



Name of the Institute \_\_\_\_\_

Name of the Faculty Member \_\_\_\_\_

Dr./Prof/Mr/Ms \_\_\_\_\_ (Fulltime/Adjunct/Visiting)

(When the course is conducted by more than one faculty member, this form needs to be jointly submitted by the lead faculty member/full time faculty member as the case may be)

### Part I: Teaching

Name of the Programme	
Nature of the Programme (Undergraduate/Postgraduate)	
Semester and Batch	
Name of the Course with Code	
Credits	
Number of Hours/Sessions Allotted	
Number of Hours/Sessions Conducted till date	

### Part II: Internal Assessments

	Date of planned assessment	Date of Conducted Assessment	Result Date	Signature of students on mark sheet (Yes/No)
Quiz				
Class Test				
Lab Test				
Case Study				
Assignment				
Presentation				
Mini Project				
White Paper				



Part III:

Sr. No	Activity	Completed/Uploaded
		Yes/No
1	CO-PO Mapping	
2	CO-Attainment of previous year	
3	Action Planned on CO- attachment	
4	Session Plan	
5	Evaluation Plan	
6	CA-1 Result	
	CA-2 Result	
	CA-3 Result	
	CA-4 Result	
7	Attendance	
8		

Signature of the Faculty Member(s)

Signature of the Audit Team Members

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