.V	A	A	/	/	/	/	/	A		A
96	19UCDV011	MOHAMMADIDREES.K	A	A	/	/	A	A	A	A		
97	19UCDV024	SIVANESWARAN.S	A	A	/	/	A	A	A			
98	19UMAT110	SOWNDARYA.S	/	/	/	/	/	/	/	A	A	A
99	19UCCA075	GOMATHI.T	A	A	/	/	A	A	A	A	A	A
100	19UCCA086	KAVINKUMAR.S	/	/	/	/	A	A	A	A	A	A
101	19UCCA097	NEELAVENI.R	/	/	/	/	A	A	A	A		A
102	21UCCA111	SIVASAKHI.S	/	/	/	/	A	A	A		A	A
103	19UCSC024	MAHALINGAM.K	A	A	/	/	A	A	A			A
104	19UCSC032	NAVINPRABAKAR.K.K	/	/	/	/	/	/	/			
105	19UCSC056	SUDHAKARAN.D	/	/	/	/	/	/	/			
106	19UBCA015	GOBIKOUSICK.B	/	/	/	/	A	A	A			
107	19UBCA022	KAMALEESH.M	/	/	/	/	A	A	A	A		
108	19UBCA033	MOUNESH.S	A	A	/	/	A	A	A			A
109	19UBCA037	PRABURAJA.M	/	/	/	/	A	A	A			
110	19UBCA051	SHARUKKHAN.S	/	/	/	/	/	/	/			
111	19UBCA052	SIVASHANMUGAM.S	A	A	/	/	A	A	A	A	A	A
112	19UBCA006	ARUNKUMAR.S	/	/	/	/	A	A	A	A		
113	19UBCA020	HARIHARAN.K	/	/	/	/	/	/	/			



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	30.10.2021	30.10.2021	01.11.2021	02.11.2021	06.11.2021	06.11.2021	06.11.2021	08.11.2021	09.11.2021	10.11.2021
			10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00
114	19UBCA046	SANJAY.M	/	/	/	/	A	A	A	So	See	A
115	20UCOS028	NAVEENPRABUR.S	A	A	/	/	/	/	/	A	A	A
116	20UBAA005	DEVENDRAN.M	A	A	/	/	A	A	A	A	A	A
117	21UBBA007	DHILIP.K	A	A	/	/	A	A	A	A	A	A
118	21UBBA011	GOPIKA.B	/	/	/	A	/	/	/	gopi	gopi	gopi
119	21UBBA019	KARTHIKRAJA.V.N	/	/	/	/	A	A	A	Kar	Kar	Kar
120	21UBBA022	KAVYA.S	/	/	/	A	A	A	A	Kavya	Kavya	Kavya
121	21UBBA025	KUMARANANTH.S	A	/	/	/	/	/	/	Ri	Ri	Ri
122	21UBBA030	MOHAMED MOWFEEQ HANIFA M	/	/	/	/	A	A	A	M	M	M
123	21UBBA037	PRAVEENKANTH.J	A	A	/	/	A	A	A	A	A	A
124	21UBBA040	SANJEEV.M.S	A	A	/	/	A	A	A	Sanjeev	Sanjeev	Sanjeev
125	21UBBA049	VETRIVEL.S	A	A	/	/	A	A	A	Vet	Vet	Vet
126	21UBBA050	VIDHYASUVETHA.S	/	/	/	/	A	A	A	Vidhya	Vidhya	Vidhya
127	21UBBA058	DHARSHINI.V	/	/	A	/	A	A	A	Dh	Dh	Dh
128	21UBBA061	GOBINATH.R	A	A	/	/	A	A	A	gobinath	gobinath	gobinath
129	21UBBA066	GOWTHAM.G	/	/	/	/	/	/	/	A	Gowtham	Gowtham
130	21UBBA069	JEEVITHA.M	/	/	/	/	/	/	/	Jeevitha	Jeevitha	Jeevitha
131	21UBBA073	KEERTHIS	/	/	/	/	A	A	A	Keerthi	Keerthi	Keerthi
132	21UBBA087	SARANYA.J	/	/	/	/	/	/	/	Saranya	Saranya	Saranya
133	21UBBA091	SHREESELVAABHISHEK.V.M	/	/	/	/	/	/	/	Shree	Shree	Shree
134	21UBBA092	SHUBHASHREE.P	/	/	/	/	/	/	/	Shubha	Shubha	Shubha
135	21UBBA098	SUBASREE.G	/	/	/	/	A	A	A	A	A	A
136	21UBBA103	SWETHA.S	/	/	/	/	/	/	/	A	A	A
137	21UCOM001	AKASHRAMANAN.P.A.A	/	/	/	/	/	/	/	A	A	A
138	21UCOM016	IMAYAN.K	/	/	/	/	/	/	/	A	A	A



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	30.10.2021	30.10.2021	01.11.2021	02.11.2021	06.11.2021	06.11.2021	06.11.2021	08.11.2021	09.11.2021	10.11.2021
			10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00
139	21UCOM021	KAUSIKAN.R	/	/	/	/	A	A	A			
140	21UCOM027	MADHUMITHA.G	/	/	/	/	/	/	/			
141	21UCOM046	SHAKILKUMAR.P	/	/	/	/	/	/	/	A	A	A
142	21UCOM061	ABINAV.A	/	/	/	/	/	/	/	A	A	A
143	21UCOM077	HAFSAG.R	/	/	/	/	/	/	/			
144	21UCOM083	JERLINRAKSHAN.J	/	/	/	/	/	/	/			
145	21UCOM086	KARTHICKHARI.R	/	/	/	/	/	/	/			
146	21UCOM087	KEERTHANA.R	/	/	/	/	A	A	A			
147	21UCOM089	KISHOREPRASATH .M.K	/	/	/	/	/	/	/			
148	21UCOM091	MAHAASHREE.K.S	/	/	/	/	/	/	/			
149	21UCOM098	PRANITHA.D	/	/	/	/	/	/	/			
150	21UCOM107	SARAN.K	/	/	/	/	/	/	/			
151	21UCOM112	SUBBULAKSHMI.A	A	A	/	/	A	A	A			
152	21UCCA103	SANGAMESHWARAN.R	/	/	/	/	/	/	/			
153	21UCCA109	SIBIVENKATESH.S	/	/	A	A	/	/	/			
154	21UCBI002	ARAVINDRAJ.P.R	/	/	/	/	A	A	A			
155	21UCBI004	AJITHKUMAR.S	/	/	/	/	A	A	A			
156	21UCBI011	DEVAPRASAD.R	/	/	/	/	/	/	/			
157	21UCBI012	DHARAN.V	/	/	/	/	A	A	A			
158	21UCBI014	DIVYA.R	/	/	/	/	A	A	A			
159	21UCBI020	KARANJAIN.P	/	/	/	/	A	A	A			
160	21UCBI034	POOVARASAN.S	/	/	A	/	/	/	/			
161	21UCBI038	SANTHOSH.M	/	/	/	/	/	/	/			
162	21UCBI042	SIVAMALLIGARJUNAN.K	/	/	/	/	A	A	A			
163	21UCBI049	THRISHA.R	/	/	/	/	/	A	A			



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20VBPPP – BASIC BUSINESS PRACTICES – ATTENDANCE

S.No.	REG. NO.	NAME	30.10.2021	30.10.2021	01.11.2021	02.11.2021	06.11.2021	06.11.2021	06.11.2021	08.11.2021	09.11.2021	10.11.2021
			10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00
164	21UCBI053	VEDHAVYAAS.S	/	/	/	/	A	A	A	Very	Very	Very
165	21UCSC001	AATHISH.L	/	/	/	/	A	A	A	Very	Very	Very
166	21UCSC009	DINESHKUMAAR.C	/	/	/	/	A	A	A	Very	Very	Very
167	21UCSC044	SANTHEEP.K	/	A	/	/	A	A	A	Very	Very	Very
168	21UCSC046	SIVADHARSHAN.S	/	/	/	/	A	A	A	Very	Very	Very
169	21UCPA002	AKTSHAYA.S.S	/	/	/	/	/	/	/	Very	Very	Very
170	21UCPA008	ASHIKA.N	/	/	/	/	/	/	/	Very	Very	Very
171	21UCPA014	DHARANIJ.M	/	/	/	/	/	/	/	Very	Very	Very
172	21UCPA016	GNANASRLS	A	A	/	/	/	/	/	Very	Very	Very
173	21UCPA021	INETHASRLR	/	/	/	/	/	/	/	Very	Very	Very
174	21UCPA027	MADHUMITA.S	/	/	/	/	A	A	A	Very	Very	Very
175	21UCPA030	NABASINDHU.S	/	/	/	/	/	/	/	Very	Very	Very
176	21UCPA047	SIVABALAJI.P	/	/	/	/	A	A	A	Very	Very	Very
177	21UBIT004	BAHUMATI.G	/	/	/	/	/	/	/	Very	Very	Very
178	21UBIT022	NISHA.R	/	/	/	/	/	/	/	Very	Very	Very
FACULTY HANDLING THE CLASS:												
		INITIALS	SS	CK	GM	PP	SS	SS	SS	PP	CK	GM
			SS	CK	GM	PP	SS	SS	SS	PP	CK	GM

PP – Dr.P.Poongodi, Professor/BBA(CA)
 GM – Ms.G.Manju, Associate Professor/BBA(CA)
 SV – Ms. S.Vanitha, Assistant Professor/BBA(CA)
 CK – Ms. C.Kalamani, Assistant Professor/BBA(CA)
 SS – Ms. S.Savitha, Assistant Professor/BBA(CA)



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(Signature)
CourseCoordinator

(Signature)
HOD/ BBA(CA)

Principal

HEAD OF THE DEPARTMENT
 DEPARTMENT OF BUSINESS ADMINISTRATION (CA)
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20VBBBP - BASIC BUSINESS PRACTICES - ATTENDANCE

S.No.	REG. NO.	NAME	11.11.2021	11.11.2021	11.11.2021	12.11.2021	13.11.2021	27.11.2021	27.11.2021	27.11.2021	29.11.2021	30.11.2021
			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00
SECTION B												
89	19UTAM002	DINESHKUMAR.M	/	/	/	/	/	/	/	/	/	/
91	19UTAM013	SANGEETH.C	/	/	/	/	A	/	/	/	/	/
92	19UENG005	ARUNPRASAD.P	A	A	A	/	A	A	A	/	/	/
93	19UENG033	MUTHUKUMAR.R	A	A	A	/	/	A	A	/	/	/
94	19UBAC038	SANJAY.C	A	A	A	A	A	A	A	/	/	/
95	19UCDV009	KARANKUMAR.V	A	A	A	/	/	/	/	/	/	/
96	19UCDV011	MOHAMMADIDREES.K	/	/	/	A	A	/	/	/	/	/
97	19UCDV024	SIVANESWARAN.S	A	A	A	/	/	/	/	/	/	/
98	19UMAT110	SOWNDARYA.S	/	/	/	/	/	/	/	/	/	/
99	19UCCA075	GOMATHI.T	/	/	/	/	/	/	/	/	/	/
100	19UCCA086	KAVINKUMAR.S	/	/	/	A	/	/	/	/	/	/
101	19UCCA097	NEELAVENI.R	/	/	/	/	/	A	A	/	/	/
102	21UCCA111	SIVASAKH.S	A	A	A	A	/	A	A	/	/	/
103	19UCSC024	MAHALINGAM.K	A	A	A	/	/	/	/	/	/	/
104	19UCSC032	NAVINPRAKAR.K.K	/	/	/	/	/	/	/	/	/	/
105	19UCSC056	SUDHAKARAN.D	/	/	/	/	/	/	/	/	/	/
106	19UBCA015	GOBIKOUSICK.B	A	A	A	/	A	/	/	/	/	/
107	19UBCA022	KAMALEESH.M	/	/	/	/	A	A	A	/	/	/
108	19UBCA033	MOUNESH.S	A	A	A	/	/	/	/	/	/	/
109	19UBCA037	PRABURAJA.M	/	/	/	/	A	/	/	/	/	/
110	19UBCA051	SHARUKKHAN.S	/	/	/	/	/	/	/	/	/	/
111	19UBCA052	SIVASHANMUGAM.S	A	A	A	A	A	A	A	/	/	/
112	19UBCA006	ARUNKUMAR.S	A	/	/	/	A	/	/	/	/	/
113	19UBCA020	VARHARAN.K	A	A	A	/	/	/	/	/	/	/



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S.No.	REG. NO.	NAME	11.11.2021	11.11.2021	11.11.2021	12.11.2021	13.11.2021	27.11.2021	27.11.2021	27.11.2021	29.11.2021	30.11.2021
			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00
114	19UBCA046	SANJAY.M	/	/	/	/	A	/	/	/	A	A
115	20UCOS028	NAVEENPRABUR.S	/	/	/	/	/	/	/	/	A	A
116	20UBAA005	DEVENDRAN.M	A	A	A	/	/	A	A	/	A	A
117	21UBBA007	DHILIP.K	A	A	A	/	/	/	/	/	/	/
118	21UBBA011	GOPIKA.B	/	/	/	/	/	/	/	/	/	/
119	21UBBA019	KARTHIKRAJA.V.N	/	/	/	/	/	/	/	/	/	/
120	21UBBA022	KAVYA.S	/	/	/	/	/	A	A	/	/	/
121	21UBBA025	KUMARANANTH.S	/	/	/	/	/	/	/	/	/	/
122	21UBBA030	MOHAMED MOWFEEQ HANIFA M	/	/	/	/	/	/	/	/	/	/
123	21UBBA037	PRAVEENKANTH.J	A	A	A	/	/	A	A	/	/	/
124	21UBBA040	SANJEEVM.S	A	A	A	/	/	A	A	/	/	/
125	21UBBA049	VETRIVEL.S	/	/	/	/	/	/	/	/	/	/
126	21UBBA050	VIDHYASUVETHA.S	/	/	/	/	/	/	/	/	/	/
127	21UBBA058	DHARSHINI.V	/	/	/	/	/	/	/	/	/	/
128	21UBBA061	GOBINATH.R	A	A	A	A	/	A	A	/	/	/
129	21UBBA066	GOWTHAM.G	A	A	A	/	/	/	/	/	/	/
130	21UBBA069	JEEVITHA.M	/	/	/	/	/	A	A	/	A	/
131	21UBBA073	KEERTHI.S	/	/	/	/	/	/	/	/	/	/
132	21UBBA087	SARANYA.J	/	/	/	/	/	/	/	/	/	/
133	21UBBA091	SHREE SELVA ABHISHEK.V.M	/	/	/	/	/	/	/	/	/	/
134	21UBBA092	SHUBHASHREE.P	A	A	A	/	A	/	/	/	A	/
135	21UBBA098	SUBASREE.G	/	/	/	/	/	/	/	/	/	/
136	21UBBA103	SWETHA.S	A	A	A	/	/	/	/	/	A	A
137	21UCOM001	AKASHRAMANAN.P.A.A	/	/	/	/	/	A	A	/	A	A
138	21UCOM016	IMAYAN.K	A	A	A	/	/	/	/	/	/	/



Dr. N. RAMAN
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(An Autonomous Institution, Affiliated to Bharathiar University, Coimbatore)

ERODE – 638 107

DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP – BASIC BUSINESS PRACTICES – ATTENDANCE

S.No.	REG. NO.	NAME	11.11.2021	11.11.2021	11.11.2021	12.11.2021	13.11.2021	27.11.2021	27.11.2021	27.11.2021	29.11.2021	30.11.2021
			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00
139	21UCOM021	KAUSIKAN.R	A	A	A	i	i	A	A	A	Kausikan	A
140	21UCOM027	MADHUMITHA.G	/	/	/	/	/	A	A	i	Madhumitha	A
141	21UCOM046	SHAKILKUMAR.P	/	/	/	A	/	/	/	i	Shakil	A
142	21UCOM061	ABINAV.A	/	/	/	/	/	A	A	/	Abinav	A
143	21UCOM077	HAFSAG.R	/	/	/	/	/	/	/	/	Hafsag	A
144	21UCOM083	JERLINRAKSHAN.J	A	A	A	/	/	/	/	/	Jerlin	A
145	21UCOM086	KARTHICKHARI.R	/	/	/	/	/	A	/	/	Karthick	A
146	21UCOM087	KEERTHANA.R	A	A	A	/	/	A	A	/	Keerthana	A
147	21UCOM089	KISHOREPRASATH .M.K	/	/	/	/	/	/	/	/	Kishore	A
148	21UCOM091	MAHAASHREE.K.S	/	/	/	/	/	/	/	/	Mahaashree	A
149	21UCOM098	PRANITHA.D	/	/	/	/	/	/	/	/	Pranitha	A
150	21UCOM107	SARAN.K	A	A	A	/	A	A	A	/	Saran	A
151	21UCOM112	SUBBULAKSHMI.A	A	A	A	/	/	A	A	/	Subbulakshmi	A
152	21UCCA103	SANGAMESHWARAN.R	/	/	/	/	/	A	A	/	Sangameshwaran	A
153	21UCCA109	SIBIVENKATESH.S	/	/	/	/	/	A	A	/	Sibivenkatesh	A
154	21UCBI002	ARAVINDRAJ.P.R	/	/	/	/	/	/	/	/	Aravindraj	A
155	21UCBI004	AJITHKUMAR.S	A	A	A	/	/	A	A	/	Ajith	A
156	21UCBI011	DEVAPRASAD.R	/	/	/	/	/	/	/	/	Devaprasad	A
157	21UCBI012	DHARAN.V	/	/	A	/	/	/	/	/	Dharan	A
158	21UCBI014	DIVYA.R	A	A	A	/	A	/	/	/	Divya	A
159	21UCBI020	KARANJAIN.P	/	/	/	/	/	/	/	/	Karan	A
160	21UCBI034	POOVARASAN.S	/	/	/	/	/	/	/	/	Poovarasana	A
161	21UCBI038	SANTHOSH.M	A	A	A	A	A	A	A	/	Santhosh	A
162	21UCBI042	SIVAMALLIGARJUNAN.K	A	A	A	/	/	A	A	/	Sivamalligarjunan	A
163	21UCBI049	THRISHA.R	/	/	/	/	/	/	/	/	Thrisha	A



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			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00	9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	9.00-10.00
164	21UCBI053	VEDHAVYAAS.S	/	/	/	/	/	/	/	/	/	/
165	21UCSC001	AATHISH.L	/	/	/	/	/	/	/	/	/	/
166	21UCSC009	DINESHKUMAAR.C	A	A	A	/	A	/	/	/	A	A
167	21UCSC044	SANTHEEP.K	A	A	A	/	A	/	/	/	A	A
168	21UCSC046	SIVADHARSHAN.S	A	A	A	/	A	/	/	/	A	A
169	21UCPA002	AKTSHAYA.S.S	A	A	A	/	/	/	/	/	A	A
170	21UCPA008	ASHIKA.N	/	/	/	/	/	/	/	/	A	A
171	21UCPA014	DHARANI.J.M	/	/	/	/	/	/	/	/	A	A
172	21UCPA016	GNANASRI.S	/	/	/	/	/	/	/	/	A	A
173	21UCPA021	INETHASRI.R	/	/	/	/	/	/	/	/	A	A
174	21UCPA027	MADHUMITA.S	/	/	/	/	/	/	/	/	A	A
175	21UCPA030	NABASINDHU.S	/	/	/	/	/	/	/	/	A	A
176	21UCPA047	SIVABALAJI.P	/	/	/	/	/	/	/	/	A	A
177	21UBIT004	BAHUMATI.G	/	/	/	/	/	/	/	/	A	A
178	21UBIT022	NISHA.R	/	/	/	/	/	/	/	/	A	A
FACULTY HANDLING THE CLASS:												
INITIALS			GM	GM	GM	SS	CK	SV	SV	GM	GM	PP
			GM	GM	GM	SS	CK	SV	SV	GM	GM	PP

PP - Dr.P.Poongodi, Professor/BBA(CA)
 GM - Ms.G.Manju, Associate Professor/BBA(CA)
 SV - Ms. S.Vanitha, Assistant Professor/BBA(CA)
 CK - Ms. C.Kalamani, Assistant Professor/BBA(CA)
 SS - Ms. S.Savitha, Assistant Professor/BBA(CA)

CourseCoordinator

HOD/ BBA(CA)

HEAD OF THE DEPARTMENT
 DEPARTMENT OF BUSINESS ADMINISTRATION (CA)
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 (AUTONOMOUS)
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Dr. N. RAMAN
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 NANJANAPURAM, ERODE - 638 107.

Principal

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S.No.	REG. NO.	NAME	04.12.2021	04.12.2021	04.12.2021	17.01.2022	17.01.2022	19.01.2022	19.01.2022	20.01.2022	20.01.2022	21.01.2022
			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	10.00-11.00	9.00-10.00	10.00-11.00	10.00-11.00	9.00-10.00	9.00-10.00
SECTION B												
89	19UTAM002	DINESHKUMAR.M	/	/	/	/	/	/	/	/	/	A
90	19UTAM006	KAVIBHARATHI.B	/	/	/	/	/	/	/	/	/	A
91	19UTAM013	SANGEETH.C	/	/	/	/	/	/	/	A	A	/
92	19UENG005	ARUNPRASAD.P	A	A	A	/	/	A	A	A	A	A
93	19UENG033	MUTHUKUMAR.R	A	A	A	/	/	A	A	A	A	A
94	19UBAC038	SANJAY.C	A	A	A	/	/	A	A	A	A	A
95	19UCDV009	KARANKUMAR.V	A	A	A	/	/	A	A	A	A	A
96	19UCDV011	MOHAMMADIDREES.K	A	A	A	/	/	/	/	/	/	A
97	19UCDV024	SIVANESWARAN.S	/	/	/	/	/	A	A	A	A	A
98	19UMAT110	SOWNDARYA.S	/	/	/	A	A	/	/	/	/	A
99	19UCCA075	GOMATHI.T	/	/	/	/	/	A	A	/	/	/
100	19UCCA086	KAVINKUMAR.S	A	A	A	/	/	A	A	/	/	A
101	19UCCA097	NEELAVENI.R	/	/	/	A	A	A	/	/	/	/
102	21UCCA111	SIVASAKHI.S	A	A	A	/	/	A	A	A	A	A
103	19UCSC024	MAHALINGAM.K	/	/	/	/	/	/	/	/	/	/
104	19UCSC032	NAVINPRABAKARK.K	/	/	/	/	/	/	/	/	/	/
105	19UCSC056	SUDHAKARAN.D	/	/	/	/	/	A	A	A	/	/
106	19UBCA015	GOBIKOUSICK.B	/	/	/	/	/	A	A	A	A	/
107	19UBCA022	KAMALEESH.M	/	/	/	/	/	/	/	/	A	/
108	19UBCA033	MOUNESH.S	/	/	/	/	/	A	A	A	A	/
109	19UBCA037	PRABURAJA.M	A	A	A	/	/	A	A	A	A	A
110	19UBCA051	SHARUKKHAN.S	/	/	/	A	A	/	/	/	/	/
111	19UBCA052	SIVASHANMUGAM.S	/	/	/	/	/	/	/	/	/	A
112	19UBCA006	ARUNKUMAR.S	A	A	A	A	A	A	A	/	/	A
113	19UBCA020	HARIHARAN.K	A	A	A	/	/	A	A	A	A	A



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			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	10.00-11.00	9.00-10.00	10.00-11.00	10.00-11.00	9.00-10.00	9.00-10.00
114	19UBCA046	SANJAY.M	/	/	/	/	/	/	/	/	/	/
115	20UCOS028	NAVEENPRABU. R.S	A	A	A	A	A	/	/	/	/	/
116	20UBAA005	DEVENDRAN.M	A	A	A	A	A	A	A	A	A	A
117	21UBBA007	DHILIP.K	/	/	/	/	/	/	/	A	A	/
118	21UBBA011	GOPIKA.B	/	/	/	/	/	/	/	/	/	/
119	21UBBA019	KARTHIKRAJA.V.N	/	/	/	/	/	/	/	/	/	/
120	21UBBA022	KAVYA.S	/	/	/	/	/	A	A	A	A	A
121	21UBBA025	KUMARANANTH.S	/	/	/	/	/	/	/	/	/	/
122	21UBBA030	MOHAMEDMOWFEEQHANIFA M	/	/	/	/	/	/	/	/	/	/
123	21UBBA037	PRAVEENKANTH.J	/	/	/	A	A	A	A	/	/	A
124	21UBBA040	SANJEEVM.S	A	A	A	A	A	A	A	A	A	A
125	21UBBA049	VETRIVEL.S	A	A	A	A	A	/	/	A	A	/
126	21UBBA050	VIDHYASUVETHA.S	/	/	/	/	A	A	A	A	A	A
127	21UBBA058	DHARSHINI.V	/	/	/	/	/	/	/	/	/	A
128	21UBBA061	GOBINATH.R	A	A	A	A	A	A	A	A	A	A
129	21UBBA066	GOWTHAM.G	A	A	A	A	A	A	A	A	A	A
130	21UBBA069	JEEVITHA.M	/	/	/	/	A	A	/	/	/	A
131	21UBBA073	KEERTHI.S	/	/	/	/	A	A	A	A	A	/
132	21UBBA087	SARANYA.J	/	/	/	/	/	/	/	/	/	/
133	21UBBA091	SHREESELVAABHISHEK.V.M	A	A	A	A	A	A	A	A	A	A
134	21UBBA092	SHUBHASHREE.P	/	/	/	/	/	A	A	/	/	A
135	21UBBA098	SUBASREE.G	A	A	A	A	A	A	A	A	A	A
136	21UBBA103	SWETHA.S	/	/	/	/	/	/	/	/	/	/
137	21UCOM001	AKASHRAMANAN.P.A.A	/	/	/	/	/	/	/	A	A	A
138	21UCOM016	IMAYAN.K	/	/	/	/	/	/	/	/	/	/



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KONGU ARTS AND SCIENCE COLLEGE

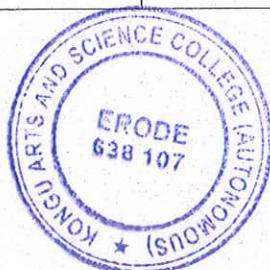
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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBPPP – BASIC BUSINESS PRACTICES – ATTENDANCE

S.No.	REG. NO.	NAME	04.12.2021	04.12.2021	04.12.2021	17.01.2022	17.01.2022	19.01.2022	19.01.2022	20.01.2022	20.01.2022	21.01.2022
			9.00-10.00	10.00-11.00	11.00-12.00	9.00-10.00	10.00-11.00	9.00-10.00	10.00-11.00	10.00-11.00	9.00-10.00	9.00-10.00
139	21UCOM021	KAUSIKAN.R	A	A	A	A	A	/	/	A	A	/
140	21UCOM027	MADHUMITHA.G	/	/	/	/	/	/	/	/	/	/
141	21UCOM046	SHAKILKUMAR.P	/	/	/	/	/	A	A	A	A	A
142	21UCOM061	ABINAV.A	/	/	/	/	/	/	/	A	A	/
143	21UCOM077	HAFSAG.R	/	/	/	/	/	/	/	/	/	/
144	21UCOM083	JERLINRAKSHAN.J	A	A	A	A	A	/	/	/	/	A
145	21UCOM086	KARTHICKHARI.R	/	/	/	/	/	/	/	/	/	/
146	21UCOM087	KEERTHANA.R	A	A	A	A	A	/	/	/	/	/
147	21UCOM089	KISHOREPRASATH .M.K	A	A	A	A	A	/	/	/	/	/
148	21UCOM091	MAHAASHREEK.S	/	/	/	/	/	/	/	/	/	/
149	21UCOM098	PRANITHA.D	/	/	/	/	/	/	/	/	/	/
150	21UCOM107	SARAN.K	/	/	/	/	/	/	/	/	/	A
151	21UCOM112	SUBBULAKSHMI.A	A	A	A	A	A	/	/	/	/	/
152	21UCCA103	SANGAMESHWARAN.R	A	A	A	A	A	A	A	A	A	A
153	21UCCA109	SIBIVENKATESH.S	A	A	A	A	A	/	/	/	/	/
154	21UCBI002	ARAVINDRAJ.P.R	/	/	/	A	A	A	A	A	A	A
155	21UCBI004	AJITHKUMAR.S	A	A	A	A	A	/	/	A	A	/
156	21UCBI011	DEVAPRASAD.R	/	/	/	/	/	A	A	A	A	A
157	21UCBI012	DHARAN.V	A	A	A	A	A	/	/	/	/	A
158	21UCBI014	DIVYA.R	/	/	/	/	/	/	/	/	/	/
159	21UCBI020	KARANJAIN.P	/	/	/	/	/	/	/	/	/	/
160	21UCBI034	POOVARASAN.S	/	/	/	/	/	/	/	/	/	/
161	21UCBI038	SANTHOSH.M	/	/	/	A	A	A	A	A	A	/
162	21UCBI042	SIVAMALLIGARJUNAN.K	A	A	A	A	A	A	A	A	A	A
163	21UCBI049	THRISHA.R	/	/	/	/	/	/	/	/	/	A



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164	21UCBI053	VEDHAVYAAS.S	/	/	/	/	/	/	/	/	/	A
165	21UCSC001	AATHISH.L	A	A	A	A	A	A	A	A	A	A
166	21UCSC009	DINESHKUMAAR.C	/	/	/	A	A	/	/	A	A	A
167	21UCSC044	SANTHEEP.K	A	A	A	A	A	A	A	A	A	A
168	21UCSC046	SIVADHARSHAN.S	A	A	A	A	A	A	A	A	A	A
169	21UCPA002	AKTSHAYA.S.S	A	A	A	A	A	/	/	/	/	/
170	21UCPA008	ASHIKA.N	/	/	/	/	/	/	/	/	/	/
171	21UCPA014	DHARANI.J.M	/	/	/	/	/	/	/	/	/	/
172	21UCPA016	GNANASRI.S	/	/	/	/	/	/	/	A	A	A
173	21UCPA021	INETHASRI.R	A	A	A	A	A	/	/	/	/	/
174	21UCPA027	MADHUMITA.S	A	A	A	A	A	/	/	/	/	/
175	21UCPA030	NABASINDHUS	/	/	/	/	/	/	/	/	/	A
176	21UCPA047	SIVABALAJI.P	A	A	A	A	A	A	A	/	/	A
177	21UBIT004	BAHUMATI.G	/	/	/	/	/	/	/	/	/	/
178	21UBIT022	NISHA.R	/	/	/	/	/	/	/	/	/	/
FACULTY HANDLING THE CLASS:												
INITIALS			SV	SV	SV	PP	PP	GM	GM	PP	PP	GM
			<i>SV</i>	<i>SV</i>	<i>SV</i>	<i>PP</i>	<i>PP</i>	<i>GM</i>	<i>GM</i>	<i>PP</i>	<i>PP</i>	<i>GM</i>

PP – Dr.P.Poongodi, Professor/BBA(CA)

GM – Ms.G.Manju, Associate Professor/BBA(CA)

SV – Ms. S.Vanitha, Assistant Professor/BBA(CA)

CK – Ms. C.Kalamani, Assistant Professor/BBA(CA)

SS – Ms. S.Savitha, Assistant Professor/BBA(CA)

[Signature]
Course Coordinator



[Signature]
HOD/BBA(CA)

HEAD OF THE DEPARTMENT
DEPARTMENT OF BUSINESS ADMINISTRATION (CA)
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ERODE - 638 107

[Signature]
Dr. N. RAMAN
PRINCIPAL,
KONGU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS)
NANJANAPURAM, ERODE - 638 107
Principal

Dr. N. RAMAN
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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP – BASIC BUSINESS PRACTICES – QUESTION PAPER

PAPER –I/ BASIC BUSINESS PRACTICES I – FIVE FORMS

Form 1 – Personal Savings Account


Form 2 – Personal Loan

Form 3 – GST Registration

Form 4 – Startup Business

Form 5 – Income Tax Form 16A




Dr. N. RAMAN
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Paper 1
Form - 1

SAVING BANK ACCOUNT OPENING FORM
(for BASIC/SMALL SB A/c)

For Bank Use Only	
Name & Code of the Branch	
Cust ID	
A/c No.	



1. Name in Full (M/MS)

2. Father/ Husband/Guardian Name

3. Residential address:
C/o
House No. and name:
Street No. and name:
Village /City Distrikt
State
Pincode
Telephone/Landline Mobile No.

4. Sex : Male/Female _____ Date of Birth:

5. a) Occupation----- (b) Category-----

6. KYC Documents Provided _____

7. Nomination Required Yes/No _____

8. Request for ATM Debit Card : Yes/No _____ SMS Alert : Yes/No _____

9. Introduction (if applicable):
Name of the introducer
Customer ID Account No.
I know Shri/Smt _____ for the past _____ Years/months. He/she is residing at the address given above.
Date : _____ Signature of the introducer _____

(Name, SS No & Signature of the verifying Branch official)
Please open a Savings Bank account in the name of Mr./Ms. _____ (first/sole applicant) and Mr./Ms. _____ (second Applicant) **. The Saving Bank rules and regulations including those relating to Small Account have been explained to me/us and I/we agree to abide by the same. An additional photograph of sole/each applicant is attached.

Date: _____
Place: _____
Signature/Thumb Impression of first/sole Applicant Signature/Thumb Impression of second Applicant
Name & No. of BC/BF.

Signature of Business Correspondent/Facilitator _____
Name, SS No & Signature of the verifying Branch official _____

** The Joint Account holder (i.e. second applicant) shall fill up a supplementary Form.
1. BASIC SB A/c. should be opened with full KYC Compliance.
2. SMALL SB A/c should be opened with simplified KYC norms and separate KYC form should not be taken



d
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Paper - I

SAVING BANK ACCOUNT OPENING FORM -ADDITIONAL INFORMATION
[For full KYC Compliance]- FOR BASIC SB A/c

Form (A)

1.

	First Applicant	Second Applicant
Customer ID		
Name		
Account No.		

2.Mode of Operation : Self/Jointly/Either or Survivor/Former or Survivor

3.PAN /GIR NO./FORM 60/61 _____

4.Income Per annum

5.Educational Qualification : Non Graduate/Graduate/Post Graduate/Professional

6.Email ID

7.KYC Document : Identification Proof : _____ Address Proof : _____

8.Request for add on:-

S.NO.	Product	Yes/No
1	e-Statement of Account	Yes/No
2.	Cheque Book	Yes/No
3.	Mobile Banking	Yes/No
4..	Internet Baking	Yes/No
5.	Credit Card	Yes/No
6.	Others	Yes/No

9.Additional Information for Cross Selling

I would like to also avail:-

S.NO.	Product	Yes/No
1	Housing Loan	Yes/No
2.	Vehicle Loan	Yes/No
3.	Mutual Fund	Yes/No
4.	Life/General INsurance	Yes/No
5.	Pension	Yes/No
6.	Others	Yes/No

I/we understand that a booklet on the Banking Codes & Standards Board of India Code(BCSBI) posted on your website shall be provided to me on demand.

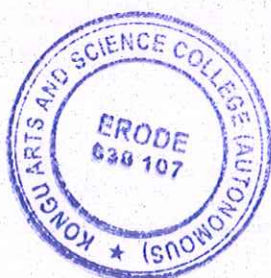
Terms & Conditions:

I/we confirm having received, read and understood (a) the accounts rules and hereby agree to be bound by the terms & conditions outlined in these rules which governs the account(s) which I/we am/are opening/will open and (b) amendments to the rules made from time to time and those relating to various services availed by me/us when displayed by the Bank on its notice board or on its website and those relating to various services offered by the Bank including but not limited to debit card, credit card, internet banking mobile banking and other facilities listed in this form. The usage of these facilities is governed by the terms and conditions stipulated by the Bank from time to time.

Date: _____

Place: _____ Signature/Thumb Impression of first/sole Applicant

_____ Signature/Thumb Impression of second Applicant



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Paper 1

Form 1 B

SAVING BANK ACCOUNT OPENING FORM(supplementary form for second applicant)
(FOR BASIC/SMALL SB A/c)

For Bank Use Only

Name & Code of the Branch

Cust ID

A/C No.

Affix
Passport
size Photo



1. Name in Full (Mr/Ms) (second applicant)

2. Father/ Husband/Guardian Name

3. Residential address:

C/o

House No. and name :

Street No. and name

Village /City District

State

Pincode

Telephone/Landline Mobile No.

4. Sex : Male/Female Date of Birth:

5. a) Occupation..... (b) Category-

6. KYC Documents Provided

Signature/Thumb Impression of second Applicant

Name & No. of BC/BF.

Signature of Business Correspondent/Facilitator

Name, SS No & Signature of the verifying Branch official



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PPL02

*Mandatory Field

Paper 1

10000
2

Date

If existing AXIS Bank Customer, Please Provide Customer ID

Saving Account Y N Account no.

Loan Type Pre Approved CLEAR Topup (With closure of existing loan) Parallel (In addition to existing loan)
MAXIMA ULTIMA External BT Topup / Ext BT Loan A/c no.

Personal Details

*Name (Same as ID proof)
Maiden name (If any)
*Father's name
*Mother's name
CKYC No.

*Residence Address (Present Address)

Landmark City State Country Pin Code
*Phone Number *Mobile Number *Mailing Address

*E-mail ID *Email statement

*No. of Years In the current residence Years Months *No. of Years In the city Years Months

*Residence Ownership Self Owned Parental Owned-Mortgaged Co. Provided Paying Guest Rental Relative
Constitution Resident Indian Non-Resident Indian Foreign Nationals Overseas Citizen of India Person of Indian Origin
Nationality Indian Other (Kindly mention nationality, if apart from Indian) PEP YES NO

*Resident Address (Permanent Address)

Landmark City State Country Pincode
*Phone Number *Mobile Number *Mailing Address

*Residence Ownership Self Owned Parental Owned-Mortgaged Rental Relative

*Community Hindu Muslim Buddhist Christians Sikh Zoroastrian Jain Parsi Others

*Category General Other Backward Castes (OBC) Schedule Castes Schedule Tribes Others

*Gender Male Female Third Gender *Status Res NRI PIO OCI Foreign National

*Date of Birth *PAN *Aadhaar No.

Passport No./Voter ID/Driving License Date of Exp. for Passport/Driving License

*Marital Status Married Single Others *No. of Dependents *Person with Disability

*Education Matriculate Undergraduate Graduate Postgraduate Professional Others

Employment Nature Salaried Self Employed Consultant Designation Department

Occupation Salaried Self Employed Unemployed Retired Housewife Politician Student

If Salaried, Pvt Ltd Public Ltd Proprietorship Partnership Firm Public Sector Government Multinational

Trust/Association/Society/Club Nature of Employment (As per the type of organization selected above, mention the details of profession example: Director/Banker/Agent)

For Police Defense Employees Belt No. PIS no./ Employee no. Rank Regiment/Unit Details

Name of Employer

Nature of Organization Govt./PSU Public Ltd. Pvt. Ltd. MNC Partnership Proprietorship Others

Period In Current Employment/Business Years Months Total Employment Period Years Months Employee ID

Office Address

Landmark City State Country Pincode

Phone Number Extn Mailing Address

E-mail ID (Office) *Email statement

VPA/UPI ID



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Paper 1 Form 2

Amount (₹) _____ Terms (Months) _____ P. Fee: @ _____ % ROI: @ _____ % Repayment Mode PDC NACH SI

Net Monthly Income (₹) _____

Bank Details Account I Account II
 Bank Name _____
 A/c Number _____
 Type of Account _____

Loan Details Financier Name Loan Amount Type of Loan EMI Topup / BT
 Loan I _____
 Loan II _____
 Loan III _____
 Loan IV _____
 Loan V _____
 Loan VI _____

Annual Income _____ (Total of all income declared / only in absolute and numeric value)

Source of Fund Salaried Investment Professional Fees Business Earnings Commission Agriculture
 Purpose of Loan
 Education Home Repair Marriage Travel Consumer Durables Medical Personal Others

Reference I Reference II
 Name _____
 Relationship with Applicant/Co-Applicant _____
 Name _____
 Pin City Pin City
 State Country State Country

Mobile No./Telephone _____
 E-mail ID _____

Insurance Interested Non Interested Shall Decide Later

Consent Clauses

I hereby give my consent to and agree and authorize Axis Bank Ltd. to fetch my personal data from L1/BI/AI, hereby state that I have not given my consent to any other bank/government agency of Aadhaar based authentication system and I've unilaterally consent to providing my Aadhaar number / VID number, Biometric information and/or One Time Pin (OTP) data and/or any similar authentication data for the purpose of personal loan application, I understand that the biometric and/or OTP and/or any other authentication data I provide for will only be used for authenticating my identity through the Aadhaar authentication system for the specific transaction or as per requirement of law and for no other purposes. I confirm that I have been informed about the alternatives to submission of identity information and I have agreed to authenticate myself through Aadhaar based authentication system with full understanding of all alternatives to submission of identity information. I understand that Axis Bank shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication. I authorize Axis Bank to verify and authenticate my Aadhaar during processing my personal loan. Further authorize the Bank to share my Aadhaar related data with regulatory/statutory bodies as and when required.

I hereby expressly consent to and authorize the Bank (or other entity/its) or through any of its service providers, and all other information, in whatever manner or otherwise, to collect, store and process my application details, personal data and sensitive information about me, information papers and data relating to know your customer (KYC), credit information, and any other information about me/pertaining to me or as may be deemed relevant by the Bank (or other entity/its) and I hereby also expressly consent to and authorize the Bank to download KYC details from the CKYC registry using my CKYC ID or to use my personal loan application.

I expressly consent Bank to share and disclose the information to service providers, consultants, credit information companies, information utilities, other banks and financial institutions, affiliates, group companies, subsidiaries, regulators, investment agencies, judicial, quasi-judicial and statutory authorities, or to other persons/institutions/entities as may be necessary in connection with the contractual or legal requirements or in the legitimate interests of the Bank or as per the consent, undertake to process information including by way of storing, structuring, organizing, reproducing, copying, using, profiling, etc. as may be deemed fit by the Bank and for the purposes of credit appraisals, fraud detection, anti-money laundering obligations, for entering into our track, for direct marketing, or cross-selling, for developing credit scoring models and business strategies, or monitoring, for evaluating and improving the quality of services and products or for any purposes as the Bank may deem fit. I expressly agree to the Bank, its service providers, agents and/or its affiliates for using the information for direct marketing, promotion and cross-selling to me their various products and services of the Bank from time to time via telephone, SMS or Verema. YES / NO

Applicant Signature _____ Co-Applicant Signature _____ Co-Applicant Signature _____

I/We declare that the particulars and information given in the application form are true, correct, complete and up to date in all respects and I/we have not withheld any information. I/We confirm that I/We have no insolvency proceeding indicated against me/us nor have I/We ever been adjudicated insolvent. I/We have read the application form and am/are aware of all terms and conditions of availing finance from Axis Bank. I/We authorize Axis Bank to make reference and inquiries relating to information in this application which the bank considers necessary. I/We authorize the bank to exchange, part/share with all information relating to my/our loan details and repayment history to other banks/financial institutions etc. as may be required and shall not hold the bank liable for use of this information. I/We undertake to inform the bank regarding change in my residence/employment and to provide any further information that the bank may require. I/We agree that my/our loan shall be governed by the rules of the Bank which may be in force from time to time. I/We understand that the Bank has the right to reject my/our application without providing any reason thereof. The borrower(s)/guarantor(s) agree(s) to have given his/their express consent to the Bank to disclose all information and data furnished by them to Credit Information Companies (CIC's) or any other credit bureau permitted to operate in India. The borrower(s)/guarantor(s) further agree(s) that they shall execute such additional documents as may be necessary for the purpose. I/We confirm that I/We have received a copy of the "Code of Bank's commitment to Customers". I/We have been explained the content of the same and also understand that it is available on-line at the Bank's website, "www.axisbank.com".



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Paper - 1

Form - 3

Form GST REG-01

[See Rule -----]

Application for Registration

(Other than a non-resident taxable person, a person supplying online information and data base access or retrieval services from a place outside India to a non-taxable online recipient referred to in section 14 of the Integrated Goods and Services Tax Act, a person required to deduct tax at source under section 51 and a person required to collect tax at source under section 52)

Part - A

State / UT - District -

(i)	Legal Name of the Business (As mentioned in PAN)	
(ii)	PAN (Enter PAN of the Business, PAN of Individual in case of Proprietorship concern)	
(iii)	Email Address	
(iv)	Mobile Number	

Note - Information submitted above is subject to online verification before proceeding to fill up Part-B. Authorized signatory filing the application shall provide his mobile number and email address.

Part - B

1.	Trade Name, if any	
2.	Constitution of Business (Please Select the Appropriate)	
(i) Proprietorship	<input type="checkbox"/>	(ii) Partnership <input type="checkbox"/>
(iii) Hindu Undivided Family	<input type="checkbox"/>	(iv) Private Limited Company <input type="checkbox"/>
(v) Public Limited Company	<input type="checkbox"/>	(vi) Society/Club/Trust/Association of Persons <input type="checkbox"/>
(vii) Government Department	<input type="checkbox"/>	(viii) Public Sector Undertaking <input type="checkbox"/>
(ix) Unlimited Company	<input type="checkbox"/>	(x) Limited Liability Partnership <input type="checkbox"/>
(xi) Local Authority	<input type="checkbox"/>	(xii) Statutory Body <input type="checkbox"/>
(xiii) Foreign Limited Liability Partnership	<input type="checkbox"/>	(xiv) Foreign Company Registered (in India) <input type="checkbox"/>
(xv) Others (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Name of the State <input type="text"/>	District <input type="text"/>
4.	Jurisdiction	State <input type="text"/>
		Centre <input type="text"/>
	Sector, Circle, Ward, Unit, etc. others (specify) <input type="text"/>	



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5.	Option for Composition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Composition Declaration <input type="checkbox"/> I hereby declare that the aforesaid business shall abide by the conditions and restrictions specified in the Act or Rules for opting to pay tax under the composition scheme.		
6.1	Category of Registered Person (tick in check box)		
(i)	Manufacturers, other than manufacturers of such goods as may be notified by the Government for which option is not available		
(ii)	Suppliers making supplies referred to in clause (b) of paragraph 6 of Schedule II		
(iii)	Any other supplier eligible for composition levy.		
7.	Date of commencement of business	DD/MM/YYYY	
8.	Date on which liability to register arises	DD/MM/YYYY	
9.	Are you applying for registration as a casual taxable person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	If selected 'Yes' in Sr. No. 9, period for which registration is required	From DD MM YYYY	To DD MM YYYY
11.	If selected 'Yes' in Sr. No. 9, estimated supplies and estimated net tax liability during the period of registration		
Sr. No.	Type of Tax	Turnover (Rs.)	Net Tax Liability (Rs.)
(i)	Integrated Tax		
(ii)	Central Tax		
(iii)	State Tax		
(iv)	UT Tax		
(v)	Cess		
	Total		
	Payment Details		
	CIN	Date	Amount
12.	Are you applying for registration as a SEZ Unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(i) Select name of SEZ		▽
	(ii) Approval order number and date of order		
	(iii) Designation of approving authority		



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13.	Are you applying for registration as a SEZ Developer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(i) Select name of SEZ Developer		▽
	(ii) Approval order number and date of order		
	(iii) Designation of approving authority		
14.	Reason to obtain registration:		
	(i) Crossing the threshold	(viii) Merger /amalgamation of two or more registered persons	
	(ii) Inter-State supply	(ix) Input Service Distributor	
	(iii) Liability to pay tax as recipient of goods or services u/s 9(3) or 9(4)	(x) Person liable to pay tax u/s 9(5)	
	(iv) Transfer of business which includes change in the ownership of business (if transferee is not a registered entity)	(xi) Taxable person supplying through e-Commerce portal	
	(v) Death of the proprietor (if the successor is not a registered entity)	(xii) Voluntary Basis	
	(vi) De-merger	(xiii) Persons supplying goods and/or services on behalf of other taxable person(s)	
	(vii) Change in constitution of business	(xiv) Others (Not covered above) – Specify	
15.	Indicate existing registrations wherever applicable		
	Registration number under Value Added Tax (TIN)		
	Central Sales Tax Registration Number		
	Entry Tax Registration Number		
	Entertainment Tax Registration Number		
	Hotel and Luxury Tax Registration Number		
	Central Excise Registration Number		
	Service Tax Registration Number		
	Corporate Identify Number/Foreign Company Registration Number		
	Limited Liability Partnership Identification Number/Foreign Limited Liability Partnership Identification Number		
	Importer/Exporter Code Number		
	Registration number under Medicinal and Toilet Preparations (Excise Duties) Act		
	Registration number under Shops and Establishment Act		



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Temporary ID, if any					
Others (Please specify)					
16. (a) Address of Principal Place of Business					
Building No./Flat No.			Floor No.		
Name of the Premises/Building			Road/Street		
City/Town/Locality/Village			District		
Taluka/Block					
State			PIN Code		
Latitude			Longitude		
(b) Contact Information					
Office Email Address		Office Telephone number		STD	
Mobile Number		Office Fax Number		STD	
(c) Nature of premises					
Own	Leased	Rented	Consent	Shared	Others (specify)
(d) Nature of business activity being carried out at above mentioned premises (Please tick applicable)					
Factory / Manufacturing	☐	Wholesale Business	☐	Retail Business	☐
Warehouse/Depot	☐	Bonded Warehouse	☐	Supplier of services	☐
Office/Sale Office	☐	Leasing Business	☐	Recipient of goods or services	☐
EOU/ STP/ EHTP	☐	Works Contract	☐	Export	☐
Import	☐	Others (Specify)	☐		

17. Details of Bank Accounts (s)

Total number of Bank Accounts maintained by the applicant for conducting business (Upto 10 Bank Accounts to be reported)	
---	--

Details of Bank Account 1

Account Number																			
Type of Account											IFSC								
Bank Name																			
Branch Address	To be auto-populated (Edit mode)																		

Note – Add more accounts -----



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18. Details of the Goods supplied by the Business

Please specify top 5 Goods		
Sr. No.	Description of Goods	HSN Code (Four digit)
(i)		
(ii)		
...		
(v)		

19. Details of Services supplied by the Business.

Please specify top 5 Services		
Sr. No.	Description of Services	Service Accounting Code
(i)		
(ii)		
...		
(v)		

20. Details of Additional Place(s) of Business

Number of additional places	
-----------------------------	--

Premises 1

(a) Details of Additional Place of Business

Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
City/Town/Locality/Village		District	
Block/Taluka			
State		PIN Code	
Latitude		Longitude	

(b) Contact Information

Office Email Address		Office Telephone number	STD	
Mobile Number		Office Fax Number	STD	

(c) Nature of premises

Own	Leased	Rented	Consent	Shared	Others
-----	--------	--------	---------	--------	--------



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Paper 2
Form

						(specify)
(d) Nature of business activity being carried out at above mentioned premises (Please tick applicable)						
Factory / Manufacturing	<input type="checkbox"/>	Wholesale Business	<input type="checkbox"/>	Retail Business	<input type="checkbox"/>	
Warehouse/Depot	<input type="checkbox"/>	Bonded Warehouse	<input type="checkbox"/>	Supplier of services	<input type="checkbox"/>	
Office/Sale Office	<input type="checkbox"/>	Leasing Business	<input type="checkbox"/>	Recipient of goods or services	<input type="checkbox"/>	
EOU/ STP/ EHTP	<input type="checkbox"/>	Works Contract	<input type="checkbox"/>	Export	<input type="checkbox"/>	
Import	<input type="checkbox"/>	Others (specify)	<input type="checkbox"/>			

21. Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.

Particulars	First Name	Middle Name	Last Name
Name			
Photo			
Name of Father			
Date of Birth	DD.MM/YYYY	Gender	<Male, Female, Other>
Mobile Number		Email address	
Telephone No. with STD			
Designation /Status		Director Identification Number (if any)	
PAN		Aadhaar Number	
Are you a citizen of India?	Yes / No	Passport No. (in case of foreigners)	
Residential Address			
Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
City/Town/Locality/Village		District	
Block/Taluka			
State		PIN Code	
Country (in case of foreigner only)		ZIP code	



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Paper 3
Form 3

22. Details of Authorized Signatory
 Checkbox for Primary Authorized Signatory
 Details of Signatory No. 1

Particulars	First Name	Middle Name	Last Name
Name			
Photo			
Name of Father			
Date of Birth	DD/MM/YYYY	Gender	<Male, Female, Other>
Mobile Number	Email address		
Telephone No. with STD			
Designation /Status		Director Identification Number (if any)	
PAN	Aadhaar Number		
Are you a citizen of India?	Yes / No	Passport No. (in case of foreigners)	

Residential Address in India			
Building No/Flat No		Floor No	
Name of the Premises/Building		Road/Street	
Block/Taluka			
City/Town/Locality/Village	District		
State	PIN Code		

23. Details of Authorized Representative

Enrolment ID, if available			
Provide following details, if enrolment ID is not available			
PAN			
Aadhaar, if PAN is not available			
	First Name	Middle Name	Last Name



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Name of Person										
Designation / Status										
Mobile Number										
Email address										
Telephone No. with STD						FAX No. with STD				

24. State Specific Information

Profession Tax Enrolment Code (EC) No.

Profession Tax Registration Certificate (RC) No.

State Excise License No. and the name of the person in whose name Excise License is held

- a. Field 1
- b. Field 2
- c.
- d.
- e. Field n

25. Document Upload

A customized list of documents required to be uploaded (refer Rule f) as per the field values in the form.

26. Consent

I on behalf of the holder of Aadhaar number <pre-filled based on Aadhaar number provided in the form> give consent to "Goods and Services Tax Network" to obtain my details from UIDAI for the purpose of authentication. "Goods and Services Tax Network" has informed me that identity information would only be used for validating identity of the Aadhaar holder and will be shared with Central Identities Data Repository only for the purpose of authentication.

27. Verification (by authorized signatory)

I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

Signature

Place: _____ Name of Authorized Signatory

Date: _____ Designation/Status



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Sample Application Form: Startup India

Application Details (auto populated)

Registration ID: _____ Category: Priority Programme – Startup India
State: _____ Group: _____

Application Form (to be filled by State representative)

Please note that the period of implementation to be considered is between 1st April, 2015 and 31st December, 2016.

1. Has the State notified a dedicated policy for startups?

- Yes
 No

If Yes, please provide the link to policy document

URI: _____

2. Does the State allow self-certification based compliance for startups under the following Labour laws?

i.	The Building and Other Construction Workers' Act, 1996	<input type="radio"/> Yes	<input type="radio"/> No
ii.	The Inter-State Migrant Workmen Act, 1979	<input type="radio"/> Yes	<input type="radio"/> No
iii.	The Payment of Gratuity Act, 1972	<input type="radio"/> Yes	<input type="radio"/> No
iv.	The Contract Labour (Regulation and Abolition) Act, 1970	<input type="radio"/> Yes	<input type="radio"/> No

3. Does the State allow self-certification based compliance for startups under the following Environment laws?

i.	The Water (Prevention & Control of Pollution) Act, 1974	<input type="radio"/> Yes	<input type="radio"/> No
ii.	The Water (Prevention & Control of Pollution) Cess (Amendment) Act, 2003	<input type="radio"/> Yes	<input type="radio"/> No
iii.	The Air (Prevention & Control of Pollution) Act, 1981	<input type="radio"/> Yes	<input type="radio"/> No

4. Does the State have a dedicated website or mobile application, which serves as a single platform to enable information exchange with startups?

- Yes
 No

5. Does the State have a dedicated helpline or call center to address queries related to startup ecosystem?

- Yes
 No

6. If yes, please provide details:

- i. Helpline Number: _____
ii. Date of commencement: _____
iii. Working Hours: _____

7. Has the State set up a dedicated fund / fund of funds to provide financial assistance to startups?

- Yes
 No

8. Please provide a write-up of work done in your State between 1st April, 2015 and 31st December, 2016 under the scheme, highlighting strategy adopted in implementation, achievements, outcomes, impact and sustainability.

(~1200 words)


Upload information of persons who are covered under the Startup India programme (Name, Phone number etc.):
(The document must be uploaded in PDF format with file size not exceeding 2 MB)

Upload supporting documents (e.g. flowcharts etc.):
(The document must be uploaded in PDF format with file size not exceeding 2 MB)

Upload relevant photographs (maximum 10):
(The photograph(s) must be uploaded in jpeg or png format with each file size not exceeding 2 MB)

Provide links of videos (duration 3-5 minutes), if any, on implementation of Startup India in your State:




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Paper I
Form - 2

I hereby certify that the information and particulars furnished above are true and correct to the best of my knowledge.

Name
Designation
Place
Date




↓
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NANJANAPURAM, ERODE - 638 107.

Paper I

Room - 5

FORM NO. 16A					
[See rule 31(1)(b)]					
Certificate under section 203 of the Income-tax Act, 1961 for tax deducted at source					
Certificate No.		Last updated on			
Name and address of the Deductor			Name and address of the Deductee		
Permanent Account Number or Aadhaar Number of the Deductor		TAN of the Deductor		Permanent Account Number or Aadhaar Number of the Deductee	
CIT (TDS)		Assessment Year		Period	
Address		From		To	
City..... Pin code.....					
Summary of payment					
Sl. No.	Amount paid/credited	Nature of payment	Deductee Reference No. provided by the Deductor (if any)	Date of payment/credit (dd/mm/yyyy)	
Total (Rs.)					
Summary of tax deducted at source in respect of Deductee					
Quarter	Receipt Numbers of original quarterly statements of TDS under sub-section (3) of section 200	Amount of tax deducted in respect of Deductee	Amount of tax deposited/remitted in respect of Deductee		
I. DETAILS OF TAX DEDUCTED AND DEPOSITED IN THE CENTRAL GOVERNMENT ACCOUNT THROUGH BOOK ADJUSTMENT (The deductor to provide payment wise details of tax deducted and deposited with respect to the deductee)					
Sl. No.	Tax deposited in respect of the deductee (Rs.)	Book Identification Number (BIN)			
		Receipt numbers of Form No. 24G	DDO serial number in Form No. 24G	Date of Transfer voucher (dd/mm/yyyy)	Status of Matching with Form No.24G
Total (Rs.)					




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Paper I


Form 5

II. DETAILS OF TAX DEDUCTED AND DEPOSITED IN THE CENTRAL GOVERNMENT ACCOUNT THROUGH CHALLAN (The deductor to provide payment wise details of tax deducted and deposited with respect to the deductee)					
Sl. No.	Tax deposited in respect of the deductee (Rs.)	Challan Identification Number (CIN)			
		BSR Code of the Bank Branch	Date on which tax deposited (dd/mm/yyyy)	Challan Serial Number	Status of matching with OLTAS
Total (Rs.)					
Verification					
I,..... son/daughter of working in the capacity of (designation) do hereby certify that a sum of Rs. [Rs. (in words)] has been deducted and deposited to the credit of the Central Government. I further certify that the information given above is true, complete and correct and is based on the books of account, documents, TDS statements, TDS deposited and other available records.					
Place		(Signature of person responsible for deduction of tax)			
Date					
Designation:		Full Name:			

Notes:

1. Government deductors to fill information in item I if tax is paid without production of an income-tax challan and in item II if tax is paid accompanied by an income-tax challan.
2. Non-Government deductors to fill information in item II.
3. The deductor shall furnish the address of the Commissioner of Income-tax (TDS) having jurisdiction as regards TDS statements of the assessee.
4. In items I and II, in column for tax deposited in respect of deductee, furnish total amount of TDS, surcharge (if applicable) and education cess (if applicable).":




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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP – BASIC BUSINESS PRACTICES – QUESTION PAPER

PAPER - II / BASIC BUSINESS PRACTICES I – FIVE FORMS

- Form 1 – Post office savings account
- Form 2 – Railway Reservation
- Form 3 – Employment registration
- Form 4 – LIC Policy
- Form 5 – Online Payment Method




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Paper - 11
Form - 1

POST OFFICE SAVINGS BANK
ACCOUNT OPENING/PURCHASE OF CERTIFICATE APPLICATION FORM FOR INDIVIDUALS

For Office Use
Post Office: _____ Date: _____ SOL ID: _____
Account/Registration No. _____ CIFID(1) _____
CIFID(2) _____ CIFID(3) _____

For Applicant(s)
1. I/We request you to open: _____ (Savings (with/w. cheque book)/Basic Savings/RD/1/2/3/5 Years TD/MIS/SCSS/PPF/SSA or issue NSCF/79th issue) or KVP) in my/our name.

2. Full Name of applicant(s)/Guardian in case of minor/Innocent A/C, in CAPITAL Letters (leave space between v
Mr./Mrs./Ms./Other First Name Middle Name Last name Gender
1 _____
2 _____
3 _____

3. Full Name of father/husband/Mother, in CAPITAL Letters _____

4. Residential Address First Applicant 2nd Applicant 3rd Applicant
Flat No./Bldg. name _____
Street/Road/Locality/Village _____
Tehsil/Post Office _____
City and District _____
State _____
Pin Code _____
Tel./Mobile No. (optional) _____
Email (optional) _____

5. Applicant's Date of Birth (dd/mm/yy) PAN Number or Form 60/61: _____ Cif ID (if already exists) _____
1 _____
2 _____
3 _____

6. Operating Instruction (please tick in the empty box)
Single/Self Either or Survivor (Joint-B) Jointly (Joint-A) Through literate agent

7. Detail of Know Your Customer (KYC) documents submitted:-
Photo ID of Applicant(s) Address Proof of Applicant(s)
1st 2nd 3rd 1st 2nd 3rd
Type of Document _____
Document No. _____
Valid up to (if any) _____

8. Detail of First deposit:- Amount Rs.(figures) _____ (words) _____
Mode of Deposit _____

9. Nomination:- I/We nominate the person(s) named below under Section 4 of the Government Savings Bank Act, 1973 (1873) to be the sole recipient(s) of the amount standing at the credit of the account in the event of my/our death.
Name & address of nominee(s) Date of Birth (in case of minor) Share of nomination Name & address of person who may receive the said amount during the minority of the nominee(s)

Signature of witness in case depositor wish to make nomination
Name & Address of witness _____

*Mandatory Fields to be filled by customer.



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- 10. AADHAR NUMBER:- _____
- 11. Please open Minor A/C through Guardian/Lunatic Account through Guardian/Blind/Physically Handicapped/In through Agent/Pensioner/BPL/SS Basic Savings Account/Sanchayika Account/Other:- _____
- 12. In case of minor/Lunatic Account, please fill Name of Minor/Lunatic and his/her Relationship with Guardian _____
- 13. In case of other than Minor/Lunatic, please enter Name of Sanchayika/Government Welfare Scheme PPO/BPL/Registration/Enrollment number:- _____
- 14. Amount of Monthly Installment (In case of RD Account)-Rs.(in figures) _____ (in words) _____
- 15. In case services of SAS/PPF/MPKBY Agent are taken:- Name of Agent _____ A No. _____ Valid Up to _____
- 16. Standing Instructions if any :- _____
- 17. I/We authorize Agent (name) _____ to receive Passbook/Certificates on my/our behalf.
- 18. Received Certificate(s) _____ Signature of investor/messenger/Authorized agent _____

Declarations

I/We hereby declare that I/We have clearly understood POSB General Rules 1981 and Post Office Savings Account Rules 1981/ Post Office Recurring Deposit Rules 1981/ Post Office Time Deposit Rules 1981/ Monthly Income Account Rules 1987/ Senior Citizens Savings Scheme Rules, 2004 and Sukanya Samriddhi Account Rules 2014, PPF Rules 1968, NSC (VIII) and (XI) Issue Rules, KVP Rules (amended from time to time) governing the accounts/Certificates under this scheme and to abide by such rules framed by the Central Government as applicable to the account from time to time. I hereby declare that I am not maintaining any other Public Provident Fund Account and I will exceed maximum deposit limit fixed from time to time in self as well as my minor accounts (combining all accounts) where I am a guarantor.

DATE: _____

Signature/Thumb Impression:

1 st Applicant	2 nd Applicant	3 rd Applicant
---------------------------	---------------------------	---------------------------

All fields to be entered into system by Counter P.A.

For Office Use only

Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with. Following serial numbers of NSC (S/KVP/S) issued (in case of NSC/KVP Application):-

Serial Nos of certificates	Denomination	Date of issue	Date of encashment

Signature of BPM
Date Stamp

Signature of Sub/Head Postmaster
Date Stamp



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1. Name of the Institution: _____
 2. Address: _____
 3. City: _____
 4. State: _____
 5. Pin Code: _____
 6. Telephone No. (Mobile No. if any): _____
 7. Date: _____

No.	Name of the Candidate	Age	Gender	Category	Religion	Signature of Candidate	Signature of Parent/Guardian

CHILDREN BELOW 5 YEARS (FOR WHOM TICKET IS NOT TO BE ISSUED)

No.	Name in Block Letters	Gender (M/F or I)

ONWARD/RETURN JOURNEY DETAILS

From: _____ Date of Journey: _____
 To: _____
 State: _____
 City: _____
 Address: _____
 And/or (Optional): _____

Signature of the Applicant Representative

Telephone No./Mobile No. (if any): _____
 Date: _____

FOR OFFICIAL USE ONLY

Name of Institution: _____
 Address: _____
 Signature of Reservation Clerk

- 1. This form is to be filled by the parent/guardian of the candidate.
- 2. This form is to be filled by the parent/guardian of the candidate.
- 3. This form is to be filled by the parent/guardian of the candidate.
- 4. This form is to be filled by the parent/guardian of the candidate.
- 5. This form is to be filled by the parent/guardian of the candidate.
- 6. This form is to be filled by the parent/guardian of the candidate.
- 7. This form is to be filled by the parent/guardian of the candidate.
- 8. This form is to be filled by the parent/guardian of the candidate.



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10

EMPLOYMENT REGISTRATION FORM

EMPLOYEE REGISTRATION FORM


*Employee Name: _____
 *Date of Birth: _____
 *Mobile No: _____
 *Family Card Number: _____
 *Image Code: _____

3513b



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Page 11
Form 4

 <p>LIFE INSURANCE CORPORATION OF INDIA Incorporated in India under the Companies Act, 1956</p>		<p>Recent Passport Size Photo</p>		<p>FOR ALL POLICIES OF LIC PROPOSAL FOR INSURANCE ON OWN LIFE (To be filled by proposer)</p> <p>Inward Number: 000000 Date:</p>	
<p>Filled in by Agent: Division Code: 0000</p>		<p>Branch Office Code:</p>		<p>FOR OFFICE USE ONLY</p>	
<p>Policy No.:</p>		<p>Sub Branch Code:</p>		<p>Proposed Amt. of Deposit B.E.C. No.:</p>	
<p>Day Under Cover: 00000000</p>		<p>Date of Expiry:</p>		<p>Date:</p>	
<p>Age:</p>		<p>Marital Code:</p>		<p>Object of Insurance:</p>	
<p>Answers to be filled in legibly. Answer must be given in Words. Stroke of the pen and/or the use of ball pen will not be accepted as replies.</p>					
<p>Surname:</p>		<p>Initial:</p>		<p>Place of Birth:</p>	
<p>Name (Surname first) and address to which communication are to be sent</p>					
<p>Place of Birth:</p>		<p>Nationality:</p>		<p>Sex:</p>	
<p>Residence (STD Code) Res:</p>		<p>Off:</p>		<p>Nat. res. (if different from above):</p>	
<p>Age (nearest birthday):</p>		<p>Date of Birth:</p>		<p>Yes</p>	
<p>Father's Full name (Surname first):</p>		<p>Age Relationship to yourself</p>			
<p>Age Relationship to yourself</p>		<p>Code</p>			
<p>Age Relationship to nominee</p>		<p>Signature of Appointee as token of consent</p>		<p>Yes</p>	

Note: It is in the interest of the Proposer to avail the facility of nomination.

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Page Four



L
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Life Insurance Corporation of India

HPR-F300-V1.0

Plan	Policy Term	Premium Term	Sum Proposed (Rs.)	Four fold sum proposed (if required)	Is accident Benefit required?	Date of Commencement, if policy is to be dated back, indicate the date	Total Amount Deposited (Rs.)
				Critical illness sum proposed (if required) Rs.	Sum Assured For the A.B(Rs.)		
Boc1-No		Boc1-Date		Boc2-No		Boc2-Date	
Mode: Yly, Half-ly, Qtrly, Mly, SSS (Mode 1)		Paying Authority Code			Dept. No.	Badge or S.R. No.	
		PA:		Sub PA:			
Present Occupation				Exact nature of duties			
Business							
Name of Present Employer					Length of Service with him (years)		
Educational Qualification			Annual Income (Rs.)		Source of Income	Are you an Income Tax Assessee?	
If you are employed in the Armed forces, please state:							
in which you	Rank therein		Date of last Medical Examination (dd/mm/yyyy)		Medical Category after Medical Examination		Were you ever below A-1 category? If so when?
If you are now being proposed for another assurance or an extension or revival of a policy on your life or any other person made for consideration in any office of the corporation or other insurer? If yes give details.					YES/NO	DETAILS	
If you have ever been proposed (or application for issue of a policy) on your life made to any office of the corporation or to any other insurer?			Answer 'YES' or 'NO'		If yes give details.		
If yes, Deferred, Droptee or Surrender?							
If yes, with extra Premium or Interest?							
If yes, on terms otherwise than those specified?							
If you have ever been proposed for a policy of the corporation as a result of a 'Special Acceptance' to you? If yes, give details.							

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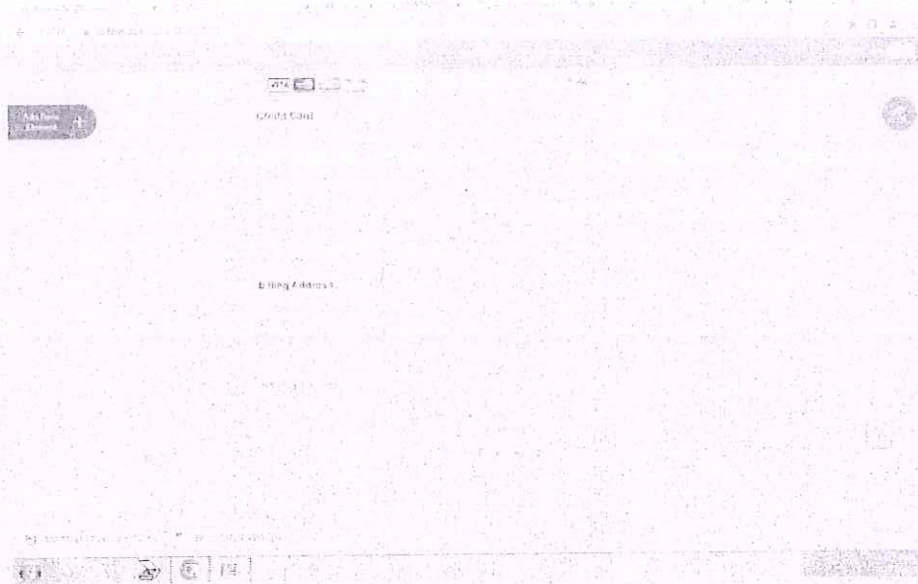
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Paper - II
Form - 5

FORM 5 ONLINE PAYMENT METHOD




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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP – BASIC BUSINESS PRACTICES – MARK STATEMENT

SI NO.	REG.NO.	Theory - I& II	RESULT	GRADE
1	20UBAC001	91	PASS	A++
2	20UBAC002	AB	FAIL	**
3	20UBAC003	90	PASS	A++
4	20UBAC005	76	PASS	A
5	20UBAC006	84	PASS	A+
6	20UBAC008	95	PASS	A++
7	20UBAC009	86	PASS	A+
8	20UBAC010	87	PASS	A+
9	20UBAC011	80	PASS	A+
10	20UBAC013	87	PASS	A+
11	20UBAC014	80	PASS	A+
12	20UBAC015	86	PASS	A+
13	20UBAC021	89	PASS	A+
14	20UBAC023	88	PASS	A+
15	20UBAC024	85	PASS	A+
16	20UBAC027	62	PASS	B+
17	20UBAC036	AB	FAIL	**
18	20UBAC037	69	PASS	B+
19	20UBAC038	90	PASS	A++
20	20UBAC039	87	PASS	A+
21	20UBAC040	90	PASS	A++
22	20UBAC042	91	PASS	A++
23	20UBAC043	85	PASS	A+
24	20UBAC045	82	PASS	A+
25	20UBAC047	77	PASS	A



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP – BASIC BUSINESS PRACTICES – MARK STATEMENT

SI NO.	REG.NO.	Theory - I& II	RESULT	GRADE
26	20UBAC048	85	PASS	A+
27	20UBAC050	75	PASS	A
28	20UBAC051	83	PASS	A+
29	20UBAC052	95	PASS	A++
30	20UBAC053	95	PASS	A++
31	20UBAC055	90	PASS	A++
32	20UBAC059	91	PASS	A++
33	20UBAC060	84	PASS	A+
34	21UBAC001	87	PASS	A+
35	21UBAC002	84	PASS	A+
36	21UBAC003	91	PASS	A++
37	21UBAC004	95	PASS	A++
38	21UBAC005	AB	FAIL	**
39	21UBAC006	92	PASS	A++
40	21UBAC007	96	PASS	A++
41	21UBAC009	AB	FAIL	**
42	21UBAC010	89	PASS	A+
43	21UBAC011	90	PASS	A++
44	21UBAC012	73	PASS	A
45	21UBAC013	87	PASS	A+
46	21UBAC014	83	PASS	A+
47	21UBAC016	55	PASS	B
48	21UBAC017	86	PASS	A+
49	21UBAC018	94	PASS	A++
50	21UBAC019	83	PASS	A+



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20VBBBP – BASIC BUSINESS PRACTICES – MARK STATEMENT

SI NO.	REG.NO.	Theory - I& II	RESULT	GRADE
51	21UBAC020	90	PASS	A++
52	21UBAC021	91	PASS	A++
53	21UBAC022	84	PASS	A+
54	21UBAC023	90	PASS	A++
55	21UBAC024	85	PASS	A+
56	21UBAC026	83	PASS	A+
57	21UBAC027	80	PASS	A+
58	21UBAC028	67	PASS	B+
59	21UBAC029	73	PASS	A
60	21UBAC030	78	PASS	A
61	21UBAC031	91	PASS	A++
62	21UBAC032	95	PASS	A++
63	21UBAC034	87	PASS	A+
64	21UBAC036	93	PASS	A++
65	21UBAC037	75	PASS	A
66	21UBAC038	95	PASS	A++
67	21UBAC039	93	PASS	A++
68	21UBAC040	85	PASS	A+
69	21UBAC041	94	PASS	A++
70	21UBAC042	81	PASS	A+
71	21UBAC043	79	PASS	A
72	21UBAC044	88	PASS	A+
73	21UBAC045	82	PASS	A+
74	21UBAC046	94	PASS	A++
75	21UBAC047	75	PASS	A




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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP – BASIC BUSINESS PRACTICES – MARK STATEMENT

SI NO.	REG.NO.	Theory - I& II	RESULT	GRADE
76	21UBAC048	66	PASS	B+
77	21UBAC049	82	PASS	A+
78	21UBAC050	90	PASS	A++
79	21UBAC051	83	PASS	A+
80	21UBAC052	76	PASS	A
81	21UBAC053	93	PASS	A++
82	21UBAC054	89	PASS	A+
83	21UBAC055	AB	FAIL	**
84	21UBAC056	95	PASS	A++
85	21UBAC057	95	PASS	A++
86	21UBAC058	89	PASS	A+
87	21UBAC059	62	PASS	B+
88	21UBAC060	81	PASS	A+
89	19UTAM002	82	PASS	A+
90	19UTAM006	85	PASS	A+
91	19UTAM013	85	PASS	A+
92	19UENG005	AB	FAIL	**
93	19UENG033	AB	FAIL	**
94	19UBAC038	AB	FAIL	**
95	19UCDV009	87	PASS	A+
96	19UCDV011	84	PASS	A+
97	19UCDV024	78	PASS	A
98	19UMAT110	85	PASS	A+
99	19UCCA075	90	PASS	A++
100	19UCCA086	75	PASS	A



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP - BASIC BUSINESS PRACTICES - MARK STATEMENT

SI NO.	REG.NO.	Theory - I& II	RESULT	GRADE
101	19UCCA097	87	PASS	A+
102	21UCCA111	AB	FAIL	**
103	19UCSC024	86	PASS	A+
104	19UCSC032	88	PASS	A+
105	19UCSC056	79	PASS	A
106	19UBCA015	83	PASS	A+
107	19UBCA022	83	PASS	A+
108	19UBCA033	89	PASS	A+
109	19UBCA037	90	PASS	A++
110	19UBCA051	91	PASS	A++
111	19UBCA052	92	PASS	A++
112	19UBCA006	85	PASS	A+
113	19UBCA020	88	PASS	A+
114	19UBCA046	91	PASS	A++
115	20UCOS028	AB	FAIL	**
116	21UBBA005	AB	FAIL	**
117	21UBBA007	72	PASS	A
118	21UBBA011	88	PASS	A+
119	21UBBA019	95	PASS	A++
120	21UBBA022	85	PASS	A+
121	21UBBA025	77	PASS	A
122	21UBBA030	55	PASS	B
123	21UBBA037	55	PASS	B
124	21UBBA040	AB	FAIL	**
125	21UBBA049	73	PASS	A




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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP – BASIC BUSINESS PRACTICES – MARK STATEMENT

SI NO.	REG.NO.	Theory - I& II	RESULT	GRADE
126	21UBBA050	79	PASS	A
127	21UBBA058	91	PASS	A++
128	21UBBA061	AB	FAIL	**
129	21UBBA066	88	PASS	A+
130	21UBBA069	82	PASS	A+
131	21UBBA073	81	PASS	A+
132	21UBBA087	92	PASS	A++
133	21UBBA091	77	PASS	A
134	21UBBA092	90	PASS	A++
135	21UBBA098	87	PASS	A+
136	21UBBA103	93	PASS	A++
137	21UCOM001	84	PASS	A+
138	21UCOM016	87	PASS	A+
139	21UCOM021	88	PASS	A+
140	21UCOM027	89	PASS	A+
141	21UCOM046	58	PASS	B
142	21UCOM061	89	PASS	A+
143	21UCOM077	94	PASS	A++
144	21UCOM083	93	PASS	A++
145	21UCOM086	92	PASS	A++
146	21UCOM087	90	PASS	A++
147	21UCOM089	94	PASS	A++
148	21UCOM091	95	PASS	A++
149	21UCOM098	94	PASS	A++
150	21UCOM107	90	PASS	A++




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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP – BASIC BUSINESS PRACTICES – MARK STATEMENT

SI NO.	REG.NO.	Theory - I& II	RESULT	GRADE
151	21UCOM112	92	PASS	A++
152	21UCCA103	58	PASS	B
153	21UCCA109	89	PASS	A+
154	21UCBI002	AB	FAIL	**
155	21UCBI004	87	PASS	A+
156	21UCBI011	94	PASS	A++
157	21UCBI012	90	PASS	A++
158	21UCBI014	80	PASS	A+
159	21UCBI020	87	PASS	A+
160	21UCBI034	87	PASS	A+
161	21UCBI038	91	PASS	A++
162	21UCBI042	90	PASS	A++
163	21UCBI049	92	PASS	A++
164	21UCBI053	82	PASS	A+
165	21UCSC001	55	PASS	B
166	21UCSC009	89	PASS	A+
167	21UCSC044	AB	FAIL	**
168	21UCSC046	58	PASS	B
169	21UCPA002	91	PASS	A++
170	21UCPA008	90	PASS	A++
171	21UCPA014	92	PASS	A++
172	21UCPA016	89	PASS	A+
173	21UCPA021	91	PASS	A++
174	21UCPA027	89	PASS	A+
175	21UCPA030	91	PASS	A++



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)


20VBBBP - BASIC BUSINESS PRACTICES - MARK STATEMENT

SI NO.	REG.NO.	Theory - I& II	RESULT	GRADE
176	21UCPA047	AB	FAIL	**
177	21UBIT004	90	PASS	A++
178	21UBIT022	92	PASS	A++
90-100	A++ - Outstanding		60-69	B+ - Good
80-89	A+ - Excellent		50-59	B - Average
70-79	A - Very Good		40-49	C - Satisfactory
SUBJECT DETAILS				
CODE	SUBJECT		MAX.MARKS	
Theory - I	BASIC BUSINESS PRACTICES - I		100	
Theory - II	BASIC BUSINESS PRACTICES - II		100	




Course Coordinator


HOD/ BBA(CA)


Principal
KONGU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS)
DEPARTMENT OF BUSINESS ADMINISTRATION (CA)
KONGU ARTS AND SCIENCE COLLEGE (AUTONOMOUS)
ERODE - 638 107.
NANJANAPURAM, ERODE - 638 107.



KONGU ARTS AND SCIENCE COLLEGE

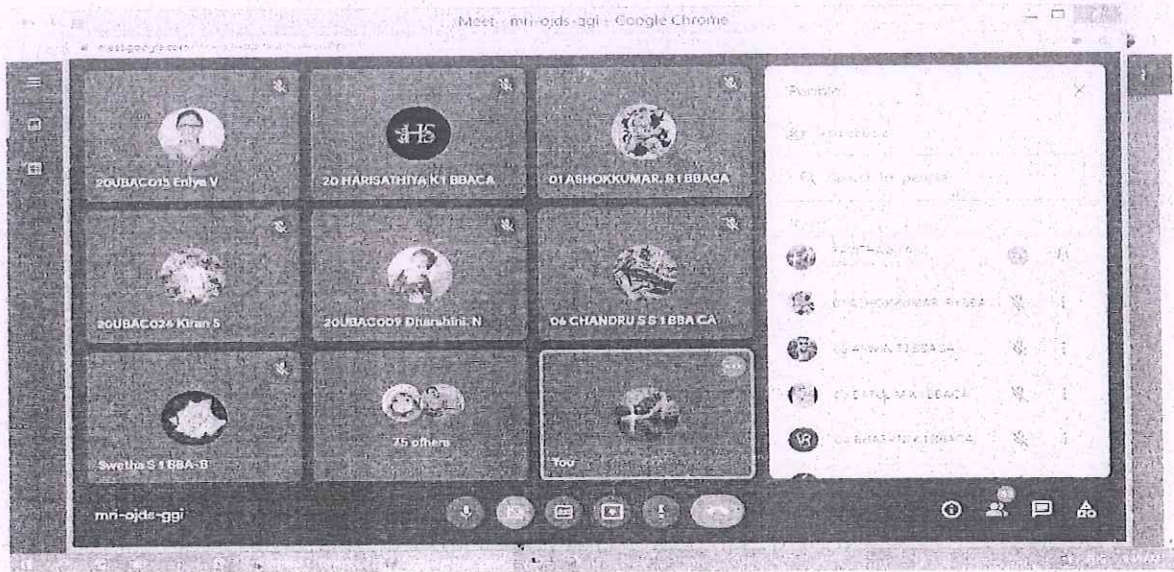
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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBCP – BASIC BUSINESS PRACTICES – PHOTOGRAPHS

SECTION A



N
Dr. N. RAMAN
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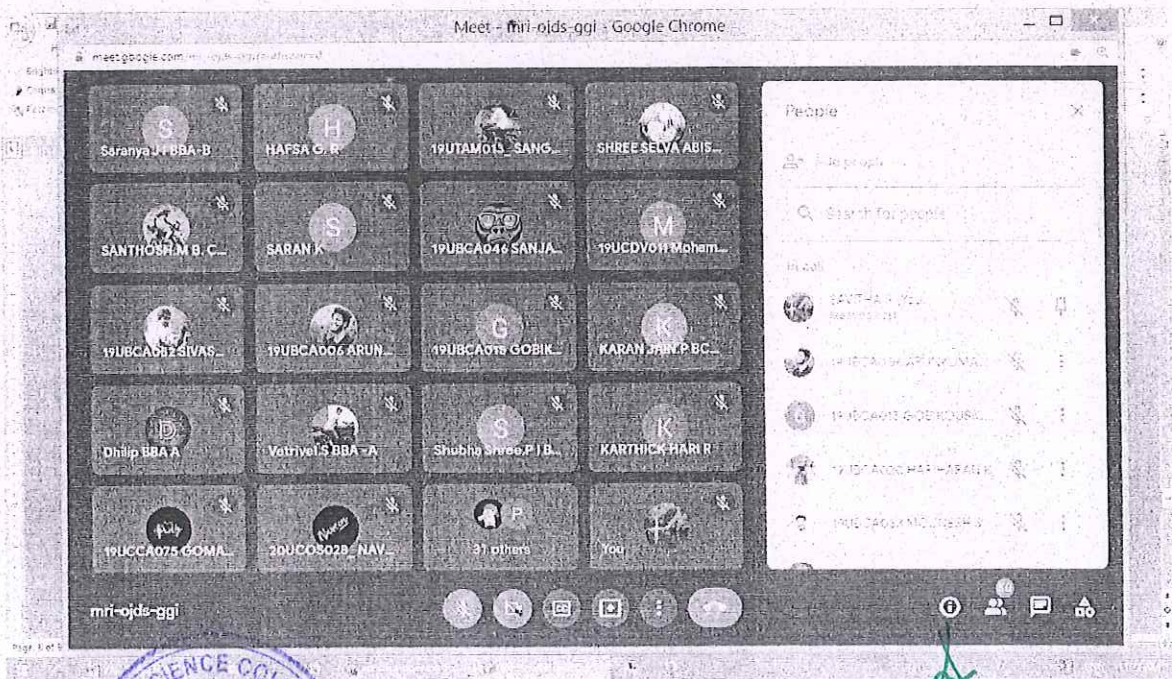
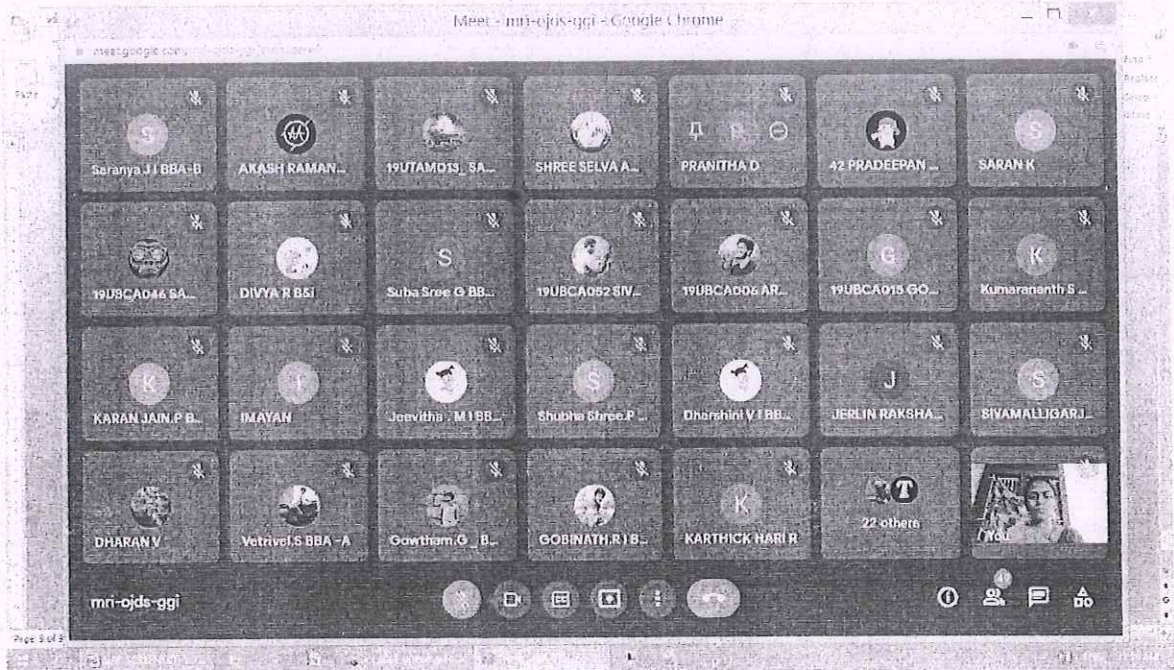
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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBPPP - BASIC BUSINESS PRACTICES - PHOTOGRAPHS

SECTION B



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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)


20VBBBP – BASIC BUSINESS PRACTICES – STUDENT FEEDBACK

Name of the Student	
Register Number	
Department	
Year	

Parameters	Yes	No	
The Course content was in line with my expectations	Yes	No	
General content of the Course	Excellent	Good	Average
The Course provided additional knowledge and skill	Yes	No	
Well-designed Practical sessions	Yes	No	
Schedule of the classes and other relevant details have been informed promptly	Yes	No	
Course materials provided were useful	Yes	No	
Provides scope for self-employment and fulfills the industrial needs	Yes	No	

Student Signature




Dr. N. RAMAN
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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP - BASIC BUSINESS PRACTICES - STUDENT FEEDBACK

Name of the Student	GIOMATHI . T
Register Number	19UCCA075
Department	III B.COM (CA)
Year	2021 - 2022

Parameters	Yes	No	
The Course content was in line with my expectations	Yes ✓	No	
General content of the Course	Excellent ✓	Good	Average
The Course provided additional knowledge and skill	Yes ✓	No	
Well-designed Practical sessions	Yes ✓	No	
Schedule of the classes and other relevant details have been informed promptly	Yes ✓	No	
Course materials provided were useful	Yes ✓	No	
Provides scope for self-employment and fulfills the industrial needs	Yes ✓	No	

Giomathi . T.
Student Signature



Dr. N. RAMAN
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DEPARTMENT OF BUSINESS ADMINISTRATION (CA)

20VBBBP - BASIC BUSINESS PRACTICES - STUDENT FEEDBACK

Name of the Student	ANEESH VELAN S
Register Number	20UBAC003
Department	II BBA CA
Year	2021 - 2022

Parameters	Yes ✓	No	
The Course content was in line with my expectations	Yes ✓	No	
General content of the Course	Excellent ✓	Good	Average
The Course provided additional knowledge and skill	Yes ✓	No	
Well-designed Practical sessions	Yes ✓	No	
Schedule of the classes and other relevant details have been informed promptly	Yes ✓	No	
Course materials provided were useful	Yes ✓	No	
Provides scope for self-employment and fulfills the industrial needs	Yes ✓	No	

Aneesh Velan S
Student Signature



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NANJANAPURAM, ERODE - 638 107

KASC ACADEMY OF EXCELLENCE

Certificate

This Certificate is awarded to



KARAN JAIN P.
 I B.Com (Banking & Insurance)

for the successful completion of the Certificate Course in
BASIC BUSINESS PRACTICES
 with **A+ Grade** conducted by the
Department of Business Administration (CA)
 during the Academic Year 2021 - 2022



Course Coordinator

Convener
 Academy of Excellence

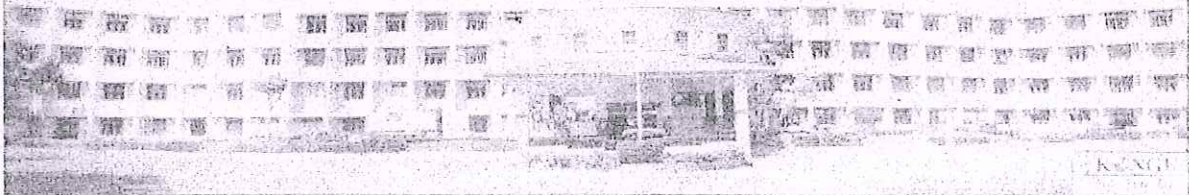
Principal


Correspondent

90 - 100 : A++ - Outstanding
 80 - 89 : A+ - Excellent

70 - 79 : A - Very Good
 60 - 69 : B+ - Good

50 - 59 : B - Average
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