

3.5.1 Yoda

Date 06/02/2023

Dear

प्रभात  
श्रीकांत म. शर्मा

Greetings from ICICI Foundation.

We would like to seek your permission to conduct Financial Literacy Training in your esteemed organization for your students and connected members **Free of cost**

ICICI foundation would like to create awareness about financial literacy and hence we are committed to providing education to students on basic money management skills and the proper use of consumer credit, helping them stay financially healthy. The foundation conducts outreach events to create awareness on financial options and explain the importance of financial planning.

We are currently working in 27 major cities across the country. Our endeavor is to assist the society by counseling, advising and educating on various financial options. These events offer financial advice and guidance on proper use of consumer credit and basic money management skills free of cost to all your students, staff, and the housekeeping staff.

The Topics that we cover in 1 Hour and 30 Minutes session are as under:


- Income, Expenses and Budgeting
- Savings
- Credit and Debt Management
- Investments
- Insurance
- Retirement and Pension
- Government Schemes
- Fraud Protection
- Grievance Redresser

We request your guidance on the way forward within your organization where we could impart these counseling sessions

In case of any queries you may contact me on my mobile number **9860576024** or write to me at [sanjay.kulkarni@icicifoundation.org](mailto:sanjay.kulkarni@icicifoundation.org)

Looking forward to a long term relationship

Regards,

  
Sanjay Kulkarni

ICICI Foundation

**LINKAGE**

**between**

**Sharadachandra Mahavidyalaya, Shiradhon**

**and**

**ICICI Foundation, Osmanabad**

In accordance with a desire to take the guidance of experts, the Department of Economics Sharadchandra College, has entered into this formal statement of collaboration in the form of Linkage with ICICI Foundation, Osmanabad for encouraging students in getting a varied training through programs.

The institution has agreed to explore and utilise the guidance and co-operation of ICICI Foundation, Osmanabad for the following purposes:

1. Review our Bachelor's level B.A. Curriculum and Teaching Practices and discuss ways in which courses could be revised to promote optimal language fluency and academic proficiency among our students.

2. Collaborating with ICICI Foundation, Osmanabad to engage in on-line exchange of ideas and pedagogic materials, which might be the basis for professional development activities such as Seminars and Workshops for our faculty.

It is understood that the details of joint activities / conditions for utilisation of results achieved, arrangements for specific visits, exchange and all other forms of co-operation will be handled on mutually agreeable terms for each specific case.

  
PRINCIPAL


**PRINCIPAL**  
Sharadchandra Mahavidyalaya, Shiradhon  
Shiradhon To. Kallam

Date:

Place:

  
CHARGE-IN

ICICI Foundation, Osmanabad

  
Financial Literacy Council  
ICICI Foundation  
Osmanabad



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PRINCIPAL

**PRINCIPAL**

Sharadchandra Mahavidyalaya, Shiradhon

Shiradhon Tq. Kallam

Date:

Place:

  
CHARGE-IN

ICICI Foundation, Osmanabad

Kulcarini Sarvag  
Financial Literacy Campaign  
ICICI Foundation  
Osmanabad





Regd. No.OSM.36/78, Dt. 30/09/1978, F-312L  
Hindustani Education Society, AUSA'

**SHARADCHANDRA MAHAVIDYALAYA, SHIRADHON**

Tq. Kalamb Dist. Osmanabad- 413528  
Email- pri.smsshiradhon@gmail.com



(02383) 220276, 220093 Fax- 220093  
हिन्दुस्थानी एज्युकेशन सोसायटी औसा संचलित  
**शरदचंद्रमहाविद्यालय, शिराढोण**  
ता. कळंब जि. उस्मानाबाद - ४१३५२८  
Website- www.sharadchandracollege.org

(Minority Status)

NAAC Accredited "B" Grade

Affiliated to Dr. Babasaheb Ambedkar Marathwada University, Aurangabad  
ISO Certified

I/C Principal

**Dr. S. A. Chaus**  
M.P.Ed., Ph.D.

Ref. No.-SMS/2022-23/

Date:- 07 / 02 /2023

To,

**Shri. Sanjay Kulkarni**

Finance Literacy Councillor  
ICICI Foundation,  
Osmanabad

**Subject:** - Invitation to organize a collaborative programme on Financial Literacy.

**Respected Sir,**

With the subject cited above, we are glad to inform you that we are expecting to organize a Collaborative Programme on "Financial Literacy" between ICICI Foundation and Department of Economics, Sharadchandra Mahavidyalaya, Shiradhon on 10.02.2023 at 11:00 PM at our college. Hence you are requested to accept our invitation and share your ideas which will enlighten to our staff as well as students.

So kindly accept the invitation and grace your presence.

Thanking You.

*But  
Received  
one copy  
10/2/23*



**PRINCIPAL**  
Sharadchandra Mahavidyalaya  
Shiradhon Tq.Kallam



Regd. No.OSM.36/78, Dt. 30/09/1978, F-312L

Hindustani Education Society, AUSA'

**SHARADCHANDRA MAHAVIDYALAYA, SHIRADHON**

Tq. Kalamb Dist. Osmanabad- 413528

Email- prjssmshiradhon@gmail.com



(02383) 220276, 220093 Fax- 220093

हिन्दुस्थानी एज्युकेशन सोसायटी औसा संचलित

**शरदचंद्रमहाविद्यालय, शिराढोण**

ता. कळंब जि. उस्मानाबाद - ४१३५२८

Website- www.sharadchandracollege.org

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NAAC Accredited & ISO Certified

Affiliated to Dr. Babasaheb Ambedkar Marathwada University, Aurangabad

I/C-Principal

Dr. S.A. Chaus

M.P.Ed. Ph.D.

Ref. No. SMS/2022- 23 /

Date: 10 /02/2023

To,

**Shri. Sanjay Kulkarni**

Financial Literacy Councilor

ICICI Osmanabad

**Subject :-** Letter of Appreciation.

**Dear sir,**

Our college and especially department of Economics thanks you very much for delivering and informative and thought provoking lecture as Guest speaker on "Financial Literacy" held on 10<sup>th</sup> February 2023 at our college. It was really a splendid presentation. We are looking forward for your cooperation in academic development in future as well.

  
Principal

**PRINCIPAL**

Sharadchandra Mahavidyalaya

Shiradhon Tq. Kallam

15/2/23  
Received  
on copy  
10/2/23

# SHARADCHANDRA MAHAVIDYALAYA, SHIRADHON

Tq. Kalamb Dist. Osmanabad- 413528

NAAC Accredited 'B' Grade

Academic Year: 2022 -2023

Name of Programme: Financial Literacy

Name of Dept.: Economics & IICI Foundation

Date: 10/02/2023

## Present Report

| Sr. | Name                    | Signature |
|-----|-------------------------|-----------|
| 1   | Dr. Dalve S. M.         |           |
| 2   | Dr. Alte, S. M.         |           |
| 3   | Prof Bwise R R          |           |
| 4   | Dr. Cholekar K. L.      |           |
| 5   | Dr. Gambhire P. U.      |           |
| 6   | Prof Adsule S. P.       |           |
| 7   | Dr. Saayud A. P.        |           |
| 8   | Dr. Tamboli F. A.       |           |
| 9   | Mrs. Saayud S. N.       |           |
| 10  | Dr. Patil S. M.         |           |
| 11  | Dr. Shirmale M. B.      |           |
| 12  | Dr. Shaikh A. I.        |           |
| 13  | Dr. K. M. Shakeeluddin  |           |
| 14  | Dr. Attar A. H.         |           |
| 15  | Srushti Bapu Chandan    |           |
| 16  | Ashwini Sudhir Shelke   |           |
| 17  | Shaikh Muskan Khurshid  |           |
| 18  | Priyanka Satish Ade     |           |
| 19  | Sakshi Rupchand Ade     |           |
| 20  | Rutuja Ashok Mahajan    |           |
| 21  | Sonwane Suhani Rajendra |           |



|    |                              |                        |
|----|------------------------------|------------------------|
| 22 | Ade Priyanka Nandu           | <del>Ade</del>         |
| 23 | Madar Benzeer Shaker         | <del>Benzeer</del>     |
| 24 | Sadiya Umar Tambadi          | <del>Sadiya</del>      |
| 25 | Alisha Shakil Madar          | <del>Alisha</del>      |
| 26 | Ayesha Feroz Kazi            | <del>Ayesha</del>      |
| 27 | Shaikh Mahin Nayyum          | <del>Mahin</del>       |
| 28 | Shaikh Sadiya Sadik          | <del>Sadiya</del>      |
| 29 | Sanjana Akash Agwane         | <del>Agwane</del>      |
| 30 | Asmita Mangaram Dongre       | <del>Asmita</del>      |
| 31 | Saniya Hamja Pathan          | <del>Saniya</del>      |
| 32 | Ankita Balbhim Nathade       | <del>Ankita</del>      |
| 33 | Tanavi Narayan Khadbade      | <del>Tanavi</del>      |
| 34 | Chavali Atinika Adaram       | <del>Atinika</del>     |
| 35 | Gopal Dilip Yadav            | <del>Gopal</del>       |
| 36 | Nalawade Rushikesh Vinod     | <del>Rushikesh</del>   |
| 37 | OMKAR Santosh Yadav          | <del>OMKAR</del>       |
| 38 | Kartik Suresh Mahajan        | <del>Kartik</del>      |
| 39 | Suraj Babusaheb Patil        | <del>Suraj</del>       |
| 40 | Anag Janaki Comte            | <del>Anag</del>        |
| 41 | Sambhaji Netaji Mahajan      | <del>Sambhaji</del>    |
| 42 | Ramdas Anant Bangar          | <del>Ramdas</del>      |
| 43 | Sande Geurav Govind          | <del>Sande</del>       |
| 44 | Sande Geurav Govind          | <del>Sande</del>       |
| 45 | Omkar Anil Pandhavale        | <del>Omkar</del>       |
| 46 | Dange Navid Farokh           | <del>Navid</del>       |
| 47 | Abhishek Sampat Nikarade     | <del>Abhishek</del>    |
| 48 | Sangapure Dnyaneshwar Balaji | <del>Dnyaneshwar</del> |
| 49 | Jadav Aditya Sundar          | <del>Aditya</del>      |

90) malikade Peshwa Kulkarni ~~malikade~~



# SHARADCHANDRA MAHAVIDYALAYA, SHIRADHON

Tq. Kalamb Dist .Osmanabad - 413528  
A Collaborative Program on

## 'Financial Literacy'

Organized by

Department of Economics, Sharadchandra Mahavidyalaya, Shiradhon  
& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Sangapure Dnyaneshwar Balaji

Subject : \_\_\_\_\_ Mobile No: 9425231884

Email Id: dnyaneshwarsangapure@gmail.com

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory                        | Not Satisfactory |
|---------|---|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| 1       | How is content of the topic?                          |                                     |                                     |                                     |                  |
| 2       | How useful is the topic                               |                                     | <input checked="" type="checkbox"/> |                                     |                  |
| 3       | How is the Guest speaker?                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                  |
| 4       | Guest speaker's voice is clear and sound.             |                                     |                                     | <input checked="" type="checkbox"/> |                  |
| 5       | Information given by the Guest Speaker is understood. | <input checked="" type="checkbox"/> |                                     |                                     |                  |
| 6       | Such programs should be conducted in future.          |                                     |                                     | <input checked="" type="checkbox"/> |                  |
| 7       | How this program is arranged?                         |                                     | <input checked="" type="checkbox"/> |                                     |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/> <hr/>                   |                                     |                                     |                  |

Dnyaneshwar  
Signature

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& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

## Feedback Form

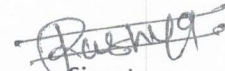
Name of Participant: Naikwade Rushikesh Vikram.

Subject: science. Mobile No: 9960138026.

Email Id: Naikwade Rushikesh104@mail.com.

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory | Not Satisfactory |
|---------|---|-------------------------------------|-------------------------------------|--------------|------------------|
| 1       | How is content of the topic?                          | <input checked="" type="checkbox"/> |                                     |              |                  |
| 2       | How useful is the topic                               | <input checked="" type="checkbox"/> |                                     |              |                  |
| 3       | How is the Guest speaker?                             |                                     | <input checked="" type="checkbox"/> |              |                  |
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| 7       | How this program is arranged?                         |                                     | <input checked="" type="checkbox"/> |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/>                         |                                     |              |                  |

  
Signature

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& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Banga Ramdas Anant

Subject : \_\_\_\_\_ Mobile No: 8080853486

Email Id: bangare201@gmail.com

Please tick ✓ in following appropriate column.

| Sr. No. | Particulars   | Excellent            | Good | Satisfactory | Not Satisfactory |
|---------|---|----------------------|------|--------------|------------------|
| 1       | How is content of the topic?                          |                      | ✓    |              |                  |
| 2       | How useful is the topic                               | ✓                    |      |              |                  |
| 3       | How is the Guest speaker?                             |                      | ✓    |              |                  |
| 4       | Guest speaker's voice is clear and sound.             | ✓                    |      |              |                  |
| 5       | Information given by the Guest Speaker is understood. |                      |      | ✓            |                  |
| 6       | Such programs should be conducted in future.          | ✓                    |      |              |                  |
| 7       | How this program is arranged?                         |                      | ✓    |              |                  |
| 8       | Any suggestions (If any)                              | <u>No suggestion</u> |      |              |                  |

  
Signature



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Tq. Kalamb Dist .Osmanabad - 413528  
A Collaborative Program on

## 'Financial Literacy'

Organized by

Department of Economics, Sharadchandra Mahavidyalaya, Shiradhon  
& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Bhise Pranav Gopinath

Subject : science Mobile No: 935690943

Email Id: pranavbhise84@gmail.com

Please tick ✓ in following appropriate column.

| Sr. No. | Particulars   | Excellent   | Good | Satisfactory | Not Satisfactory |
|---------|---|-------------|------|--------------|------------------|
| 1       | How is content of the topic?                          | ✓           |      |              |                  |
| 2       | How useful is the topic                               |             | ✓    |              |                  |
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| 5       | Information given by the Guest Speaker is understood. | ✓           |      |              |                  |
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| 7       | How this program is arranged?                         | ✓           |      |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/> |      |              |                  |

Signature

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& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: ganesh yadav

Subject: science Mobile No: 8805674440

Email Id: ganesh.yadav@gmail.com

Please tick ✓ in following appropriate column.

| Sr. No. | Particulars   | Excellent   | Good | Satisfactory | Not Satisfactory |
|---------|---|-------------|------|--------------|------------------|
| 1       | How is content of the topic?                          | ✓           |      |              |                  |
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| 7       | How this program is arranged?                         |             | ✓    |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/> |      |              |                  |

Signature

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& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

## Feedback Form

Name of Participant: Chavali AJinkya

Subject: Science Mobile No: 8308614675

Email Id: ChavaliAJinkya@gmail.com

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory                        | Not Satisfactory |
|---------|---|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| 1       | How is content of the topic?                          | <input checked="" type="checkbox"/> |                                     |                                     |                  |
| 2       | How useful is the topic                               |                                     | <input checked="" type="checkbox"/> |                                     |                  |
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| 7       | How this program is arranged?                         |                                     | <input checked="" type="checkbox"/> |                                     |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/>                         |                                     |                                     |                  |

Signature



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& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: ANKITA Balbhim Nathade

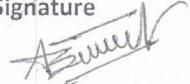
Subject : 11<sup>th</sup> science Mobile No: 9423604115

Email Id: \_\_\_\_\_

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory | Not Satisfactory |
|---------|---|-------------------------------------|-------------------------------------|--------------|------------------|
| 1       | How is content of the topic?                          | <input checked="" type="checkbox"/> |                                     |              |                  |
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| 8       | Any suggestions (If any)                              | _____<br>_____                      |                                     |              |                  |

Signature



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Department of Economics, Sharadchandra Mahavidyalaya, Shiradhon  
& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Saniya hamja pathan

Subject : financial literacy Mobile No: 9403048670

Email Id: Hamjap16@gmail.com

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory | Not Satisfactory |
|---------|---|-------------------------------------|-------------------------------------|--------------|------------------|
| 1       | How is content of the topic?                          | <input checked="" type="checkbox"/> |                                     |              |                  |
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| 7       | How this program is arranged?                         | <input checked="" type="checkbox"/> |                                     |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/>                         |                                     |              |                  |

Saniya  
Signature

# SHARADCHANDRA MAHAVIDYALAYA, SHIRADHON

Tq. Kalamb Dist. Osmanabad - 413528  
A Collaborative Program on

## 'Financial Literacy'

Organized by

Department of Economics, Sharadchandra Mahavidyalaya, Shiradhon  
& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Kazi Ayesha Feroz

Subject: (11<sup>th</sup>) Science Mobile No: 901173992

Email Id: Feroz Kazi @Gmail.com

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good | Satisfactory | Not Satisfactory |
|---------|---|-------------------------------------|------|--------------|------------------|
| 1       | How is content of the topic?                          | <input checked="" type="checkbox"/> |      |              |                  |
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| 7       | How this program is arranged?                         |                                     |      |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/> <hr/>                   |      |              |                  |

Signature Ayesha



# SHARADCHANDRA MAHAVIDYALAYA, SHIRADHON

Tq. Kalamb Dist .Osmanabad - 413528  
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Department of Economics, Sharadchandra Mahavidyalaya, Shiradhon  
& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Shaikh mahin nayyum

Subject : \_\_\_\_\_ Mobile No: 9822619259

Email Id: nayyumshaikh@gmail.com

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory                        | Not Satisfactory                    |
|---------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1       | How is content of the topic?                          | Good                                | <input checked="" type="checkbox"/> | Excellent                           | <input checked="" type="checkbox"/> |
| 2       | How useful is the topic                               | Excellent                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| 3       | How is the Guest speaker?                             | Good                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| 4       | Guest speaker's voice is clear and sound.             | nice                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| 5       | Information given by the Guest Speaker is understood. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| 6       | Such programs should be conducted in future.          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| 7       | How this program is arranged?                         | Good                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| 8       | Any suggestions (If any)                              |                                     |                                     |                                     |                                     |

  
Signature

# SHARADCHANDRA MAHAVIDYALAYA, SHIRADHON

Tq. Kalamb Dist .Osmanabad - 413528  
A Collaborative Program on

## 'Financial Literacy'

Organized by  
Department of Economics, Sharadchandra Mahavidyalaya, Shiradhon  
& ICICI Foundation, Osmanabad  
10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Shaikh Sadiya Sadik

Subject : \_\_\_\_\_ Mobile No: 9423758002

Email Id: sadekmunde@gmail.com

Please tick ✓ in following appropriate column.

| Sr. No. | Particulars   | Excellent   | Good | Satisfactory | Not Satisfactory |
|---------|---|-------------|------|--------------|------------------|
| 1       | How is content of the topic?                          | ✓           |      |              |                  |
| 2       | How useful is the topic                               |             | ✓    |              |                  |
| 3       | How is the Guest speaker?                             | ✓           |      |              |                  |
| 4       | Guest speaker's voice is clear and sound.             |             | ✓    |              |                  |
| 5       | Information given by the Guest Speaker is understood. | ✓           |      |              |                  |
| 6       | Such programs should be conducted in future.          |             | ✓    |              |                  |
| 7       | How this program is arranged?                         | ✓           |      |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/> |      |              |                  |

  
Signature

# SHARADCHANDRA MAHAVIDYALAYA, SHIRADHON

Tq. Kalamb Dist. Osmanabad - 413528  
A Collaborative Program on

## 'Financial Literacy'

Organized by

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& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Dongre Asmita Brangaram

Subject: Financial Literacy Mobile No: 9359587388

Email Id: dongregangaram04@gmail.com

Please tick ✓ in following appropriate column.

| Sr. No. | Particulars   | Excellent   | Good | Satisfactory | Not Satisfactory |
|---------|---|-------------|------|--------------|------------------|
| 1       | How is content of the topic?                          | ✓           |      |              |                  |
| 2       | How useful is the topic                               |             | ✓    |              |                  |
| 3       | How is the Guest speaker?                             | ✓           |      |              |                  |
| 4       | Guest speaker's voice is clear and sound.             | ✓           |      |              |                  |
| 5       | Information given by the Guest Speaker is understood. | ✓           |      |              |                  |
| 6       | Such programs should be conducted in future.          |             | ✓    |              |                  |
| 7       | How this program is arranged?                         | ✓           |      |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/> |      |              |                  |

  
Signature



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10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Sanjana Akash Agwane.

Subject: Financial Literacy Mobile No: 9689490676

Email Id: Sanjanaagavane007@gmail.com

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory | Not Satisfactory |
|---------|---|-------------------------------------|-------------------------------------|--------------|------------------|
| 1       | How is content of the topic?                          | <input checked="" type="checkbox"/> |                                     |              |                  |
| 2       | How useful is the topic                               |                                     | <input checked="" type="checkbox"/> |              |                  |
| 3       | How is the Guest speaker?                             | <input checked="" type="checkbox"/> |                                     |              |                  |
| 4       | Guest speaker's voice is clear and sound.             | <input checked="" type="checkbox"/> |                                     |              |                  |
| 5       | Information given by the Guest Speaker is understood. |                                     | <input checked="" type="checkbox"/> |              |                  |
| 6       | Such programs should be conducted in future.          |                                     | <input checked="" type="checkbox"/> |              |                  |
| 7       | How this program is arranged?                         | <input checked="" type="checkbox"/> |                                     |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/>                         |                                     |              |                  |

Agwane  
Signature

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A Collaborative Program on

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10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Dange Navid Farokh

Subject: Science Mobile No: 7620708334

Email Id: dangeNavid07@gmail.com

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory             | Not Satisfactory         |
|---------|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1       | How is content of the topic?                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2       | How useful is the topic                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3       | How is the Guest speaker?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4       | Guest speaker's voice is clear and sound.             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5       | Information given by the Guest Speaker is understood. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6       | Such programs should be conducted in future.          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7       | How this program is arranged?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8       | Any suggestions (If any)                              | <hr/> <hr/>                         |                                     |                          |                          |

  
Signature

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10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Omkar Anil Pandhavale,

Subject: Science Mobile No: 9552142425.

Email Id: omkarpandhavale@07@gmail.com.

Please tick ✓ in following appropriate column.

| Sr. No. | Particulars   | Excellent   | Good | Satisfactory | Not Satisfactory |
|---------|---|-------------|------|--------------|------------------|
| 1       | How is content of the topic?                          | ✓           |      |              |                  |
| 2       | How useful is the topic                               | ✓           |      |              |                  |
| 3       | How is the Guest speaker?                             |             | ✓    |              |                  |
| 4       | Guest speaker's voice is clear and sound.             |             | ✓    |              |                  |
| 5       | Information given by the Guest Speaker is understood. |             | ✓    |              |                  |
| 6       | Such programs should be conducted in future.          | ✓           |      |              |                  |
| 7       | How this program is arranged?                         |             | ✓    |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/> |      |              |                  |

Omkar  
Signature



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10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Gopal Dhip yadav

Subject : science Mobile No: 7447645616

Email Id: gopal yadav 076076 @ gmail com.

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory                        | Not Satisfactory |
|---------|---|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| 1       | How is content of the topic?                          |                                     | <input checked="" type="checkbox"/> |                                     |                  |
| 2       | How useful is the topic                               | <input checked="" type="checkbox"/> |                                     |                                     |                  |
| 3       | How is the Guest speaker?                             | <input checked="" type="checkbox"/> |                                     |                                     |                  |
| 4       | Guest speaker's voice is clear and sound.             |                                     | <input checked="" type="checkbox"/> |                                     |                  |
| 5       | Information given by the Guest Speaker is understood. |                                     | <input checked="" type="checkbox"/> |                                     |                  |
| 6       | Such programs should be conducted in future.          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                  |
| 7       | How this program is arranged?                         | <input checked="" type="checkbox"/> |                                     |                                     |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/>                         |                                     |                                     |                  |

Signature

Gopal

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10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Mahajan Rutuja Ashok

Subject : Physics Mobile No: 9873413142

Email Id: \_\_\_\_\_

Please tick  $\checkmark$  in following appropriate column.

| Sr. No. | Particulars   | Excellent            | Good         | Satisfactory | Not Satisfactory |
|---------|---|----------------------|--------------|--------------|------------------|
| 1       | How is content of the topic?                          |                      | $\checkmark$ |              |                  |
| 2       | How useful is the topic                               | $\checkmark$         |              |              |                  |
| 3       | How is the Guest speaker?                             | $\checkmark$         |              |              |                  |
| 4       | Guest speaker's voice is clear and sound.             |                      | $\checkmark$ |              |                  |
| 5       | Information given by the Guest Speaker is understood. |                      | $\checkmark$ |              |                  |
| 6       | Such programs should be conducted in future.          |                      | $\checkmark$ |              |                  |
| 7       | How this program is arranged?                         |                      | $\checkmark$ |              |                  |
| 8       | Any suggestions (If any)                              | <u>No suggestion</u> |              |              |                  |

Rutuja

Signature

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10<sup>th</sup> February 2023

## Feedback Form

Name of Participant: Sonwane Suhani Rajendra

Subject: Physics Mobile No: 9807592699

Email Id: \_\_\_\_\_

Please tick  $\checkmark$  in following appropriate column.

| Sr. No. | Particulars   | Excellent             | Good         | Satisfactory | Not Satisfactory |
|---------|---|-----------------------|--------------|--------------|------------------|
| 1       | How is content of the topic?                          |                       | $\checkmark$ |              |                  |
| 2       | How useful is the topic                               | $\checkmark$          |              |              |                  |
| 3       | How is the Guest speaker?                             |                       | $\checkmark$ |              |                  |
| 4       | Guest speaker's voice is clear and sound.             |                       | $\checkmark$ |              |                  |
| 5       | Information given by the Guest Speaker is understood. |                       | $\checkmark$ |              |                  |
| 6       | Such programs should be conducted in future.          | $\checkmark$          |              |              |                  |
| 7       | How this program is arranged?                         |                       | $\checkmark$ |              |                  |
| 8       | Any suggestions (If any)                              | <u>No suggestions</u> |              |              |                  |

Sonwane  
Signature



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10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Ade Priyanka Nandu

Subject : Physics Mobile No: 8182832284

Email Id: \_\_\_\_\_

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory | Not Satisfactory |
|---------|---|-------------------------------------|-------------------------------------|--------------|------------------|
| 1       | How is content of the topic?                          |                                     |                                     |              |                  |
| 2       | How useful is the topic                               |                                     | <input checked="" type="checkbox"/> |              |                  |
| 3       | How is the Guest speaker?                             | <input checked="" type="checkbox"/> |                                     |              |                  |
| 4       | Guest speaker's voice is clear and sound.             |                                     | <input checked="" type="checkbox"/> |              |                  |
| 5       | Information given by the Guest Speaker is understood. |                                     | <input checked="" type="checkbox"/> |              |                  |
| 6       | Such programs should be conducted in future.          |                                     | <input checked="" type="checkbox"/> |              |                  |
| 7       | How this program is arranged?                         | <input checked="" type="checkbox"/> |                                     |              |                  |
| 8       | Any suggestions (If any)                              | <u>No suggestions</u>               |                                     |              |                  |

Priyanka  
Signature

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10<sup>th</sup> February 2023

### Feedback Form

Name of Participant: Sadiya Umas Tamboli

Subject: (11<sup>th</sup>) Science Mobile No: 8888908622

Email Id: tambolishamshad414@gmail.com

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory | Not Satisfactory |
|---------|---|-------------------------------------|-------------------------------------|--------------|------------------|
| 1       | How is content of the topic?                          | <input checked="" type="checkbox"/> |                                     |              |                  |
| 2       | How useful is the topic                               | <input checked="" type="checkbox"/> |                                     |              |                  |
| 3       | How is the Guest speaker?                             | <input checked="" type="checkbox"/> |                                     |              |                  |
| 4       | Guest speaker's voice is clear and sound.             |                                     | <input checked="" type="checkbox"/> |              |                  |
| 5       | Information given by the Guest Speaker is understood. |                                     |                                     |              |                  |
| 6       | Such programs should be conducted in future.          | <input checked="" type="checkbox"/> |                                     |              |                  |
| 7       | How this program is arranged?                         |                                     | <input checked="" type="checkbox"/> |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/> <hr/>                   |                                     |              |                  |

  
Signature

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Tq. Kalamb Dist .Osmanabad - 413528

A Collaborative Program on

'Financial Literacy'

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& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

## Feedback Form

Name of Participant: Janhavi Narayan Khadkade

Subject: (1<sup>st</sup>) Science Mobile No: 9308502064

Email Id: \_\_\_\_\_

Please tick  $\checkmark$  in following appropriate column.

| Sr. No. | Particulars   | Excellent    | Good         | Satisfactory | Not Satisfactory |
|---------|---|--------------|--------------|--------------|------------------|
| 1       | How is content of the topic?                          | $\checkmark$ |              |              |                  |
| 2       | How useful is the topic                               | $\checkmark$ |              |              |                  |
| 3       | How is the Guest speaker?                             | $\checkmark$ |              |              |                  |
| 4       | Guest speaker's voice is clear and sound.             |              | $\checkmark$ |              |                  |
| 5       | Information given by the Guest Speaker is understood. |              |              |              |                  |
| 6       | Such programs should be conducted in future.          | $\checkmark$ |              |              |                  |
| 7       | How this program is arranged?                         |              | $\checkmark$ |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/>  |              |              |                  |

Janhavi  
Signature



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& ICICI Foundation, Osmanabad

10<sup>th</sup> February 2023

## Feedback Form

Name of Participant: Alisha shakil Madar

Subject : (11<sup>th</sup>) science. Mobile No: 9011704616

Email Id: shakilmadar@gmail.com.

Please tick  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory | Not Satisfactory |
|---------|---|-------------------------------------|-------------------------------------|--------------|------------------|
| 1       | How is content of the topic?                          | <input checked="" type="checkbox"/> |                                     |              |                  |
| 2       | How useful is the topic                               | <input checked="" type="checkbox"/> |                                     |              |                  |
| 3       | How is the Guest speaker?                             | <input checked="" type="checkbox"/> |                                     |              |                  |
| 4       | Guest speaker's voice is clear and sound.             |                                     | <input checked="" type="checkbox"/> |              |                  |
| 5       | Information given by the Guest Speaker is understood. |                                     |                                     |              |                  |
| 6       | Such programs should be conducted in future.          | <input checked="" type="checkbox"/> |                                     |              |                  |
| 7       | How this program is arranged?                         |                                     | <input checked="" type="checkbox"/> |              |                  |
| 8       | Any suggestions (If any)                              | <hr/> <hr/>                         |                                     |              |                  |

Alisha  
Signature

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& ICICI Foundation, Osmanabad  
10<sup>th</sup> February 2023



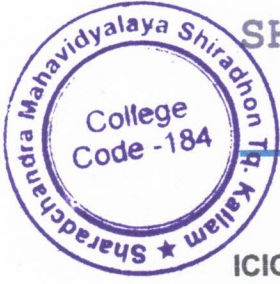
Name of Participant: Madar Benzeez Shaker

Subject: Science Mobile No: 9145047492

Email Id: \_\_\_\_\_

Please tick  $\checkmark$  in following appropriate column.

| Sr. No. | Particulars   | Excellent                           | Good                                | Satisfactory | Not Satisfactory |
|---------|---|-------------------------------------|-------------------------------------|--------------|------------------|
| 1       | How is content of the topic?                          | <input checked="" type="checkbox"/> |                                     |              |                  |
| 2       | How useful is the topic                               | <input checked="" type="checkbox"/> |                                     |              |                  |
| 3       | How is the Guest speaker?                             | <input checked="" type="checkbox"/> |                                     |              |                  |
| 4       | Guest speaker's voice is clear and sound.             |                                     | <input checked="" type="checkbox"/> |              |                  |
| 5       | Information given by the Guest Speaker is understood. |                                     | <input checked="" type="checkbox"/> |              |                  |
| 6       | Such programs should be conducted in future.          | <input checked="" type="checkbox"/> |                                     |              |                  |
| 7       | How this program is arranged?                         |                                     | <input checked="" type="checkbox"/> |              |                  |
| 8       | Any suggestions (If any)                              | _____<br>_____                      |                                     |              |                  |



# SHARADCHANDRA MAHAVIDYALAYA, SHIRADHON

Tq. Kallam Dist. Osmanabad-413528

NAAC Accredited 'B' Grade

## A Collaborative Activity Between ICICI Foundation Bank Osmanabad and Dept. of Economics, Sharadchandra Mahavidyalaya, Shiradhon

### Report

|                         |  |
|-------------------------|--|
| <b>Name of Activity</b> | <b>Financial Literacy &amp; Awareness</b>  |
| <b>Resource Person</b>  | <b>Shri. Sanjay Kulkarni</b><br>Financial Literacy Councillor<br>ICICI Foundation, Osmanabad |
| <b>Date</b>             | 10.02.2023   |
| <b>Participants</b>     | 48   |

Sharadchandra Mahavidyalaya, Shiradhon & ICICI Foundation Osmanabad collaboratively organized Financial Literacy & Awareness program on 10-02-2023. Dr. Khond S.V. Head of the Dept of Economics introduced Chief Guest and asserted importance of the financial literacy. Financial literacy is the ability to understand and effectively use various financial skills, including personal financial management, budgeting, and investing. Mr. Sanjay Kulkarni from ICIC bank was the resource person for this program. He said that when you are financially literate, you have the essential foundations of a smart relationship with money that will start a lifelong journey of learning about the financial aspects of your life. The earlier you start, the better off you'll be, because education is the key to success when it comes to money. Dr. Sayyad A. F. proposed vote of thanks.

**Outcome-** Financial literacy programs have been found to have a positive impact on college students' financial decision-making. Open dialogue and communication within families regarding financial matters can encourage the transmission of knowledge and a willingness to seek information when needed, leading to stronger financial literacy among individuals. Incorporating and facilitating conversation around financial matters in financial education programs can enhance their pedagogical usefulness.

  
**I/C PRINCIPAL**  
Sharadchandra Mahavidyalaya  
Shiradhon Tq Kallam



Linkage:

**LINKAGE**

between

**Sharadachandra Mahavidyalaya, Shiradhon**

and

**ICICI Foundation, Osmanabad**

In accordance with a desire to take the guidance of experts, the Department of Economics Sharadchandra College, has entered into this formal statement of collaboration in the form of Linkage with ICICI Foundation, Osmanabad for encouraging students in getting a varied training through programs.

The institution has agreed to explore and utilise the guidance and co-operation of ICICI Foundation, Osmanabad for the following purposes:

1. Review our Bachelor's level B.A. Curriculum and Teaching Practices and discuss ways in which courses could be revised to promote optimal language fluency and academic proficiency among our students.

2. Collaborating with ICICI Foundation, Osmanabad to engage in on-line exchange of ideas and pedagogic materials, which might be the basis for professional development activities such as Seminars and Workshops for our faculty.

It is understood that the details of joint activities / conditions for utilisation of results achieved, arrangements for specific visits, exchange and all other forms of co-operation will be handled on mutually agreeable terms for each specific case.

  
PRINCIPAL

PRINCIPAL  
Sharadchandra Mahavidyalaya, Shiradhon  
Shiradhon Te. Kallam

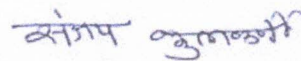
Date:

Place:



  
CHARGE-IN

ICICI Foundation, Osmanabad



Financial literacy council  
ICICI Foundation  
Osmanabad

  
IC PRINCIPAL  
Mahavidyalaya



Geo tag Photos:



*Handwritten signature*  
H.C. PRINCIPAL