

AQAR 2023 - 2024



SANTHIGIRI COLLEGE
OF COMPUTER SCIENCES
Affiliated to M.G. University, Approved by AICTE and Accredited by NAAC



Criterion 6

Financial Support for Faculty Members



Research Department of Commerce Organizes

Two Day Workshop on

Mastering Qualitative Data Analysis using NVivo

Contents Covered

Resource Person



Dr. Nimitha Aboobaker

Assistant Professor

School of Management Studies, CUSAT

- Basics of Qualitative research
- Introduction to Nvivo 14
- Case Study: Wellbeing among Teachers in Higher Education
- Using Nvivo for Review of Literature
- Dealing with interview Transcripts; Audio files; Video files and Image files
- Content analysis/ Thematic analysis
- Cluster Analysis
- Framework Matrix
- Sentiment Analysis
- Reporting Output
- Ncapture



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES
APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Dr STALIN J
Designation	ASST. PROFESSOR
Department	COMMERCE
Phone	7012959096
Email	dsjssgg@aollook.com

Conference/workshop details

Title of conference/workshop	MASTERING QUALITATIVE DATA ANALYSIS USING NVIVO

Financial support request

Particulars	
Registration fees	1800
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature:.....
Date : 26/4/24.....

For office use only

Your request is approved/declined

Rs. 1800/- is granted for financial support



Principal (signature & seal)



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

VAZHITHALA P O, THODUPUZHA - 685583, KERALA - INDIA

Ph. 04852-273006. Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: DR. STALIN J

Title of Conference/Workshop: MASTERING QUALITATIVE DATA ANALYSIS USING NVIVO

Sl No	Particulars	Rs	ps
1	Registration fees	1800	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 1800/-

By ☒ cash/☐ cheque/☐ DD/☐ Bank.

M. Q.
Accountant

[Signature]
Receiver's Signature

► Important Guidelines ◀

Last date of Registration:

15-02-2024

Last date of Abstract Submission:

18-02-2024

Register
yourself
at:



The approval of abstract will be intimated to the delegates.
After approval, the full paper should be submitted by 25-02-2024.

Send abstracts/full papers on

Email: icssrdepartmentofcommerce@gmail.com

Registration Charges (Paper-presenters/delegates):

For the Academicians: Rs. 1000/-

For the Research Fellow & Students: Rs. 500/-

For Industrialists : Rs. 1500/-

► Submission Guidelines ◀

- Paper should have the formatting of 12 font size in Times New Roman with 1.5 spacing.
- An initial abstract of not more than 200 words to be submitted.
- Paper proposal in PDF/MS word format.
- Title of the paper should not exceed 15 words.
- Minimum three (3) and maximum five(5) keywords to be provided
- Corresponding author and all co-authors should be listed in the submission along with their affiliation
- Maximum of three (3) proposals, either as an author or a co-author, may be submitted.

Organizing Committee

Patrons: Sh. Tilak Raj Aggarwal (President)

Dr. Archana Garg (Principal)

ORGANISING COORDINATOR:

Dr. Neetu Bhargava, Head PG Department of Commerce & Management

ORGANISING SECRETARIES:

Mrs. Ramandeep Kaur, Assistant Professor in Commerce, +91-94633-18818

Mrs. Priyanka Sharma, Assistant Professor in Commerce, +91-76960-77181

Ms. Suvit Das, Assistant Professor in Commerce, +91-88724-89111

ICSSR Sponsored National Level Seminar

On

Green and Sustainable Entrepreneurship in Commerce

**Saturday,
March 2, 2024**

Organized by:

Business Forum

PG Department of Commerce and Management
Hindu Kanya College, Kapurthala



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES
APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Divya Jose
Designation	Asst. Professor
Department	Management
Phone	8606820333
Email	divyafranklin2022@gmail.com


Conference/workshop details

Title of conference/workshop	Green and Sustainable entrepreneurship in commerce

Financial support request

Particulars	
Registration fees	1000/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature: 
Date : 23.2.24

For office use only

Your request is approved/declined

Rs. 1000/- is granted for financial support


Principal (signature & seal)




SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

VAZHITHALA P.O., THODUPUZHA - 685583, KERALA - INDIA

Ph. 04852-273006. Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: Riya Jose

Title of Conference/Workshop: Green and sustainable entrepreneurship in commerce

Sl No	Particulars	Rs	Pi
1	Registration fees	1000/-	-
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees thousand

By cash/cheque/DD/Bank.

WQ
Accountant

Riya
Receiver Signature



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Tressa Thomas
Designation	Assistant Professor
Department	Management
Phone	9526261294
Email	Tressathomas@santhigiricollege.com

Conference/workshop details

Title of conference/workshop	Green & Sustainable Entrepreneurship in Commerce

Financial support request

Particulars	
Registration fees	1000/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature: 

Date : 23/2/24

For office use only

Your request is approved/declined

Rs. 1000/- is granted for financial support


Principal (signature & seal)





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RECEIPT

NAME: Tresa Thomas

Title of Conference/Workshop Green & Sustainable Entrepreneurship in Commerce

Sl No	Particulars	Rs	
1	Registration fees	1000/-	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 1000/-

By cash/cheque/DD/Bank.



Accountant



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SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Dr. Binicy Baby
Designation	Asst. Professor
Department	Commerce
Phone	9496430557
Email	binicybaby899@gmail.com

Conference/workshop details

Title of conference/workshop	Green and Sustainable Entrepreneurship in Commerce

Financial support request

Particulars	
Registration fees	1000/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature:.....

Date : 23.2.24

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Your request is approved/declined

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Principal (signature & seal)



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

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Ph. 04852-273006. Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: Dr. BinCY BABY

Title of Conference/Workshop: Green and Sustainable Entrepreneurship in Commerce

Sl No	Particulars	Rs	Rs
1	Registration fees	1000	-
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 1000/-

By ☒ cash/☐cheque/☐DD/☐Bank.

Accountant

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SANTHIGIRI COLLEGE OF COMPUTER SCIENCES
APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Sharafudeen P J
Designation	Assistant Professor
Department	Commerce
Phone	9496735543
Email	

Conference/workshop details

Title of conference/workshop	Green and Sustainable entrepreneurship in Commerce

Financial support request

Particulars	
Registration fees	1000/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature: 

Date : 23.02.24

For office use only

Your request is approved/declined

Rs. 1000/- is granted for financial support

Principal (signature & seal)





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E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: Gharafudeen P J

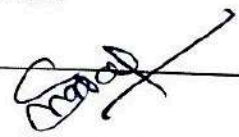
Title of Conference/Workshop: Green and sustainable entrepreneurship in Commerce

Sl No	Particulars	Rs	Rs
1	Registration fees	1000	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 1000/-

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Accountant


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**CHRIST
NAGAR
COLLEGE**

A
CMI
Educational
Institution
Affiliated to
the University
of Kerala

MARANALLOOR, THIRUVANANTHAPURAM

Three Days National Workshop on Research Methodology

Organised by
The Department of Social Work in association with IQAC



18 TO 20 APRIL 2024



BOARD ROOM

REGISTRATION FEE

₹ 1500 (PG Students)

₹ 2000 (Research Scholars & Academicians)

BANK DETAILS

A/C No. : **42792373295**
Name : Christ Nagar College
Branch : SBI Ooruttambalam
IFSC : SBIN0070356

Submit your registration : <https://sprl.in/3biMOnE>

Advisory Committee

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Dr Jolly Jacob (Principal)
Dr George David (HoD)

Coordinator

Dr M. Pradeep Kumar

Student Coordinators

Ms B. S. Aiswarya
Ms Malavika J. L.
Mr Abhijith P. R.



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Shan Baby
Designation	Asst. Professor
Department	PSYCHOLOGY
Phone	8943067795
Email	shanbaby.santhigiricollege.com


Conference/workshop details

Title of conference/workshop	Research Methodology

Financial support request

Particulars	
Registration fees	2000/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature: 
Date : 8/4/24

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Your request is approved/declined

Rs. 2000/- is granted for financial support




Principal (signature & seal)



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

VAZHITHALA P O, THODUPUZHA – 685583, KERALA – INDIA

Ph. 04852-273006. Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: Shan Baby

Title of Conference/Workshop: Research Methodology

Sl No	Particulars	Rs	Ps
1	Registration fees	2000	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 2000/-

By ☒ cash/☐cheque/☐DD/☐Bank.

[Signature]
Accountant

[Signature]
Receivers Signature



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Sujith Thomas
Designation	Assistant Professor
Department	Social Work
Phone	8606100371
Email	sujithomas@santhigiri.ac.in

Conference/workshop details

Title of conference/workshop	Research Methodology

Financial support request

Particulars	
Registration fees	2000/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature: *Sujith*
Date : 8.4.24

For office use only

Your request is approved/declined

Rs. 2000/- is granted for financial support



[Signature]
Principal (signature & seal)



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Ph. 04852-273006 Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: Siya Thomas

Title of Conference/Workshop: Research Methodology

Sl No	Particulars	Rs	P.
1	Registration fees	2000	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 2000/-

By cash/cheque/DD/Bank.

Accountant

Receivers Signature



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Alwin Jose Alex
Designation	Assistant Professor
Department	Social Work
Phone	9400065588
Email	alwinjose@santhigiricollege.com

Conference/workshop details

Title of conference/workshop	Research Methodology

Financial support request

Particulars	
Registration fees	2000/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature:.....

Date : 3/4/24.....

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Ph. 04852-273006 Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: Alwin Jose Alex

Title of Conference/Workshop... Research Methodology

Sl No	Particulars	Rs	
1	Registration fees		
2	Travel expenses	2000	
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 2000/-

By ☒ cash/☐ cheque/DD/Bank.

[Signature]
Accountant

[Signature]
Receivers Signature

GUIDELINES FOR PAPER SUBMISSION

- ▶ Original & unpublished research papers are invited from Academicians, Research Scholars, Students and Eminent Personalities.
- ▶ Only two authors are allowed per paper. Abstracts not exceeding 200 words, and the full paper not exceeding 6 pages in Times New Roman font using 1.5 line spacing.
- ▶ The registration could be made by providing the name of the author & co-author if any, address, e-mail ID, Mobile number, title of the paper, Payment particulars, etc.
- ▶ Selected papers will be published in the Edited book with ISBN number.

REGISTRATION FEE

Registration fee (Rs.150 for students and Rs.250 for others) includes seminar kit, refreshment and lunch. Registration fee should be paid to "The Principal, Shree Venkateshwara Arts and Science (Co-Education) College", in the following bank details:

Name of the Bank : IOB
Branch : Odathurai
A/C.No : 106602000000645
IFSC : IOBA0001066

★ Spot Registration is Available

REGISTRATION

Abstract along with registration fee should be sent on or before (25/09/2024) to the following link
<https://forms.gle/2FysVWgu25jMvusT7>



DATES TO REMEMBER

Submission of Abstract : 21/9/2024
Submission of paper : 28/9/2024
Date of conference : 04/10/2024

CHIEF PATRONS

Thiru. K. C.Karupanan, Secretary
Thiru. P. Venkatachalam, Chairman
Thiru. G. P. Kettimuthu, Joint-Secretary
Thiru. G. Gowtham, CEO

ADVISORY COMMITTEE

Dr. Pranamdhar, All India General Secretary, IARA
Dr. C. Paramasivan, President, IARA

CONVENOR

Dr. A. Mohanasundaram, Principal

ORGANISING SECRETARY

Dr. Chi. Nanjappa, Vice-Principal & Head/Dept. of Commerce

EXECUTIVE COMMITTEE MEMBERS

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Dr. A. Savitha, "
Mr. S. Sathish, "
Mr. S. Krishnakumar, "
Ms. K. S. Kanya, "
Ms. N. Malathi, "
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Dr. K. Kokilavani, "
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Mr. V. Ruthrakumar, "
Mr. M. Elango, "
Dr. K. G. Umayambigai, "
Mr. R. Selvakumar, "
Dr. N. Bharathiraja, "
Mrs. A. Revathi, "
Ms. M. Miruthula, "
Mrs. U. Gowthami, "
Mrs. K. Ramya, "



NATIONAL CONFERENCE ON

EMERGING TRENDS IN BUSINESS INNOVATION

&

SUSTAINABLE DEVELOPMENT

04th October, 2024

Theme

INDUSTRY 5.0

Organized by

**PG AND RESEARCH
DEPARTMENT OF COMMERCE**

in Collaboration with

**INDIAN ACADEMIC RESEARCHERS ASSOCIATION
TIRUCHIRAPPALLI**



SHREE VENKATESHWARA ARTS AND SCIENCE (CO-EDUCATION) COLLEGE

(Affiliated to the Bharathiar University, Coimbatore)

(Recognized u/s 2(f) of the UGC Act, 1956)

Othakuthirai, Gobi, Erode, Tamil Nadu.

www.svasc.org



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Shreya Kaishna
Designation	Assistant Professor
Department	Commerce
Phone	9605229451
Email	shreyakeishna@santhigiricollege.ac.in


Conference/workshop details

Title of conference/workshop	Emerging trends in business innovation and sustainable development.

Financial support request

Particulars	
Registration fees	250
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature: 
Date : 27/09/2024

For office use only

Your request is approved/declined

Rs. 250/- is granted for financial support


Principal (signature & seal)





SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

VAZHITHALA P.O., THODUPUZHA - 685583, KERALA - INDIA

Ph. 04852-273006. Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: Shreya Krishna

Title of Conference/Workshop: Emerging trends in business innovation and sustainable development

Sl No	Particulars	Rs	p
1	Registration fees	250/-	-
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 250/-

By cash/cheque/DD/Bank.



Accountant



Receivers Signature



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	MEJO JOHN JOHNSON
Designation	ASSISTANT PROFESSOR
Department	COMMERCE
Phone	9539182314
Email	mejojohn@santhigiri.college.com

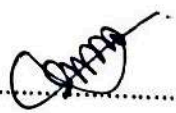
Conference/workshop details

Title of conference/workshop	Emerging Trends in BUSINESS INNOVATION And SUSTAINABLE DEVELOPMENT

Financial support request

Particulars	
Registration fees	250/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature: 
Date : 27/9/24

For office use only

Your request is approved/declined

Rs. 250/- is granted for financial support

Principal (signature & seal)





SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

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Ph. 04852-273006. Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: MEJO JOHN JOHNSON

Title of Conference/Workshop: Emerging trends in business innovation and sustainable development

Sl No	Particulars	Rs	Pt
1	Registration fees	250	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 250/-

By cash/cheque/DD/Bank.



Accountant


Receiver's Signature



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	AMBILY V
Designation	Asst. PROFESSOR
Department	COMMERCE
Phone	9048070087
Email	ambilyv@santhigiri.college.com

Conference/workshop details

Title of conference/workshop	EMERGING TRENDS IN BUSINESS INNOVATION & SUSTAINABLE DEVELOPMENT

Financial support request

Particulars	
Registration fees	250/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature:.....

Date : 27/9/24.....

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Your request is approved/declined

Rs. 250/- is granted for financial support

Principal (signature & seal)





SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

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Ph. 04852-273006. Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: AMBILY V

Title of Conference/Workshop: Emerging Trends in Business Innovation of sustainable development

Sl No	Particulars	Rs	P2
1	Registration fees		
2	Travel expenses	250	-
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 250/-

By cash/cheque/DD/Bank.

[Signature]
Accountant

[Signature]
Receivers Signature

SRM INSTITUTE OF SCIENCE AND TECHNOLOGYFACULTY OF ENGINEERING AND TECHNOLOGY
VADAPALANI CAMPUS, CHENNAI-26
DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING**ASSOCIATION OF COMPUTER SCIENCE ENGINEERS**

PRESENTS AN

UBERTECH '23

PRE-SYMPOSIUM

HANDS-ON WORKSHOP ON

PROMPT ENGINEERING

**DATES - 21.09.2023 & 22.09.2023****TIME - 9:00 A.M - 3:00 P.M****FACULTY COORDINATOR**

Dr. K. Akila, AP/DCSE

CLUB COORDINATOR

Dr. G. Paavai Anand, AP/DCSE



TOPICS COVERED :

1. Introduction To Prompt Engineering
2. Why Prompt Engineering
3. How Prompt Engineering Works?
4. Techniques Of Prompt Engineering
5. Implementation Of Prompt Engineering
6. Applications and Models
7. Risk And Misuses
8. LLM Implementation
9. Introduction To NLP
10. Working Of NLP



RESOURCE PERSON

**Mr. Prasanth Babu**

Founder & CEO of Playwithbot

Registration Fee - Rs. 250/-**SCAN TO REGISTER**For Further
Information,
ContactGyanavi Kumar & Aishwarya
(7022158839)



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal Information

Full Name	Remya R
Designation	Asst Professor
Department	Computer Science
Phone	8606472892
Email	remyadipe@gmail.com


Conference/workshop details

Title of conference/workshop	Prompt Engineering

Financial support request

Particulars	
Registration fees	250
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature: 
Date : 14/9/23

For office use only

Your request is approved/declined

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Principal (signature & seal)





SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

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Ph. 04852-273006. Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: Remya R

Title of Conference/Workshop: Prompt Engineering

Sl No	Particulars	Rs	
1	Registration fees	250	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 250/-

By ☒ cash/☐ cheque/DD/Bank.

Mia
Accountant

[Signature]
Receiver's Signature



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Sigma Sathyan
Designation	Asst Professor
Department	Computer Science
Phone	9281472045
Email	sigmasathyan@santhigiricollege.com

Conference/workshop details

Title of conference/workshop	Prompt Engineering

Financial support request

Particulars	
Registration fees	250/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature.....

Date : 14.9.23.....

For office use only

Your request is approved/declined

Rs. 250/- is granted for financial support



[Signature]

Principal (signature & seal)



SANTHIGIRI COLLEGE OF COMPUTER SCIENCES

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Ph. 04852-273006. Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: Sigma Sathyan

Title of Conference/Workshop: Prompt Engineering

Sl No	Particulars	Rs	Rs
1	Registration fees	250/-	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 250/-

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Accountant

Sigma
Receiver's Signature



₹ 599/-

INTRODUCTORY WORKSHOP ON Hypnotherapy

INCLUSIONS

- Difference b/w hypnosis & hypnotherapy
- 6 - step process of hypnotherapy
- The magic of creating your own script
- Knowing the depth capacity
- Integration of other therapy modalities like
CBT & NLP in Hypnotherapy



BONUS

Scripts
Worksheets
Case discussion
Live demonstration of the entire process



WHO CAN ATTEND?

1. Counsellors
2. Complete beginners to hypnotherapy
3. Students
4. Anyone who is interested

MS PAVITRA SOMAIYA



She is an active member of the American Psychological Association (APA) and a Counselor and Family Therapist with a diverse skill set, including crisis intervention, career analysis, and more.



6 NOVEMBER 2023

8:30 PM TO 10:00 PM

CONTACT AT



+91 7471128755



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APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Aswathy Murali
Designation	Assistant Professor
Department	Psychology
Phone	8921103154
Email	aswathymurali@santhigiricollege.com

Conference/workshop details

Title of conference/workshop	Hypnotherapy

Financial support request

Particulars	
Registration fees	600/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

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Date : 30/10/23

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RECEIPT

NAME: Aswathy Murali

Title of Conference/Workshop: Hypnotherapy

Sl No	Particulars	Rs	P1
1	Registration fees	600	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 600/-

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[Signature]
Accountant

[Signature] K.K.
Receivers Signature



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APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Theres Shaji
Designation	Assistant Professor
Department	Psychology
Phone	9846539940
Email	theresshaji@santhigiricollege.com

Conference/workshop details

Title of conference/workshop	Hypnotherapy

Financial support request

Particulars	
Registration fees	600/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature: 

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RECEIPT

NAME: Theres Shaji

Title of Conference/Workshop Hypnotherapy

Sl No	Particulars	Rs	P.
1	Registration fees	600/-	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

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Pediatric Palliative Care Workshop

**WE ARE DELIGHTED TO OFFER
EXCLUSIVE SESSIONS BY
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PALLIATIVE CARE.**

Who all can attend

- Pediatricians/post graduate students in pediatrics
- Palliative care physicians(modern medicine)
- Doctors and Nurses working with Children(modern medicine)

**₹500/- only
Limited Seats !!!**

For any queries contact


8589990160


EMAIL ID:-

workshop@palliumindia.org



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(Saturday & Sunday)**

 **9.30 am - 5.00 pm IST**

 **Dr. MKC Nair Auditorium (CDC),
Medical College, Trivandrum, Kerala**

FOR

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SCAN THIS QR

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THE LINK BELOW



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APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Anumol Joy
Designation	Assistant Professor
Department	Social Work
Phone	9744659006
Email	anumoljoy@santhigiri.ac.in

Conference/workshop details

Title of conference/workshop	Pediatric Palliative care workshop

Financial support request

Particulars	
Registration fees	500/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature: 

Date : 1/12/23

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RECEIPT

NAME: Anurad Jay

Title of Conference/Workshop: Pediatric Palliative care

Sl No	Particulars	Rs	Pt
1	Registration fees	500	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 500/-

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MP
Accountant

Anurad Jay
Receivers Signature



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APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	MINTU ISSAC
Designation	ASST PROFESSOR
Department	SOCIAL WORK
Phone	6282067453
Email	mintuissac@santhigiri.ac.in

Conference/workshop details

Title of conference/workshop	PEDIATRIC PALLIATIVE CARE WORKSHOP

Financial support request

Particulars	
Registration fees	500/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

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RECEIPT

NAME: MINTU ISSAC

Title of Conference/Workshop PEDIATRIC PALIATIVE CARE

Sl No	Particulars	Rs	Paise
1	Registration fees		
2	Travel expenses	500	
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

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NATIONAL LEVEL WORKSHOP ON APPLIED AI FOR ACADEMICIANS

- Beginner to Advanced Level AI concepts
- AI Tools for Effective Research and Teaching
- Ethics in AI - Avoid these career-threatening mistakes
- Live Workshop, Hands-On Exercises
- Access To Recordings
- Free E-books, Resources
- Workshop Exercises
- WhatsApp query support
- Certificate of Participation

Expert Guidance by ITians, authors, and educators
Eligibility : For Faculty and Research Scholars



A GOVT OF INDIA
REGISTERED
EDUCATIONAL MSME



Date : 11.05.2024
(Saturday)

Time : 6.30 pm - 9.00 pm
Online Mode: Zoom

~~Rs 1499~~

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Rs 299 only



★★★★★
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Personal information

Full Name	GINTO K PAULOSE
Designation	ASST. PROFESSOR
Department	SOCIAL WORK
Phone	8590329752
Email	

Conference/workshop details

Title of conference/workshop	APPLIED AI FOR ACADEMICIANS

Financial support request

Particulars	
Registration fees	300/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

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NAME: Ginto K Paulose

Title of Conference/Workshop: Applied AI for Academicians

Sl No	Particulars	Rs	Pt.
1	Registration fees	300	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

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APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
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Personal information

Full Name	Deepa Joseph
Designation	Asst- Professor
Department	Psychology
Phone	8547775640
Email	deepajoseph@santhigiri.college.com

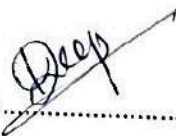
Conference/workshop details

Title of conference/workshop	Applied AI for Academicians

Financial support request

Particulars	
Registration fees	300
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	


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Date : 3/5/24

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NAME: Deepa Joseph

Title of Conference/Workshop... Applied AI for Academicians

Sl No	Particulars	Rs	P.T.
1	Registration fees	300	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

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MR
Accountant

Deepa
Receiver's Signature



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APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Divya Sukumaran
Designation	Assistant Professor
Department	Animation
Phone	9496501105
Email	divyasukumaran91@gmail.com

Conference/workshop details

Title of conference/workshop	Applied AI for academicians

Financial support request

Particulars	
Registration fees	300/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

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NAME: Divya Sukumaran

Title of Conference/Workshop: Applied AI for Academicians

Sl No	Particulars	Rs	Pc
1	Registration fees	300	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

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Accountant

[Signature]
Receiver's Signature



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CONFERENCE / WORKSHOP

Personal information

Full Name	Jomol Joy
Designation	Assistant Professor
Department	Management
Phone	7012839643
Email	jomol0612014@gmail.com

Conference/workshop details

Title of conference/workshop	Applied AI for Academics

Financial support request

Particulars	
Registration fees	300/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

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Date : 31.5.24

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NAME: Jomol Joy


Title of Conference/Workshop: Applied AI for Academicians

Sl No	Particulars	Rs	Pt
1	Registration fees	300	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

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APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Dalbina Dalan
Designation	Asst. Professor
Department	Computer Science
Phone	9847545698
Email	dalbina.dalan@santhigiricollege.com

Conference/workshop details

Title of conference/workshop	Applied AI for Academicians

Financial support request

Particulars	
Registration fees	300/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

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NAME: Dalbina Delan

Title of Conference/Workshop: Applied AI for Academicians

Sl No	Particulars	Rs	Pg
1	Registration fees	300	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

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Accountant

[Signature]
Receiver's Signature



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APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Manju PK
Designation	Asst. Professor
Department	Commerce
Phone	9947898828
Email	manjumayesh@santhigiricollege.com

Conference/workshop details

Title of conference/workshop	Applied AI for Academicians

Financial support request

Particulars	
Registration fees	300/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

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Date : 31/05/21.....

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RECEIPT

NAME: Maryu P K

Title of Conference/Workshop... Applied AI for Academicians

Sl No	Particulars	Rs	
1	Registration fees	300	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

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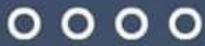

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MOTIVATIONAL ENHANCEMENT THERAPY

MET: INTRODUCTION AND OVERVIEW

- Stages of change
- Practical strategies
- Mindfulness techniques
- Distraction strategies
- Real life case discussions

THUR & FRI
12 & 13 October 2023



TIME
7:00-8:30 PM



RELAPSE PREVENTION THERAPY

RELAPSE: INTRODUCTION OF RELAPSE PREVENTION MODEL

- Identifying triggers
- Identifying red flag thoughts
- Distraction techniques
- Craving management techniques
- CBT for addiction recovery

THUR & FRI
19th and 20th October



TIME
7:00-8:30 PM



Fee- 800/- (Individual Therapy)
Early bird: 650/- (Individual Therapy)
For both the workshops- ₹1400
Early bird for both the workshops:
1200/- (till 10th October)



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APPLICATION FORM FOR FINANCIAL SUPPORT TO ATTEND
CONFERENCE / WORKSHOP

Personal information

Full Name	Meen Litty John.
Designation	Asst. Professor
Department	Psychology
Phone	9400502767
Email	meenlitty@santhigiri.ac.in

Conference/workshop details

Title of conference/workshop	Motivational Enhancement therapy

Financial support request

Particulars	
Registration fees	800/-
Travel expenses	
Accommodation	
Nourishment	
Other expenses	
Total	

I request you to provide the above mentioned amount

Applicant's signature: *Meen Litty*
Date : ...21.01.23.....

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[Signature]
Principal (signature & seal)





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Ph. 04852-273006. Web: www.santhigiricollege.com

E-mail: principalsanthigiricollege@gmail.com

RECEIPT

NAME: Meen Litty John

Title of Conference/Workshop: Motivational Enhancement Therapy

Sl No	Particulars	Rs	P.
1	Registration fees	800	
2	Travel expenses		
3	Accommodation		
4	Nourishment		
5	Other expenses		
	Total		

I have received Rupees 800

By ☒ cash/☐cheque/☐DD/☐Bank.

MS
Accountant

Meen Litty
Receivers Signature